

# Unannounced Care Inspection Report 13 May 2019



## Mullagh Houses, Incorporating Linton Cottages

**Type of Service: Domiciliary Care Agency**  
**Address: 5 Roe Mill Road, Limavady, Londonderry, BT49 9DF**  
**Tel No: 02877722466**  
**Inspector: Aveen Donnelly**  
**Observer: Bridget Dougan**

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 domiciliary care agency (supported living type), located in the Limavady area. The agency's aim is to provide care and support to up to 22 service users, whose care is commissioned by the Western Health and Social Care Trust and the Northern Health and Social Care Trust.

Staff are available to support service users 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.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Apex Housing Association  <b>Responsible Individual:</b> Sheena McCallion	<b>Registered Manager:</b> Karen Oldcroft
<b>Person in charge at the time of inspection:</b> Karen Oldcroft	<b>Date manager registered:</b> 30 March 2009

### 4.0 Inspection summary

An unannounced inspection took place on 18 April 2019 from 09.15 to 15.30.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA have duties 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 choices and freedoms associated with any person living in their own home.

The inspection assessed progress with any areas for improvement identified during and 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.

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development, adult safeguarding and risk management. The care records were well maintained and there was evidence that the agency engaged well with the service users. There were many examples of good practice identified throughout the inspection in relation to the provision of compassionate care. There were good governance and management arrangements in place, which focused on quality improvement initiatives and maintaining good working relationships.

It was evident throughout the inspection that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of consent, autonomy, equality, choice, privacy, dignity and confidentiality. The agency promoted the involvement of service users, particularly in relation to participating in the Local Involvement Group for disability services.

No areas for improvement were identified.

Service users indicated that they were happy with the care and support provided. 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	0

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

#### 4.2 Action/enforcement taken following the most recent care inspection dated 24 July 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 24 July 2018.

#### 5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report
- records of notifiable events reported to RQIA since the last care inspection
- all correspondence received by RQIA since the previous inspection

A range of documents policies and procedures relating to the service were reviewed during the inspection and are referred to within the body of the report.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Eight staff responded; analysis of feedback is included within the report.

Questionnaires were also provided for distribution to the service users and their representatives; none were returned within the timeframe for inclusion within the report.

The inspector spoke with five service users, three staff members and four relatives. Comments received are included within the body of the report.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 24 July 2018

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 24 July 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 13.5 <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed that all staff had been provided with as appraisal. Compliance with this was routinely monitored as part of the monthly quality monitoring processes	

## 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 staff recruitment processes were noted to be managed in conjunction with the organisation's human resources department, located at the organisation's head office. Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices. A matrix was available, which evidenced compliance with regulation in respect of all pre-employment checks.

Staffing levels were consistently maintained and there were no concerns raised with the inspector in relation to the service users' needs not being met.

New employees were required to complete an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. The review of the induction workbook verified that staff were provided with an induction period which exceeded the timescales outlined within the Regulations.

There was a rolling programme of training, competency assessments, supervision and appraisals and these areas were routinely monitored as part of the monthly quality monitoring processes. The manager advised that staff completed evaluation forms after completing training modules and that this information was used by the training department, to ensure that the training provided was being effective. It was good to note that additional training had been provided to staff in areas such as human rights, equality and diversity, communication, confidentiality and data protection.

Information in relation to the new International Dysphagia Diet Standardisation Initiative (IDDSI) was available in the office and was also displayed in the kitchen area of one of the houses. It was good to note that the training provided to staff had been further developed to include this information.

Arrangements were in place to embed the regional operational safeguarding policy and procedure into practice, to ensure that the service users were safe and protected from harm. The review of records confirmed that any potential safeguarding incidents had been referred appropriately. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that there is an identified ASC within the organisation and a number of deputy ASC's. The Annual Position Report had also been completed.

The organisation had a safeguarding working group which meets bi-annually. A Safeguarding Newsletter is also published three times per year, in which important information about safeguarding matters is included. The newsletter focused on institutional abuse and aimed to refresh everyone's understanding of safeguarding topics and procedures. Case studies were also included in the newsletter. An annual safeguarding awareness event has also been planned to take place later this year. This is good practice and is commended.

The manager advised that training had been provided to the service users in relation to 'Stranger Danger' and the review of the minutes of service users meetings identified that this had also been discussed during their meetings.

