

## Announced Care Inspection Report 26 November 2018



## Mullaghcarron Road Supported Living

**Type of Service: Domiciliary Care Agency**  
**Address: 13A Mullaghcarron Road, Lisburn BT28 2TE**  
**Tel No: 02892622314**  
**Inspector: Caroline Rix**  
**User Consultation Officer: Clair McConnell**

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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

Mullaghcarron Road Supported Living domiciliary service is a bungalow on the outskirts of Lisburn and is the home of four people who rent their accommodation from Triangle Housing Association. Autism Initiatives NI provide a supported living type domiciliary care service to the service users which include personal care and social support. The South Eastern Health and Social Care Trust commission their care services.

The accommodation at Mullaghcarron Road is comprised of individual bedrooms and a range of shared living areas including living room, laundry, kitchen, and bathrooms. There is an office within the building which is used by agency staff 24 hours per day. The service users access their accommodation through the front door and are able to leave their home through the front door in an unrestricted manner and can access the rear of their home through the back door.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Autism Initiatives NI  <b>Responsible Individual:</b> Dr Eamonn Slevin	<b>Registered Manager:</b> Fionnuala Hughes
<b>Person in charge at the time of inspection:</b> Fionnuala Hughes	<b>Date manager registered:</b> 27/12/2017

### 4.0 Inspection summary

An announced inspection took place on 26 November 2018 from 09.50 to 15.40 hours.

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

The inspection assessed progress with any areas for improvement identified since the last care inspection and to determine 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 care records, reviews, communication between service users and staff and other key stakeholders.

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. The inspector would like to thank the service users and staff for their warm welcome and full cooperation throughout the inspection process.

### 4.1 Inspection outcome

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the manager Fionnuala Hughes and a senior support worker, as part of the inspection process and can be found in the main body of the report.

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

## 4.2 Action/enforcement taken following the most recent care inspection dated 19 December 2017

No further actions were required to be taken following the most recent inspection on 19 December 2017.

## 5.0 How we inspect

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

- Previous inspection report
- Record of notifiable events for 2017/2018
- All communications with the agency by RQIA.

The inspector spoke with the manager, a senior support worker and two support workers to discuss their views regarding care provided by the agency, staff training and staff's general knowledge in respect of the agency. Their feedback is contained within the body of this report.

The inspector requested that the manager place a 'Have we missed you'" card in a prominent position in the agency to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision, no feedback has been received.

The manager was asked to provide each service user/relative with an RQIA survey/stamped addressed envelope asking for their views on the services they receive, no responses were returned to the inspector.

The manager was also asked to display a staff poster prominently within the agency's registered premises. The poster invited staff to give their feedback to RQIA via electronic means regarding the quality of service provision. No staff responses were received by the inspector.

As part of the inspection, the User Consultation Officer (UCO) spoke with two relatives to receive their views on the service. The UCO also spent a period of time observing the service users interacting with the staff on duty as well as having an informal chat with two support workers and feedback is included within the body of this report.

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, complaints management, safeguarding and incident reporting.
- Three staff recruitment records
- Two staff induction records
- Three staff supervision records
- Two staff appraisal records
- Three staff training records
- Staff training plan
- Staff meeting minutes

- Staff NISCC registration and renewal of registration processes
- Statement of purpose
- Service user guide
- Two service users' records regarding support plans, reviews and quality monitoring
- Three monthly monitoring reports.
- Annual quality review report for 2017
- Communication records with other professionals
- Notification and incident records
- Complaints log and records
- Compliments log and records.

The findings of the inspection were provided to the manager and the senior support worker at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 19 December 2017

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

### 6.2 Review of areas for improvement from the last care inspection dated 19 December 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 agency's staffing arrangements were reviewed and the team consists of a manager, two senior support workers and a team of support staff.

A range of policies and procedures were reviewed relating to staff recruitment, induction and training. The inspector found these policies to be up to date and compliant with related regulations and standards.

The agency's recruitment policy outlines the system for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The organisation has a central human resources department which oversees the recruitment process, including the completion of appropriate pre-employment checks.

Records viewed and discussions with the manager indicated that all pre-employment information has been satisfactorily completed and verified in line with regulations and standards.

The inspector noted that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The records confirmed that all staff are registered with The Northern Ireland Social Care Council (NISCC) or have applied to be registered in the case of newly appointed staff. The manager discussed the system in place to identify when staffs are due to renew registration with NISCC.

The induction programme for new staff was viewed, which includes a detailed induction procedure and support mechanisms in place which is compliant with Regulation 16(5) (a). Documentation viewed by the inspector contained details of the information provided during the induction period and learning outcomes achieved by staff over a six month period that included a shadowing system. The manager had signed records to confirm that staff members had been deemed competent at the end of their probationary period.

