

Inspection Report

6 December 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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

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| Organisation/Registered Provider: Apex Housing Association Responsible Individual: Mrs Sheena McCallion | Registered Manager: Mrs Christine Karen Oldcroft Date registered: 30/03/2009 |
| Person in charge at the time of inspection: Mrs Christine Karen Oldcroft | |
| Brief description of the accommodation/how the service operates: 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. | |

2.0 Inspection summary

The care inspector undertook an announced inspection on 6 December 2021 between 9.45 am and 1.30 pm.

The inspection focused on the agency's governance and management arrangements as well as staff recruitment, staff' registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguarding (DoLS) including money and valuables, restrictive practices, monthly quality monitoring, Dysphagia and Covid-19 guidance.

Service users said that they were very satisfied with the standard of care and support provided.

Good practice was identified in relation to appropriate checks being undertaken before staff started to provide care and support to the service users. Good practice was found in relation to the system in place for disseminating Covid-19 related information to staff.

Whilst an area for improvement was made in relation to staff training, RQIA was assured that the care provided was safe, effective and compassionate, and that the service was well-led.

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 guidance, and to address any deficits identified during our inspections.

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report and Quality Improvement Plan (QIP), records of Notifiable incidents, written and verbal communication received since the last care inspection.

The inspection focused on reviewing relevant documents relating to the agency's governance and management arrangements. This included checking how support workers' registrations with the NISCC were monitored by the agency.

During the inspection we discussed any complaints that had been received and any incidents that had occurred with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 23.

Information was provided to staff, service users and their relatives to request feedback on the quality of service provided. This included an electronic survey to enable them to provide feedback to the RQIA.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service

Due to the risks associated with the Covid-19 pandemic, only a small number the service users were spoken with. Service users spoken with indicated that they were very happy living in Mullagh Houses. They were noted to be relaxed and comfortable in their interactions with staff. Prior to the inspection we provided a number of easy read questionnaires for the service users to comment on the following areas of service quality:



- Do you feel your care is safe?
- Is the care and support you get effective?
- Do you feel staff treat you with compassion?
- How do you feel your care is managed?

Returned questionnaires show that those supported thought that the care and support was excellent. No written comments were received.

Staff spoken with during the inspection indicated that they had no concerns regarding the care and support provided. The following comments were received:

Staff' comments

- "The tenants have been fantastic through the pandemic."
- "I have no concerns."

A number of staff, relatives and HSC Trust representatives responded to the electronic survey. Comments received are detailed below:

Staff comments:

- "I have seen a lot of care homes etc. Mullagh House is very person-centred, a well-run scheme."
- "Brilliant staff and team."

HSC representatives comments:

- "Mullagh House staff work well with us to meet the needs of tenants/service users. In my experience and opinion the service is well led by Karen and her deputies and care is safe and effective with service users treated with dignity and respect with a person-centred and inclusive approach taken."
- "My ongoing working relationship with Mullagh House management and staff is of a positive origin. Mullagh House have strived to establish and maintain healthy professional relationships with all of my clients residing within the supported living setting. Mullagh House management presents as approachable and accommodating to the needs of my clients in seeking to sustain best service user outcomes."

5.0 The inspection

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

| Areas for improvement from the last inspection on 2 February 2021 | | |
|--|---|--------------------------|
| Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011 | | Validation of compliance |
| Area for improvement 1 Ref: Standard 16.1 Stated: First time To be completed by: 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. | Met |
| | Action taken as confirmed during the inspection: Review of the care records confirmed that the risk assessment had been completed. | |

5.2 Inspection findings

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

The agency's provision for the welfare, care and protection of service users was reviewed.

The organisation's 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). The Adult Safeguarding Position report for the agency had been completed.

Discussions with the manager 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 had undertaken training in relation to adult safeguarding. Review of incidents identified that they had been referred appropriately.

It was noted that incidents had been managed in accordance with the agency's policy and procedures. The manager was aware of which incidents required to be notified to RQIA.

Staff were provided with training appropriate to the requirements of their role. This included DoLS training. Review of the training records identified a number of staff who had yet to undertake the training. An area for improvement has been made in this regard.

The manager 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. Whilst there we were informed that there were no service users who were subject to DoLS on the day of the inspection, the manager advised that they are liaising with the WHSCT in relation to one service user, in this regard. This will be followed up at the next care inspection. No restrictive practices were used.

The manager confirmed the agency does not manage individual monies belonging to the service users. None of the service users were currently taking part in any research projects. Advice was given in relation to accessing the Department of Health Code of Practice relating to Money, Valuables and Research, should this be required in the future.

5.2.2 Is there a system in place for identifying care partners who visit the service users to promote their mental health and wellbeing during Covid-19 restrictions?

The manager advised us that there were no restrictions on visiting service users at the time of the inspection. The manager was familiar with the Care Partner approach should tighter visiting restrictions return in the future. Following the inspection a service user's relative provided written comment via the electronic survey, regarding the ongoing visiting arrangements. This was relayed to the manager, for review and action as appropriate.

5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). Discussion with the manager confirmed training in dysphagia was available on the online e-learning platform. It was noted that the staff had undertaken training in First Aid, which includes how to respond to any incidents of choking. Following the inspection, the manager confirmed to RQIA by email on 23 December 2021, that the training had been completed. RQIA were satisfied that this had been addressed.

One service user was identified as having swallowing difficulties and required their food to be of a specific consistency. Review of care records confirmed that the care plan reflected the details outlined in the Speech And Language Therapy (SALT) assessment.

5.2.4 Are there robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before support

workers are supplied to work with the service users. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff.

A review of the records confirmed that all support workers are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards.

5.2.5 Are there robust governance processes in place?

The quality monitoring processes were reviewed to ensure that complaints and any incidents were routinely monitored as part of the monthly checks in line with Regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2005.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs)/Significant Event Analyses (SEAs) or Early Alerts (EAs). Safeguarding incident records were reviewed and it was noted that they had been reported and managed appropriately.

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

6.0 Conclusion

Based on the inspection finding one area for improvement was identified in relation to staff training. Despite this, RQIA were assured that the service was providing safe, effective and compassionate care. 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 Minimum Standards, 2011.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of Areas for Improvement | 0 | 1 |

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Karen Oldcroft, registered manager, 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 Minimum Standards, 2011

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| Area for improvement 1 Ref: Standard 12.4 Stated: First time | The registered person shall ensure that all staff undertake training in relation to the Deprivation of Liberty Safeguards (DoLS'), as relevant to their roles and responsibilities. Ref: 5.2.1 |
| To be completed by: 11 August 2021 | Response by registered person detailing the actions taken: Programme of training currently ongoing to meet the target date. |

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

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