

# Unannounced Care Inspection Report 24 July 2018



## Mullagh Houses, Incorporating Linton Cottages

**Type of Service: Domiciliary Care Agency**  
**Address: 5 Roe Mill Road, Limavady, BT49 9DF**  
**Tel No: 02877722466**  
**Inspector: Joanne Faulkner**

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

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 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 supported living type domiciliary care agency, located on the outskirts of Limavady. The agency's aim is to provide care and support to meet the needs of individual service users in an environment that takes into account their physical, social, emotional, spiritual, as well as cultural needs.

Staff are available to support tenants 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.

The inspector would like to thank the person in charge, service users and agency staff for their welcome, support and co-operation throughout the inspection process.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Apex Housing Association  <b>Responsible Individual(s):</b> Mr Gerald Kelly	<b>Registered Manager:</b> Mrs Delma McCurry, Acting
<b>Person in charge at the time of inspection:</b> Previous manager	<b>Date manager registered:</b> Delma McCurry – application not yet submitted

### 4.0 Inspection summary

An unannounced inspection took place on 24 July 2018 from 10.10 to 17.40.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection determined if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to:

- Communication with service users and other relevant stakeholders
- Staff induction, training and supervision
- Governance arrangements
- Provision of care in a person centred manner
- Service user involvement

This was supported through review of records at inspection and from feedback received from service users and staff on inspection.

One area for improvement was identified during the inspection in relation to staff appraisals.

The comments of service users have been included in the relevant report sections.

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.

### 4.1 Inspection outcome

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

Details of the Quality Improvement Plan (QIP) were discussed with the person in charge, 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 26 October 2017

No further actions were required to be taken following the most recent inspection on 26 October 2017.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the agency was reviewed. This included the following records:

- previous RQIA inspection report
- records of notifiable events
- any correspondence received by RQIA since the previous inspection

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

- discussion with the person in charge
- examination of records
- consultation with service users and staff
- evaluation and feedback

During the inspection the inspector met with the person in charge, six service users and three staff.

The following records were viewed during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff induction records
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to adult safeguarding
- Staff rota information
- Statement of Purpose
- Service User Guide

A number of policies and procedures viewed prior to and following the inspection were noted to have been reviewed and updated in line with timescales as outlined within the minimum standards.

Questionnaires were provided during the inspection for completion by service users and /or relatives; six questionnaires were returned to RQIA. Responses received indicated that service

users and /or relatives were satisfied that care provided was safe, effective and compassionate and that the agency was well led.

Comments received on returned questionnaires:

- “Very happy with everything.”
- “Happy that if he is worried he can approach staff.”
- “I can speak to staff if something is bothering me.”
- “I don’t like talking to my staff if I have a problem but will tell my brother.”

At the request of the inspector, the person in charge was asked to display a poster within the agency’s office. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; six responses were received. Responses received indicated that staff were either very satisfied or satisfied that care provided was safe, effective and compassionate and that the agency was well led.

Comments received on returned survey:

- “I feel all tenants are provided with a very high quality of care and support and all staff go well above and beyond with the care and support tenant’s receive.”
- “The manager and senior staff are very good in our scheme. I feel our team work well together.”
- “Management and seniors are very approachable. We have a great team at Mullagh House. The support workers do an excellent job providing the support and care for each individual, providing choice and making sure they are part of the community...Mullagh house is a great place to work.”

The inspector requested that a ‘Have we missed you?’ card be displayed within the service users’ homes; no responses were received.

In addition feedback received by the inspector during the course of the inspection is reflected throughout this report.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 26 October 2017**

The most recent inspection of the agency was an unannounced care inspection.

### **6.2 Review of areas for improvement from the last care inspection dated 26 October 2017**

There were no areas for improvement made as a result of the last care inspection.

## 6.3 Inspection findings

### 6.4 Is care safe?

#### **Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.**

The inspection reviewed the agency's processes in place to avoid and prevent harm to service users; it included a review of staffing arrangements within the agency.

The agency's recruitment policy details the procedures for ensuring that staff pre-employment checks are completed prior to the commencement of employment. The recruitment process is co-ordinated in conjunction with the organisation's Human Resources (HR) department. It was noted that confirmation is received by the manager when all checks have been satisfactorily completed. The person in charge provided assurances that staff are not provided for work until all required checks have been satisfactorily completed and verified.