The inspector noted the staff team is currently stable and staffing arrangements enable the agency to provide familiar staff to service users who require staff continuity. The manager discussed their use of employment agency staff needed, as a result of staff absences and vacancies. The inspector found that regular employment agency staff have been provided who have good knowledge of and are familiar with the service user's needs.

The UCO was informed by the staff on duty that there is a core team who have worked in the service for a number of years. Confirmation was received that if agency staff are used, that it is people who are familiar with the service users and their needs. New staffs spend a period of time on induction and shadowing experienced staff. Support staff complete mandatory training and any additional training, such as epilepsy awareness, necessary to provide care to the service users. Confirmation was received that staff are not left alone with a service user if they have not completed epilepsy training and are deemed competent.

Through discussions with the relatives and staff, as well as the UCO's observations, it was evident that staff are knowledgeable as to the types of activities each service user likes to do, and to the level of support required to ensure their safety. The staff on duty raised no concerns regarding the care being provided and felt able to discuss concerns with management.

The inspector reviewed the agency's training matrix and training records maintained for individual staff members; those viewed indicated that staff had completed relevant training. Records of training and staff feedback indicated that staff attend a range of training necessary to meet the individual needs of service users. The organisation has a system of requiring staff to complete annual update training in key subject areas. The organisation has a learning and development team to assist managers to ensure that learning objectives have been met, and to identify future learning needs.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency maintains a record of individual staff supervisions and appraisals in line with their policies and procedures. Staff described the value of the various supervision meetings with the manager and senior staff. Staff confirmed senior staffs are approachable at any time for support and guidance.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed.

The ‘Adult Protection’ policy and procedure provided information and guidance as required; and referenced the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) guidance of July 2015 ‘Adult Safeguarding Prevention and Protection in Partnership’. The agency has identified their Adult Safeguarding champion with key responsibilities detailed in their procedure in line with required guidance.

The manager demonstrated a clear understanding of safeguarding issues; and could describe the procedure to be followed which is in accordance with the agency’s procedure. Two safeguarding reports had been received in the past year and had been appropriately managed, with the outcome of the investigations not yet concluded. The inspector noted that the safeguarding procedures are also available in an easy read version and provided to each service user.

The agency’s whistleblowing policy and procedure was found to be satisfactory and staff demonstrated a clear understanding of their role and responsibilities in relation to raising concerns or reporting poor practice/whistleblowing.

The inspector reviewed the agency’s arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. There was evidence of positive risk taking in collaboration with the service user and/or their representative, the agency and the HSC Trust.

Records confirmed that comprehensive risk assessment and safety management plans had been completed in conjunction with service users.

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to: staff recruitment, induction, training, adult safeguarding and management of risks.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**6.5 Is care effective?**

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

The agency’s arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The care and support plans reviewed by the inspector had a strong person centred focus, were up to date, and clearly detailed the service users’ needs and how they wished these to be met.

Service users are supported to participate in regular reviews involving their HSC Trust keyworker. The manager described how service users are encouraged and supported to be fully involved in the completion of individual risk assessments and development of their care

and support plans which are reviewed at agreed intervals or as required. The inspector viewed service user files that contained records of the care and support provided and which evidenced the views and choices of service users.

The inspector noted that the agency has collaborated effectively with a range of professionals in relation to managing complex situations involving the well-being and safety of service users.

The UCO was informed by the staff that all new staff have an induction period and spend time shadowing experienced staff to enable them to become familiar with the service users. Confirmation was received that if employment agency staff are used, that they are the same people.

Three of the four service users have lived at Mullaghcarron Road for a number of years and the UCO noted that the staff of duty had a good knowledge of the service users' communication, care and support needs and any challenging behaviours. One service user has recently moved in to the service and staff described the transition plan and how they have been getting to know the service user.

Confirmation was received that all of the service users have a key worker and reviews take place as necessary. The UCO was also informed that there is good communication between the staff and relatives, and that they are aware of how to raise a complaint if necessary. No concerns were raised regarding staffing levels or the management of the service.

It was evident that the agency maintains a range of methods to communicate with and record the views and wishes of service users, including through routinely speaking with service users on a daily basis and being completing monthly one to one consultations. These consultation records were viewed during inspection and the following areas discussed included;

- events planning
- decorating colour choices.

Staff commented during inspection:

- “The training is very good and in depth, I can ask for further training on other topics of interest. My induction was very helpful.”
- “We have a clear understanding of our service user’s individual needs and how to protect them from harm, but encourage them to live full lives.”

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to communication between service users, agency staff and other relevant stakeholders and the monitoring of the quality of the services provided.

**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 sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support. The inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

As part of the visit, the UCO had a tour of the premises. The living spaces and bedrooms were seen to be personalised to the taste of the service users. The house was decorated with photos of various activities carried out by the service users, as well as recent art projects.

