

# Announced Care Inspection Report 2 February 2021



## Mullagh Houses, Incorporating Linton Cottages

Type of Service: Domiciliary Care Agency

Address: 5 Roe Mill Road, Limavady, Londonderry, BT49 9DF

Tel No: 028 7772 2466

Inspector: Aveen Donnelly

[www.rqia.org.uk](http://www.rqia.org.uk)

---

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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

Mullagh Houses incorporating Linton Cottages is a domiciliary care agency (supported living type), located in the Limavady area. The agency's aim is to provide care and support to up to 22 service users, whose care is commissioned by the Western Health and Social Care Trust (WHSCT) and the Northern Health and Social Care Trust (NHSCT).

Staff are available to support service users 24 hours per day and assist service users with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of promoting health and maximising quality of life.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Apex Housing Association  <b>Responsible Individual:</b> Sheena McCallion	<b>Registered Manager:</b> Christine Karen Oldcroft
<b>Person in charge at the time of inspection:</b> Christine Karen Oldcroft	<b>Date manager registered:</b> 30/03/2009

### 4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

The last care inspection was undertaken on 13 May 2019.

Since the date of the last care inspection, a number of correspondences were received in respect of the agency. RQIA was also informed of any notifiable incidents which had occurred within the agency in accordance with regulations.

Having reviewed the agency's regulatory history, in addition to RQIA not being made aware of any specific risk to the service users within the agency, the decision was made to undertake a remote inspection approach, to reduce any risk in relation to the spread of Covid-19.

An announced inspection took place on 02 February 2021 from 10.00 to 13.30 hours.

Information was requested to be submitted to RQIA prior to the inspection and this was reviewed by the inspector in advance of the inspection. The inspection focused on discussing aspects of the submitted information, in order to substantiate the information. The inspector contacted stakeholders to obtain their views on the service quality.

We reviewed the dates that criminal records checks for staff employed by the agency (AccessNI) had been completed to ensure that they were in place before staff were supplied to service users. We checked that all staff were registered with the Northern Ireland Social Care Council (NISCC) and that there was a system in place for ongoing monitoring of staff registrations. Staff adherence to the Covid-19 Guidance was also reviewed through discussion with a number of staff and relatives. This was also verified through discussions with the manager, service users and service users' representatives. In addition, we reviewed Covid related information, disseminated to staff and displayed throughout the agency.

An area for improvement was identified in relation to the need for risk assessments to be undertaken in relation to aerosol generating procedures.

Evidence of good practice was found in relation to recruitment practices and staff registrations with NISCC. Good practice was also found in relation to Infection Prevention and Control (IPC); it was evidenced that all staff and service users had been adhering to the current Covid-19 guidance on the use of Personal Protective Equipment (PPE).

Those consulted with indicated that they were generally satisfied with the care and support provided.

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.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and the Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Karen Oldcroft, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

#### 4.2 Action/enforcement taken following the most recent care inspection dated 13 May 2019

No further actions were required to be taken following the most recent inspection on 13 May 2019.

#### 5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA in relation to the agency. This included the previous inspection report, notifiable events and written and verbal communication received since the previous care inspection.

Following a review of the information submitted to RQIA, the inspection took place remotely, using video technology, with the manager.

During our inspection we focused on contacting the service users, their relatives, staff and Health and Social Care (HSC) Trust representatives to find out their views on the service.

To ensure that the required pre-employment checks were in place before staff visited service users, we reviewed the following:

- Recruitment records specifically relating to Access NI and NISCC registrations.

We also reviewed IPC procedures to ensure that they were compliant with the current Covid-19 guidance for domiciliary care providers in Northern Ireland (updated December 2020).

We discussed any complaints and incidents that had been received by the agency with the manager and in addition we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in line with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

RQIA provided information requesting feedback from service users, staff and other stakeholders in relation to the quality of service provided. This included an electronic survey for service users, relatives and staff, to feedback to the RQIA.

## 6.0 What people told us about this agency

The feedback received indicated that people were generally very satisfied with the current care and support. During the inspection we spoke with the manager and a number of care workers with the use of video technology. All those spoken with confirmed that staff wore PPE as necessary.