It was identified that the agency has recently developed a proforma in relation to Regulation 13 (d) Schedule 3 and the requirement for a statement to be signed by the manager indicating that they deem staff to be physically and mentally fit for the purposes of the work which they are to perform.

The agency's training and development policy details the induction programme provided to staff; it is in excess of the three day timescale as required within the domiciliary care agencies regulations. Staff are required to attend induction training one day per week for a number of weeks and in addition are required to complete an induction competency workbook. The expectation is that staff complete this induction workbook within the initial six months of employment. Staff who spoke to the inspector could describe the content of their induction; it included shadowing other staff employed by the agency. It was identified that staff receive three monthly reviews during their induction period.

The induction Records for two staff were viewed, they contained details of the information provided to staff during their induction period; one record viewed is still to be fully completed as induction is ongoing. Discussions with staff and observations made indicated that they had the appropriate knowledge and skills to fulfil the requirements of their job roles.

The person in charge described the process for ensuring that staff provided at short notice had the knowledge and skills for the job roles. The inspector viewed profiles in place for relief staff and noted that they contained information in relation to the individuals pre-employment checks, training, experience, induction and registration status with the Northern Ireland Social Care Council (NISCC). The inspector discussed with the person in charge the benefits of requesting that the profiles include NISCC expiry dates for staff.

Discussions with the person in charge and staff stated that the agency endeavours to ensure that there is at all times the required number of experienced persons available to meet the assessed needs of the individual service users. The inspector viewed the agency's staff rota information and noted it reflected staffing levels as described by the person in charge and staff. The rota information details the area of work for each staff member.

The inspector viewed records maintained which records registration details and expiry dates of staff required to be registered with the NISCC or the Nursing and Midwifery Council (NMC) as appropriate. It was identified from discussions with the person in charge that the organisation has recently updated the process for monitoring registration status of staff to include the review of the registered managers' registration status.

The agency's supervision and appraisal policies detail the timescales and procedures to be followed. Staff are provided with a supervision contract and a record of staff supervision and appraisal are maintained. The records of four staff reviewed indicated that they had received supervision and appraisal in accordance with the agency's policies. However, it was noted that the senior support workers had not received their annual appraisal; the person in charge discussed the reason for the delay in completing these. An area for improvement was identified.

The agency has an electronic system for recording staff training; staff could describe the process for identifying training needs in conjunction with the organisation's training officer and their responsibility for ensuring that training updates are completed. The inspector noted that staff complete mandatory training in a number of areas and a range of training specific to the individual needs of service users. It was noted that the agency has recently introduced an E-Learning programme for staff and that staff are required to complete training monthly.

The inspector viewed that the agency's staff training matrix; the initial information provided indicated that a number of staff had training updates outstanding. The person in charge stated that the organisation were currently experiencing problems with the system updating following staff completing e learning modules. During the inspection the training department provided additional information which verified that staff had completed training. Staff stated that their training was good and equipped them with the appropriate knowledge and skills for their role.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. The person in charge could describe the agency's response to the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The organisation's policy and procedures reflect information contained within the DOH policy and outlines the procedure for staff in reporting concerns.

The organisation has identified an Adult Safeguarding Champion (ASC) and a number of deputy ASC's; the policy outlines their roles and key areas of responsibility which was noted to include the completion of an annual report relating to adult safeguarding.

Staff had a clear understanding of the process for reporting adult safeguarding concerns. Staff are required to complete safeguarding training during their induction programme and in addition an annual update. Training records viewed by the inspector indicated that staff had received training in relation to safeguarding vulnerable adults.

It was noted that service users had been provided with information in relation to adult safeguarding. A number of service users who spoke to the inspector could describe what they would do if they had any concerns.

The inspector viewed the agency's records maintained in relation to safeguarding vulnerable adults. Discussions with the person in charge and records viewed evidenced that the agency maintains a record of referrals made to the Health and Social Care Trust (HSCT) safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed and discussions with the person in charge indicated that the agency had made a number of referrals relating to adult safeguarding since the previous inspection and had acted in

accordance with their policies and procedures. The person in charge could describe the details of liaison with the HSCT safeguarding team and the measures put in place as part of the protection plan and following the outcome of the investigations. The person in charge discussed the difficulties in receiving details of the outcome of investigations in a timely manner from the HSCT.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to service users health, welfare and safety. The agency's risk management policy outlines the process for assessing and reviewing risk. Service users are supported to participate in an annual review involving their HSCT keyworker. Care plans viewed were noted to be comprehensive and individualised to the needs and preferences of the service users. Care plans are reviewed six monthly or as required.

