

# Inspection Report

13 August 2024



## Mullaghcarron Road SLS

Type of service: Domiciliary Care Agency  
Address: 13A Mullaghcarron Road, Lisburn, BT28 2TE  
Telephone number: 028 9262 2314

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Autism Initiatives NI	<b>Registered Manager:</b> Miss Orlagh Dillon
<b>Responsible Individual:</b> Dr. Eamon Slevin	<b>Date registered:</b> 4 November 2022
<b>Person in charge at the time of inspection:</b> Miss Orlagh Dillon	
<b>Brief description of the accommodation/how the service operates:</b>  Mullaghcarton Road Supported Living domiciliary service is a bungalow on the outskirts of Lisburn and another community house. Autism Initiatives NI provide a supported living type domiciliary care service to the service users which include personal care and social support.	

## 2.0 Inspection summary

An unannounced inspection took place on 13 August 2024 between 10.00 a.m. and 1.20 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices and Dysphagia management was also reviewed.

Areas for improvement identified related to staff induction records and the Control of Substances Hazardous to Health (COSHH).

Good practice was identified in relation to the detailed individualised risk assessments and care plans. There were good governance and management arrangements in place.

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

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, 'We want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community'.

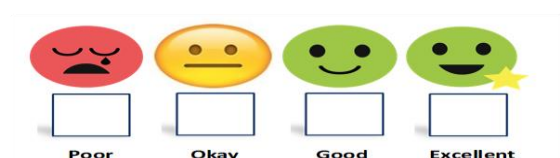
RQIA shares this vision and want to review the support individuals are offered to make choices and decisions in their life that enable them to develop and to live a safe, active and valued life. RQIA will review how service users who have a learning disability are respected and empowered to lead a full and healthy life in the community and are supported to make choices and decisions that enables them to develop and live safe, active and valued lives.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read questionnaires and an electronic staff survey.

#### 4.0 What did people tell us about the service?

During the inspection we spoke with relatives and staff members. We observed a service user being cared for sensitively and compassionately.

The information provided indicated that there were no concerns in relation to the agency. During the inspection we provided a number of easy read questionnaires for those supported to comment on the following areas of service quality and their lived experiences:



- 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 care and support was either excellent or good.

Comments received included:

**Service users' relatives' comments:**

- "Mullaghcarton has been heaven."
- "The attitude of staff is so caring."
- "Sometimes they are short of staff."
- "We do not worry one bit."

**Staff comments:**

- "I had a good induction and ongoing support."
- "I would say service users have a good quality of life."
- "Staffing levels are very good."
- "I would have no hesitation in reporting areas of concern."

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided.

A number of staff responded to the electronic survey. The respondents indicated that they were 'very satisfied' that care provided was safe, effective and compassionate and that the service was well led.

## **5.0 The inspection**

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

The last care inspection of the agency was undertaken on 10 August 2023 by a care inspector. No areas for improvement were identified.

## **5.2 Inspection findings**

### **5.2.1 What are 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 adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

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 in normal business hours and out of hours. 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.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

The manager reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future.

Annual care reviews were overdue but service users had recently been allocated their own social workers and dates had been set for annual reviews. This matter will be reviewed at future inspections. In keeping with the agency's policies and procedures there was evidence that key workers review care plans and risk assessments annually or when needs change.

The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their 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 (MCA).

Staff had completed Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative.

There was a system in place for notifying RQIA if the agency was managing individual service users' monies in accordance with the guidance.

The inspector noted two containers of cleaning fluids on the floor in a room with the door unlocked and ajar. The manager agreed these should be in a locked cupboard and immediately removed them. An area for improvement has been made.

### **5.2.2 What are the arrangements for promoting service user involvement?**

From reviewing service users' care records and through discussions with relatives, it was good to note that service users and /or their families had an input into devising their own plan of care. Service users were provided with easy read reports which supported them to fully participate in all aspects of their care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur. The "About Me" section in service users' files was very specific and detailed providing staff with a summary of the essential information required to ensure safe consistent personalised care.

### **5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?**

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents. The manager discussed how the South Eastern Health and Social Care Trust (SEHSCT) had temporarily suspended Dysphagia training previously accessed; in the interim some staff had completed swallowing awareness training.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

### **5.2.4 What systems are in place for staff recruitment and are they robust?**

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. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

#### **5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?**

There was evidence that some 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, three day induction programme which also included shadowing of a more experienced staff member, however written records of induction were not always completed in line with policy. This is an area for improvement.

#### **5.2.6 What are the arrangements to ensure robust managerial oversight and governance?**

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, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

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 were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

### **6.0 Quality Improvement Plan (QIP)/Areas for Improvement**

Areas for improvement have been identified where action is required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	2

Areas for improvement and details of the QIP were discussed with Miss Orlagh Dillon, 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 (revised) 2021	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 16.3  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing	The registered person shall promote safe and healthy working practices through the Control of Substances Hazardous to Health (COSHH);  Ref: 5.2.1
	<b>Response by registered person detailing the actions taken:</b> COSHH practices have been added to the team meeting agenda to ensure everyone is aware of safely storing COSHH items once deliveries have arrived at the service. All staff members have COSHH training
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 12.1  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing	The registered manager shall ensure that newly appointed staff are required to complete structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care and that written records of this are retained.  Ref: 5.2.5
	<b>Response by registered person detailing the actions taken:</b> The staff member's induction book identified at the inspection has now been completed and signed off. All induction books are reviewed and discussed at assessments to ensure steady progress is being made throughout induction period for new staff members.

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





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