Service users are given choice regarding menu planning and are encouraged by staff to eat a healthy, balanced diet. Service users are supported by staff to be involved as much as possible with shopping, cooking and the household chores. The UCO was advised that picture cards are used as necessary to obtain the service user's choice regarding activities. Staff were knowledgeable as to the type of activities the service users like to do and the support required. Examples of some of the activities which service users like to do:

- Drives
- Walks
- Arts and crafts
- Music
- Cooking
- Visiting families
- Cinema
- Day trips or weekends away
- Shopping
- Shows for example pantomimes

Examples of some of the comments made by the relatives interviewed are listed below:

- "Happy with the care provided to XXX."
- "The staff do a good job."
- "We have got to know the manager really well and can discuss any concerns."
- "Never had any trouble."
- "It gives me peace of mind that XXX is so settled."
- "There's been a great improvement in XXX's behaviour since moving in."

The inspector viewed evidence of effective communication with service users and their representatives, including a complaints process, quality monitoring reports, and regular support plan reviews between keyworker, service users and relatives.

Compliments from service user’s representatives and other professionals reviewed during inspection provided the following examples in support of compassionate care:

- ‘All the staff are very committed and great at supporting the service users to access the community. Communication is very good amongst staff team who have a great attitude.’ (Telephone feedback from HSC Trust Behaviour Therapist regarding all of the service users).
- ‘I am absolutely delighted with the support xxx has received, and has settled so well into their new home. I see xxx doing things like clapping hands and smiling more than ever before, as surrounded by people who care about xxx and stimulate and interact with xxx. I am so thankful to the staff team, as xxx personality is starting to show again.’(Verbal feedback from the relative of a service user).

The compliments records viewed confirmed that they had been shared with the staff team.

Staff commented during inspection:

- “This is a great job, I find it very rewarding to see service users achieve their own goals and enjoying their chosen activities each day.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of care, promoting dignity and respect, listening to and valuing service users and their representatives.

**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 inspector examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of management and governance established by the organisation have been implemented at the agency.

The agency’s Statement of Purpose and Service User Guide were noted to have been regularly reviewed and updated. The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. The day to day operation of the agency is overseen by a manager, two senior support workers and a team of support workers.

A range of policies viewed by the inspector were noted to have been reviewed, updated or being updated in accordance with timescales outlined within the minimum standards. Policies and procedures are maintained on an electronic system accessible to all staff, and paper policies are retained in the office used by staff daily.

The agency maintains variety of processes to ascertain and respond to the views of service users such as monthly quality monitoring, review meetings and the annual quality survey. The inspector noted the feedback received by the agency following their annual satisfaction survey in October 2017 was mostly positive and a report had been shared with service users, representatives, staff and the HSC Trusts in March 2018. Areas for action identified included updating decor of shared areas and outside maintenance which are being addressed in conjunction with service user's representatives and the landlord.

Monthly monitoring reports were viewed for September to November 2018. These reports evidenced that monitoring of the quality of service provided in accordance with minimum standards is undertaken by an area manager who has a good working knowledge of the service.

Each report contained a summary of service user, relatives and staff monitoring, feedback and compliments along with views of other professionals; and evidenced how any issues arising had been managed. The records included details of the review of accidents, incidents and in addition details of the review of staffing arrangements, documentation, finance and training.

The agency maintains and implements a policy relating to complaints management. The inspector noted two complaints had been received since the last inspection. Records reviewed indicated that each complaint had been appropriately managed and where possible resolved swiftly with actions agreed to avoid recurrence.

The UCO spoke with two relatives who confirmed that there is good communication between staff and themselves, and that they are aware of the complaints process. The staff on duty also felt able to raise concerns with management.

A review of incident reports documentation confirmed that potential concerns were managed appropriately in accordance with the agency's policies and procedures. There were a number of incidents that had been notified to RQIA since the last inspection as required.

The inspector discussed arrangements in place that relate 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. This was acknowledged during the observations of service user and staff interactions during the inspection.

The inspector noted that the agency collects equality information in relation to service users, during the referral process. The data is used effectively and with individual service user involvement when an individual person centred care and support plan is developed. Staff were able to discuss the ways in which their development and training enables them to engage with a diverse range of service users.

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

- effective communication

- service user involvement
- safeguarding
- advocacy
- human rights
- equal care and support
- individual person centred care
- individual risk assessment
- disability awareness

The agency’s commitment to equality and individual person centred care is an area of positive practice and is to be commended.

Staff commented during inspection:

- “I feel we work well as a team, I can always ask any colleague or the manager if I need information or advice about a service user.’
- “Sometimes we are enjoying an activity with service users and I forget that this is work, as we are having such a great time together. It is very rewarding for me.”

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the agency’s management and governance arrangements.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**7.0 Quality improvement plan**

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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