The agency's office accommodation is located adjacent to the homes of the service users and accessed from a separate entrance. The offices are suitable for the operation of the agency as described in the Statement of Purpose; it was noted that during the inspection offices were locked, records were stored securely and that PC's were password protected.

### **Comments received during inspection process.**

#### **Service users' comments**

- "I like it here."
- "Staff are good to us."

#### **Staff comments**

- "I feel service users are safe."
- "I get supervision and my appraisal is due now."
- "It is good having the additional staff hours, it means we can get out a bit more."
- "We get plenty of training."
- "We have enough staff at the minute."

#### **Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to staff induction, supervision and adult safeguarding.

#### **Areas for improvement**

One area for improvement was identified during the inspection in relation to staff appraisal.

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



## 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

The agency's arrangements for appropriately responding to, assessing and meeting the needs of service users were reviewed during the inspection. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

The agency's data protection policy outlines the procedures for the effective creation, storage, retention and disposal of records. Records viewed were noted to be retained in accordance with legislation, standards and the organisational policy. It was identified that staff receive training relating to record keeping and confidentiality during their induction programme. Records viewed on the day of the inspection were noted to be retained securely and in an organised manner.

Staff described how they support service users to be effectively engaged in the development of their care plans. During the inspection the inspector viewed a number of service user care records; it was noted that staff record daily the care and support provided.

The agency has arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The organisation has a process for completing bi-monthly quality monitoring visits; it was noted that additional processes are in place to ensure that relevant information is collated, audited on a monthly basis by the manager in conjunction with other departments within the organization such as HR and training and provided to the senior management team; a monthly report is developed.

The inspector viewed the agency's quality monitoring reports of the visits completed by a senior. Records viewed indicated that the process is effective and that an action plan is developed. A number of the reports viewed were noted to include comments made by service users, and where appropriate their representatives. They included details of the review of the previous action plan, review of accidents, incidents and safeguarding referrals; staffing arrangements, care records, the environment, complaints and financial management arrangements.

### Comments recorded on quality monitoring reports

#### Service user comment

- "I am keeping well."
- "Everyone is getting on and everything is good."

#### HSCT representative comment

- "I have excellent experience of staff; this is in relation to their professionalism and their person centred approaches to practice. The manager is an excellent support to staff, social workers and service users."

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were assessed during the inspection. Discussions with service user and staff, and observations of staff interaction with service users during the inspection indicated that staff communicate appropriately with service users.

Staff described the methods in place to develop and maintain effective working relationships with HSCT representatives and other relevant stakeholders.

The agency facilitates monthly service user and bi-monthly staff meetings; it was identified that a different area for discussion is identified each month such as safeguarding. In addition it was noted that a range of standard items are discussed at all meetings, they include adult protection, complaints and health and safety. Minutes of service users meetings viewed included comments from service users on a range of matters.

### Comments received during inspection process.

#### Service users' comments

- "Staff help me."
- "I tell staff if I am worried."

#### Staff comments

- "I report any concerns to the senior."
- "We encourage and support service users to be as independent as possible."

### Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's auditing arrangements and communication and engagement with service users and other relevant key stakeholders.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

#### 6.6 Is care compassionate?

**Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The inspection assessed the agency's ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to the care they receive.

It was noted that staff receive training in relation to human rights, equality and confidentiality during their induction programme. Discussions with service users and staff, records viewed and observations made of staff and service user interactions, indicated that the promotion of values such as dignity, respect, equality and choice were embedded in the ethos of the organisation and in the way care is provided. The agency has provided information to service users relating to human rights, advocacy and adult safeguarding in an easy read format.

It was positive to note that care records contained information in relation to the life histories of service users and their individual needs, choices and preferences.

Staff described how they aim to provide care and support in an individualised manner and the processes used for effectively supporting service users in making informed choices. A number of service users who spoke to the inspector could describe how they are supported by staff to be involved in decisions relating to their daily routines.

It was identified that the agency has provided a range of documentation in an alternative format to support service users to have a clearer understanding of the matters being discussed.

The inspector discussed with staff arrangements in place relating to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users in a safe and effective manner. It was identified that staff had completed equality and diversity training.

The agency's Statement of Purpose and Service User Guide contains information relating to equality and diversity.

