

Inspection Report

25 October 2021



Mullaghcarron Road Supported Living

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

Organisation/Registered Provider: Autism Initiatives NI	Registered Manager: Mrs Fionnuala Hughes
Responsible Individual: Dr Eamonn James Edward Slevin	Date registered: 27 December 2017
Person in charge at the time of inspection: Mrs Fionnuala Hughes	
Brief description of the accommodation/how the service operates: Mullaghcarron Road Supported Living domiciliary service is a bungalow on the outskirts of Lisburn and is the home of three people (one void on the day of inspection) 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 (SEHSCT) commission the care services.	

2.0 Inspection summary

An unannounced inspection was undertaken on 25 October 2021 between 11.00am and 2.30pm by the care inspector.

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

Good practice was identified in relation to the governance and management arrangements within the agency and appropriate pre-employment checks being undertaken before staff started to provide care and support to the service users. Good practice was also found in relation to systems in place for disseminating Covid-19 related information to staff.

Information was provided to staff, service users and/or their relatives on how feedback could be provided to RQIA about the quality of the services being provided by the agency. This included service user/relative questionnaires and a staff poster.

RQIA were assured that this agency supplies support workers who are providing safe, effective and compassionate care; and that the agency is 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, and to address any deficits identified during our inspections.

The inspection focused on:

- contacting the service users, their relatives, HSCT representatives and staff to find out their views on the service.
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

4.0 What people told us about the service

Prior to the inspection we provided a number of easy read questionnaires for those supported 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 showed that those supported thought the care and support was excellent.

We spoke with two staff and one service user's relative. The service users are mainly non-verbal however we observed three service users in the presence of staff and they appeared content and comfortable whilst engaging in activities. In addition, feedback was received from one HSCT representative. One response was received from the electronic survey for staff. The respondent was 'very satisfied' that the care being delivered was safe, compassionate, effective and the service was well led and included the following comment:

- "Mullaghcarron is a fabulous service both to work in and the service users are incredible individuals who are well supported in their own home."

Staff comments:

- "The service users are supported well."
- "There was an in-depth induction which included eight days of shadowing which I really enjoyed."
- "Training is very detailed."
- "Open door policy."

- “There is always a senior or the manager on the floor.”
- “Supervision is regular.”
- “The staffing levels are safe.”

Service users’ relatives’ comments:

- “I am happy with the care xxxx is getting.”
- “xxxx is happy there which is the main thing.”
- “The staff bring xxxx down to visit me.”

HSCT representatives’ comments:

- “My service users are both managing well in the supported living scheme.”
- “There is good communication with the staff, family and the manager.”
- “Staff have adapted well to the reduction in day care and they have been able to be creative in their provision of an alternative day care for the service users. The manager has been realistic in the staffing levels and has recently asked for additional staffing to accommodate alternative day care provision.”

5.0 The inspection

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

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

The last care inspection of the agency was undertaken on 26 November 2018 by a care inspector and no areas for improvement identified. An inspection was not undertaken in the 2019-2020 and 2020-2021 inspection years, due to the impact of the first surge of Covid-19.

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 policy and 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).

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 could describe the process for reporting concerns, including out of hours arrangements.

It was noted that staff are required to complete adult safeguarding training during their induction programme and required updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could 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 has a system for retaining a record of referrals made in relation to adult safeguarding matters. No safeguarding referrals had been made since the last inspection. It was noted that previous referrals had been managed in accordance with the agency's policy and procedures.

There were systems in place to ensure that complaints and notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. No complaints had been received since the last inspection. It was noted that complaints and incidents had been managed in accordance with the agency's policy and procedures.

It was noted that staff have completed appropriate DoLS training appropriate to their job roles. Those spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. There are arrangements in place to ensure that service users who require high levels of supervision or monitoring and restriction have had their capacity considered and, where appropriate, assessed.

It was noted that where restrictive practices are in place, appropriate risk assessments had been completed in conjunction with the HSC Trust representatives.

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

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

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

The manager advised that there were no care partners visiting service users during the Covid-19 pandemic restrictions.

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

The manager confirmed that three service users had Dysphagia needs. The discussions with the manager and review of service users' care records identified that specific modified diets were included in the risk assessments and care plans. There was evidence that staff were respectful of the service users' preferences in relation to the level of supervision required. Staff had implemented the specific recommendations of SALT to ensure the care provided was safe and effective. It was good to note that lesser restrictive options were used in order to maintain the resident's dignity when eating.

5.2.4 Are their robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in conjunction with the agency's Human Resources (HR) Department and was in accordance with the regulations and minimum standards, and that pre-employment checks were completed before staff members commence employment and engage with service users. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff.

A review of the records confirmed that all staff provided were appropriately registered with NISCC. Information regarding registration details and renewal dates were monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities for ensuring their registrations were up to date.

5.2.5 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with service users, service user's relatives, staff and HSCT representatives. The reports included details of the review of service user care records, missed or late calls, accident/incidents, safeguarding matters, complaints, staff recruitment, training, and staffing arrangements.

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).

6.0 Conclusion

Based on the inspection findings and discussions held RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner; and that the service was well led by the manager/management team.

7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	0

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



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
Twitter @RQIANews

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