We spoke with a number of service users who indicated that they were very happy living in Mullagh House. They were observed to be comfortable and relaxed in their interactions with the manager.

We also spoke with a number of service users' representatives, who indicated that they were generally very happy with the care and support provided by the agency. Feedback was also received from HSC representatives. Comments are detailed below:

### Staff

- "I am getting on grand."
- "I have no concerns, if I had a family member with a learning disability, I would be happy for them to live here. The tenants have done fantastic during this lockdown and we have offered them extra in-house activities to keep them going."
- "I am happy enough, I feel safe."
- "Everything is spot on, one hundred percent. All the tenants are happy and the care is above standard. They are all happy with the staff and I feel that they have been well supported through Covid."
- "It's very good here, without a doubt, the tenants are being treated great. There is nothing we would not do for them. They have all adapted very well to this whole situation."
- "We are doing our best to keep them safe."

### Service users' representatives

- "Ever since (my relative) went to live in Mullagh House, I have never had any problems. I have no concerns at all about (their) welfare. Any incidents are dealt with satisfactorily. The atmosphere there is one of happiness and contentment, a really good vibe when we visit and I am always made to feel welcome."
- "I couldn't have got a better place, the quality of the staff in learning disability services is more important than the building and the quality there is exceptionally good. I am happy with them."
- "I have no concerns at all. I phone quite often and get to speak with the staff, so I have no complaints."

Relatives spoken with praised the manager. It was evident that the manager took the relatives views into account and acted upon their suggestions.



## HSC' representatives

- “Karen and staff provide an excellent standard of care and support to each of the tenants. Mullagh House staff have been especially supportive during the past year in the instance of Covid in their response to lockdown and the support they have provided to tenants during this uncertain time. The staffs’ commitment in facilitating/promoting contact via skype/zoom/FaceTime and other creative ways between individuals and their families/loved ones whilst ensuring their safety and well-being has been excellent. Staff have also provided significant support to individuals in meeting their social needs within Mullagh House, whilst day care and day opportunities have been closed due to lockdown. Their care and support has been vital in maintaining individuals’ mental health and emotional well-being which has no doubt provided comfort to families and NOK.
- “Karen and staff continue to keep myself as the social worker updated regularly regarding individual circumstances and any changes in health or care needs. Therefore, I have no concerns to date.”
- “From my experience Mullagh House provides an excellent service in meeting the needs of my client. Both Manager and Staff are very helpful and always engage with me positively to discuss and resolve any issues should they arise.”
- “Mullagh House management and staff present as extremely knowledgeable, supportive and accommodating in respect of my clients individual care needs. Mullagh House maintains clear lines of communication with clients, their families and myself within the Adult Learning Disability Team, in seeking to continue to promote best service user outcomes. Clients within Mullagh House appear to have established healthy, professional relationships with staff, and accordingly feel equipped to place their trust in supporting staff. Simultaneously, it is evident Mullagh House have manifested robust professional relationships with clients’ family networks which is of significant importance in reassuring families their loved ones are availing of the highest level of care and support.”

A number of staff and relatives responded to the electronic survey. The relative who responded indicated that they felt very satisfied that the care and support was safe, effective and compassionate; and that the service was well-led. All staff responses indicated that they felt that the care and support provided was safe and compassionate. However, there were mixed responses in relation to the effective and well-led domains. A small number of negative comments were received. Given that these were contrary to the majority of other positive comments received, these comments were relayed to the manager, for review and action as appropriate.

## 7.0 The inspection

### 7.1 Inspection findings

#### Recruitment

The review of the agency’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.

A review of the records confirmed that all staff provided by the agency are currently registered with NISCC. We noted that there was a system in place each month for monitoring staff registrations. The manager advised that staff are not permitted to work if their professional registration lapses.

## Covid-19

Discussion with the manager and staff identified that they had a good understanding of the procedure to follow whilst providing care to service users and in the event of service users or staff being diagnosed with Covid-19. There was a protocol in place in relation to managing the care of new referrals and in relation to service users who may be discharged from hospital.