Discussions with the service users and staff provided evidence that supports tenants' equal opportunities, regardless of their abilities, their background or their lifestyle choices. Some of the areas of equality awareness identified during the inspection include:

- effective communication
- effective service user involvement
- safeguarding management
- use of advocacy services
- equity of care and support
- provision of individualised person centred care
- individualised risk assessment
- disability awareness

Records viewed and discussions with staff indicated that the agency has processes in place to record comments made by service users and where appropriate their representatives. Records of service user and care review meetings indicated regular engagement with service users.

Processes for engaging with and responding to the comments of service users and their representatives are maintained through the agency's complaints/compliments process; care review meetings and service user meetings. The agency's quality monitoring process assists in the evaluation of the quality of the service provided.

It was positive to note that service users are supported to participate in reviewing the quality of their home environment and in suggested areas for improvement.

A number of positive comments from relatives had been recorded in the questionnaires completed by relatives.

## Comments

- "Mullagh Houses refurbishment is outstanding; quite literally home from home."
- "\*\*\*\*\* is very happy and as long as his daily need are met I am happy too."

- “Staff have never lost their dedication and motivation to support \*\*\*\*, even in the most difficult times.”
- “Really nice to see the rapport your staff have with all tenants.”

Observations made during the inspection and discussions with service users indicated that they are encouraged to make choices regarding their daily routines and activities. It was observed that staff are available at all times for service users to talk to. The inspector visited service users in shared areas of their homes; it was good to note that service users appeared relaxed and comfortable.

**Service users’ comments**

- “I got my room decorated; staff helped me pick all the things for my room.”
- “I am really happy here; staff are good.”
- “I go to the daycentre; I like it.”

**Staff comments**

- “Service users have choice.”
- “We provide a high standard of care and support; staff do above and beyond.”
- “We support service users in making decision.”

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care and the ongoing engagement with service users and their relatives.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**6.7 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The inspection reviewed management and governance systems in place within the agency to meet the needs of service users. Staff could describe the procedure for obtaining support and guidance at any time including out of hour arrangements. The agency has recently been managed by Delma McCurry in the absence of the registered manager, who has since returned; RQIA requested that updated details of management arrangements be forwarded.

The agency has a range of policies and procedures noted to be in accordance with those as outlined within the minimum standards; they are retained in an electronic format and staff have access.

A number of the organisation's policies viewed during the inspection were noted to have been reviewed and updated in accordance with timescales detailed within the minimum standards.

The agency has systems in place for auditing and reviewing information with the aim of improving safety and enhancing the quality of the service provided to service users. Records viewed and discussions with the person in charge indicated that the agency's governance arrangements promote the identification and management of risk. Systems include the provision of required policies and procedures, monitoring of staffing arrangements, complaints, accidents, safeguarding referrals and incidents including those notifiable to RQIA. Throughout the inspection the inspector was presented with evidence of collaborative working relationships with relevant stakeholders, including HSCT representatives.

The agency's complaints policy outlines the process for managing complaints; discussions with the person in charge and staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received. Staff receive complaints training during their initial induction programme. Service users indicated that they could speak to staff at any time and knew how to raise concerns. The agency maintains a record of complaints received; it was noted from records viewed and discussions with the person in charge that the agency has managed complaints received since the previous inspection in accordance with their policy. Complaints are audited on a monthly basis as part of the organisations quality monitoring process.

Documentation viewed indicated that the agency has in place management and governance systems to monitor and improve the quality of the service; these include processes for monitoring staffing arrangements, incidents, accidents and complaints. The inspector viewed evidence which indicated appropriate staff recruitment, induction, training and supervision.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it clearly details lines of accountability. Staff had a clear understanding of the responsibilities of their job roles; it was noted that staff had been provided with a job description at the commencement of employment and that they are allocated and areas of work each day. Staff stated that the manager and senior staff are supportive and approachable.

The agency's Statement of Purpose and Service User Guide were noted to have been reviewed and updated.

## **Comments received during inspection.**

### **Staff comments**

- "I feel supported my job."
- "We have a good team; communication is good."
- "I feel listened to."

### **Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the agency's governance arrangements including the quality monitoring process and the management of complaints and incidents.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

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

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the person in charge, 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.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

## 7.2 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>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 13.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of inspection</p>	<p>The registered person shall ensure that staff have recorded appraisal with their line manager to review their performance against their job description and agree personal development plans in accordance with the procedures.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Staff appraisal programmed for completion following the staff members return from annual leave.</p>

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



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