The inspector reviewed a sample of accident and incident records and confirmed that they had been managed appropriately. These areas were reviewed by the management team as part of their quality monitoring processes. The inspector discussed the recent changes the ambulance service has made in relation to how they plan to respond where service users have fallen, but are uninjured. The inspector discussed the agency's arrangements for managing this and the manager was advised to identify any potential challenges to this and to liaise with the relevant trusts, as appropriate.

During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to the service users' health, welfare and safety. The inspector was advised that there were no restrictive practices in use within the agency.

Care records and information relating to service users were stored securely and accessible by staff when needed.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development, adult safeguarding and risk management.

**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 review of the care records identified that they were comprehensive, person-centred and maintained in an organised manner. The care records evidenced referral information and risk assessments.

Care review records were reviewed and it was noted that service users were involved in the care review process.

The care plans reviewed identified that consideration had been given to the service users’ human rights. This related particularly to, but was not limited to, the service users right to privacy and dignity; personal choices and autonomy; promoting family life; and their right to refuse care.

No concerns were raised during the inspection with regards to communication between service users, staff and other key stakeholders. Review of service user care records evidenced that collaborative working arrangements were in place with service users’ next of kin and other key stakeholders.

Service user’ and staff meetings were held on a regular basis and minutes were available for those who were unable to attend.

The agency had robust quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the service users. This included consultation with a range of service users, relatives, staff and where appropriate HSC Trust representatives.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the quality of the care records and the agency’s engagement with the service users.

## 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 organisation's principles of care were included in the staff induction workbook. This clearly identified to staff, the organisations' expectation in relation to treating service users as individuals, promoting their human rights and respecting their right to privacy, dignity and respect, promoting independence and maintain confidentiality.

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

Discussions with the service users, staff and the manager provided evidence that supports service users' equal opportunities, regardless of their abilities, their background, choices or their lifestyle. Plans were also in place to support the service users in attending Learning Disability Pride which will take place in the summer.

Some of the other areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- adult safeguarding
- advocacy
- equity of care and support
- individualised person-centred care
- individualised risk assessments
- disability awareness.

Records of service user meetings and reports of quality monitoring visits indicated the agency had systems for regularly engaging with service users and where appropriate relevant stakeholders. Service users' comments, included in the annual quality report included:

- "I'm retired now and I love being at home."
- "I like to watch TV in my own bedroom and no-one disturbs me."
- "I like to cook my own meals as I'm trying to be more independent."
- "I like living here, I am not lonely anymore as there is always someone to talk to and something to do."

It was good to note that the organisation operated a service 'Focus Group'. The manager advised that a number of the service users who lived in Mullagh House participated in this. The inspector was advised that the Focus Group were involved in policy development, which were prepared in easy read format, to ensure that they could be easily understood. Service users were also involved in a Local Involvement Group, run by the WHSCT; this enabled them to be involved in identifying the areas of community services which may be lacking for people with disabilities.

Staff spoken with were aware of issues relating to consent. It was noted that consent had been sought from all service users, in relation to staff holding keys to their doors. Consent was obtained in relation to sharing sensitive information and for the staff to contact relatives in relation to changes in health needs or changes in the care plan.

Information on Financial and House Sharing Agreements were available in 'easy read' format, if appropriate to the needs of the service users.

Participation in activities in the local and wider community were encouraged, with appropriate staff support; it was good to note that the service users were involved in planning the activities they wished to partake in. Staff supported service users to attend work placements and to participate in further education if they so wished. The manager gave examples of individual service users who were supported to go to arts and crafts classes, country music dances. The manager advised that the agency was on the mailing lists of numerous theatres and different activity centres, so they were always aware of different events occurring in the community.

The inspector was provided with a number of examples which demonstrated that they provided service users with choice and they respected their rights. Staff spoken with were knowledgeable regarding the supported living model of care and the importance of promoting service users' autonomy. Staff described how they respected the service users' rights to refuse to participate in activities if they chose. Care plans also detailed the service users' rights to refuse medication. Other examples, included involving service users in planning meals on a weekly basis and involving them in the choosing the groceries they wanted to be bought each week. One staff member described how they recently supported service users to attend a Wrestling Exhibition, due to their interest in this.

The inspector spoke with five service users, who indicated that they were happy living in Mullagh House. One service user spoke to the inspector in relation to a specific matter. This was relayed to the manager and an undertaking was given that this would be followed up.

The inspector also spoke with three staff members and four relatives. Some comments received are detailed below:

### **Staff**

- "It is dead on here."
- "I like Mullagh, I like spending time with the boys, they are well looked after."
- "I am happy enough."

### **Service users' representatives**

- "I have no concerns, (my relative) is very happy there and is always saying positive things. (They) tell me that they have great fun there and that Mullagh House is now their home."

- “They are very well looked after.”
- “I have no complaints, the girls are 100 percent on the ball, \*(my relative) is happy and (they) are always vying to get back there.”
- “We are extremely happy and so is (name), the staff are lovely and if we take (my relative) away for a few days, they have their bags packed, waiting to go back – that is a great sign.”

Staff spoken with during the inspection gave examples of the different ways they treated service users with respect and dignity, whilst promoting their independence.

Eight staff members provided electronic feedback to RQIA regarding the quality of service provision. The majority of respondents indicated that they felt either ‘very satisfied’ or ‘satisfied’ that the care and support provided was safe, effective and compassionate; and that the service was well led. One respondent indicated that they felt unsatisfied in relation to safe and effective care; and in relation to the well led domain. Two respondents indicated that they felt that they were unsatisfied that the right care was being delivered at the right time. However, no written comments were received to support this. Written comments included:

- “All tenants receive a very high standard of care and support.”
- “Tenants are very happy.”

### Areas of good practice

There were other examples of good practice identified throughout the inspection in relation to the provision of individualised care and engagement with service users with the aim of promoting the safety of service users and improving the quality of the service provided. The agency promoted the involvement of service users, particularly in relation to participating in the Local Involvement Group for disability services.

### 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 agency is managed on a day to day basis by the manager, with the support of two senior support workers and a team of care staff. It was identified that the agency has effective systems of management and governance in place.

A review of the compliments records identified that relatives had praised the staff for the care and support provided.

The staff members spoken with confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

There had been a small number of complaints received from the date of the last inspection and these were deemed by the inspector to have been managed appropriately and in accordance with legislation, standards and the agency's own policies and procedures. All those consulted with were confident that staff/management would manage any concern raised by them appropriately. It was noted that service users were reminded of how they could make a complaint in the service users' meeting and feedback cards were available at the front entrance to each house.

All staff providing care and support to service users are required to be registered with the NISCC. The manager confirmed that information regarding registration and renewal dates were maintained by the agency. A review of NISCC records confirmed that all staff were currently registered. The manager described the system in place for monitoring renewal of NISCC registrations and confirmed that all staff are aware that they are not permitted to work if their NISCC registration has lapsed.

The staff induction workbook provided new staff with information on the NISCC Induction Standards and provided them guidance on where they could get information to meet the standards. The manager advised that all staff were required to complete a feedback section following the completion of training modules; this aimed to encourage staff to reflect on the training they had received, as part of their professional development plan. Information was also given to the manager in relation to the new Learning Zone, created by NISCC, which aims to provide registrants with a range of learning tools and information guides. The manager welcomed this information and agreed to share this with the staff.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. An action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

The inspector was advised that systems were in place to monitor and report on the quality of care and support provided. For example, the following audits were completed in accordance with the agency's policies and procedures:

- care and support records
- service user' finances
- medicine records
- cleanliness audits

Processes for engaging with and responding to the comments of service users and their representatives were also evident within the agency's annual quality service user surveys.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years. Policies were held in hard copy and in electronic format and were accessible to staff.

There was evidence of effective collaborative working relationships with key stakeholders, including the relevant HSC Trust representatives, families of the service users and staff. The agency had received positive feedback through the quality monitoring report from HSC trust' representatives regarding the ability of the agency staff to work in partnership to meet the needs of the service users.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards.

On the date of inspection the certificate of registration was on display and reflective of the service provided.

### Areas of good practice

There were good governance and management arrangements in place, which focused on quality improvement initiatives and maintaining good working relationships.

It was evident in all four domains that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of consent, autonomy, equality, choice, privacy, dignity, confidentiality and service user involvement.

### 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

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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