The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Mullagh Houses, Incorporating Linton Cottages

Provider: Apex Housing Association

Date of Inspection: 11 February 2025

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

1.0 Service information

Organisation/Registered Provider:	Apex Housing Association
Responsible Individual/Responsible Person:	Ms Sheena McCallion
Registered Manager:	Ms Christine Karen Oldcroft

Service Profile

Mullagh Houses incorporating Linton Cottages is a domiciliary care agency supported living service. The agency's staff provides care and support to service users living in shared accommodation; this includes assisting service users with personal care needs, meals, medication, housing support and assistance to access community services with the overall goal of promoting independence and maximising the quality of life.

2.0 Inspection summary

An unannounced inspection took place on 11 February 2025, between 10.10 am and 4.40 pm. This was conducted by a care Inspector.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to service users and that the service was well led. One area for improvement was identified, this related to the monitoring of professional registrations of staff supplied by recruitment agencies.

It was evident that staff promoted the dignity, independence and well-being of service users.

Service users spoke positively about their experience of the care and support they received from staff. Refer to Section 3.2 for more details.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

No areas for improvement were identified at the last care inspection.
Mullagh Houses, Incorporating Linton Cottages uses the term 'tenants' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

We would like to thank the manager, relative, service users and staff team for their support and co-operation during the inspection.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the service was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection, we reviewed information held by RQIA about this agency. This included any registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living and working in, or visiting the service; and review/examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service and their quality of life

We spoke to a range of service users, a relative and staff to seek their views of the agency.

Service users indicated that they enjoyed their experience of living in Mullagh House; and they appeared relaxed in their interactions with staff. Service users said that they were happy with the care and support provided and that staff were kind and helpful.

The relative spoke very positively in regard to the care and support provided and advised that staff presented as compassionate and committed.

Staff spoke very positively in regard to the care delivery and management support in the agency. One told us that they have no concerns about the care of the service users, that the manager is supportive and approachable.

The information provided indicated that those who engaged with us had no concerns in relation to the agency.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users. A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC); there was a system in place for professional registrations to be monitored by the manager. However, there was a small number of staff working in the service supplied by a recruitment agency. Discussion with the manager and review of records identified that a system was not in place to review the professional registrations of these staff. An area for improvement was identified. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, induction programme which also included shadowing of a more experienced staff member.

This agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; training records are retained electronically. Staff compliance with training was monitored by the manager. Staff confirmed that they got sufficient training for their roles.

There was evidence of effective systems in place to manage staffing. Sufficient staff were on duty to support the service users. Staff said there was good teamwork and that they felt well supported in their role by the manager. Staff said that there were enough staff to meet the needs of the service users. It was evident that staff had a good understanding of the needs, likes and dislikes of individual service users.

There was a daily handover at the beginning of each shift, which included information about any changes to the service users' care, that the staff needed to assist them in their roles.

Regular staff meetings were held and minutes maintained of the meetings for staff unable to attend, to read for information sharing.

3.3.2 The 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 policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The safeguarding champion was known

to the staff team. The agency's annual Adult Safeguarding Position Report was reviewed and found to be satisfactory.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. Incidents had been managed appropriately.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their liquid medicine to be administered orally with a syringe. The manager was aware that should this be required; a competency assessment would be undertaken before staff undertook this task.

A number of service users had been assessed by the Speech and Language Therapist (SALT) with recommendations provided. Staff told us how they were made aware of service users' nutritional needs to ensure that any recommendations made by SALT were adhered to. Care records were accurately maintained to help ensure staff had an accurate understanding of service users' nutritional needs.

A review of training records confirmed that staff had completed training in dysphagia and in relation to responding to choking incidents.

3.3.3 The arrangements for promoting service user involvement

Service users, where possible, were encouraged and supported to be involved in their own care and the details of care and support plans were shared with relatives, where appropriate.

Care and support plans were person centred and are kept under regular review. There was evidence that staff record regularly the details of care and support provided or any changes to the service users' needs and regularly reviewed and updated to ensure they continued to meet the service users' needs. Services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

Service user meetings were held on a regular basis which enabled the staff to keep service users updated on any issues arising that may affect them. Some matters discussed included activities and outings and shared living arrangements. The meetings also enabled the service users to discuss any activities they would like to become involved in.

3.3.4 The arrangements to ensure robust managerial oversight and governance

The manager had been registered since 30 March 2009. Staff commented positively about the manager and described them as supportive, approachable and always available to provide guidance.

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives and staff. The reports included details of a review of service user care records; accident/incidents; safeguarding matters and staff recruitment and training.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints have been received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process. Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager or the person in charge.

Our discussion with staff identified they had a clear view about their role and responsibility to meet service user's individual needs and promote their rights, choices, independence and future outcomes. They identified staff training, policies and procedures, staff support mechanisms and the management team supported them to provide safe, effective and compassionate care in this setting.

Staff told us that they would have no issue in raising any concerns regarding service users' safety and/or care practices and that they were confident that the manager or person in charge would address their concerns.

4.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with Standards.

	Regulations	Standards
Total number of Areas for Improvement	0	1

An area for improvement and details of the Quality Improvement Plan were discussed with Ms Karen Oldcroft, 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 (revised) 2021

Area for improvement 1 **Ref:** Standard 12.6 **Stated:** First time **To be completed by:** Immediate and ongoing from the date of inspection	The registered person shall ensure that a robust system is implemented to include the monitoring of staffs' professional registrations for any staff member supplied by a recruitment agency. Ref: 3.3.1
	Response by registered person detailing the actions taken: We have implemented a mandatory monthly check of ALL AGENCY STAFF (including existing, regular and block-booked) using the NISCC Public Facing Register by all services effective from April 2025; in addition, all NEW AGENCY STAFF (i.e., those who have not worked within the service previously) must have a check carried out via the Public Facing Register prior to the commencement of their first shift. Details of these checks are to be recorded on the 'NISCC Register Check Record' which will be available for review by the Inspector and other relevant statutory partners on request. Our H&CSMs will review the records during their monthly Quality Monitoring Visits to ensure compliance.

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

The Regulation and Quality Improvement Authority

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