Staff had also completed training in relation to IPC and Covid awareness training. This included training on the donning (putting on) and doffing (taking off) of PPE. All those consulted with described how their training included a video on the correct donning and doffing procedures and that they were required to watch at the start of their working day. The manager further described how a range of other Covid-related information was available for staff to read.

Staff described how they wore PPE for activities that brought them within two metres of service users. The staff members spoken with reported that there was an appropriate supply of PPE and sufficient bins available to allow the safe disposal of PPE. There was a system in place to ensure that IPC procedures were being adhered to. The service user and relatives spoken with confirmed that the staff wore PPE appropriately.

The manager described the availability of hand sanitisers which are accessible throughout the bungalows for service users and staff to use. Posters detailing the procedure for effective hand-washing were displayed as visual aids to encourage good handwashing techniques.

There were measures in place to support service users to maintain a two metre distance from other people. Changes to the routines of the agency had been made, to ensure this could be maintained. Mealtimes had been staggered to ensure that a limited number of service users ate together at the same time.

The manager described how signage in relation to visiting was displayed prominently at the entrance. There was a visiting protocol in place. This included relatives having to agree to a specified visiting timeslot, where they are observed washing their hands and provided with a mask. The system also included visitors' having their temperature checked and completion of a health declaration to confirm that they have not been in contact with anyone who has Covid-19 and that they have no symptoms. The protocol also includes details of the cleaning procedure of the visiting room after each use.

There was a system in place to ensure that staff had their temperatures checked twice daily and wellness checks recorded. Tenants had their temperatures checked three times each day and staff spoken with described how they observed the service users for signs or symptoms of infection. Advice was given to the manager in relation to recording the wellness checks of service users.

Enhanced cleaning schedules were in place, to minimise the risk of cross contamination. This included the frequently touched points throughout the building.

The manager provided a list to RQIA, by email, of the signage that was available throughout the agency, in relation to Covid-19 precautions. Other information in relation to Covid-19 was displayed throughout the building and retained in a Covid-19 folder. This included information related to:

- Covid-19 communications from the HSC Trust, RQIA, NISCC, the PHA and NISCC
- Coronavirus Awareness (printed PowerPoint presentation)
- Details on what social distancing is and the recommended maximum people per room

- Coronavirus Information, including signs and symptoms, information on social distancing
- Advice on car sharing
- Key principles for HSC staff visiting community settings
- Covid-19 safe ways of working – Visual guide to PPE
- Donning & Doffing PPE (NHSCT)
- Weekend response for urgent queries
- Apex contact person for each department and scheme
- Stop Covid NI App Ni-direct -Gov.uk
- Flow charts: staff actions, symptom checklist
- Psychological Support Helpline Numbers (WHSCT) (Frontline Support Relate NI)

The agency had access to large print/font and easy-read material, which they could access if needed.

Specific risk assessments had been completed for service users and staff in respect of social engagement in designated visiting areas, both internally and externally. However, it was identified that a risk assessment needed to be completed in respect of aerosol generating procedures. When raised during the inspection, the manager agreed to address the matter and to liaise with the trust IPC team for advice. An area for improvement has been made in this regard.

Service users’ care and support plans had been updated to include preventing and reducing the risks of contracting/spreading Covid-19, maintaining a safe environment, managing symptoms and environmental factors.

The business continuity plan had also been updated to include staffing contingency measures.

**Areas of good practice**

Evidence of good practice was found in relation to staff recruitment practices and staff registrations with NISCC. Good practice was found in relation to IPC; all staff and service users had been adhering to the current Covid-19 guidance on the use of PPE

**Areas for improvement**

An area for improvement was made in relation to the need for risk assessments to be undertaken in relation to aerosol generating procedures.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1



## 8.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Karen Oldcroft, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 8.1 Areas for improvement

An area for improvement has been identified where action is required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011.

## 8.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 16.1  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate from the date of the inspection	The registered person shall ensure that working practices are safe and without risk to health and wellbeing. This refers specifically to risk assessments which need to be undertaken in relation to aerosol generating procedures, as outlined in the Covid-19 Guidance.  Ref: 7.1  <b>Response by registered person detailing the actions taken:</b> <u>Risk assessment completed for aerosol generated procedure.</u>  _____



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews