

Unannounced Care Inspection Report 12 December 2016



Mullagh Houses, Incorporating Linton Cottages

Type of service: Domiciliary Care Agency
Address: 5 Roe Mill Road, Limavady, Londonderry BT49 9DF
Tel no: 02877722466
Inspector: Joanne Faulkner

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Mullagh Houses, Incorporating Linton Cottages took place on 12 December 2016 from 10.15 to 17.15.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care, and if the service was well led.

Is care safe?

Delivery of safe care was evident on inspection. The agency has in place effective recruitment, induction and training systems. It was identified that the agency was required to liaise with the Western Health and Social Care Trust (WHSCCT) in relation to additional staffing now required due to the increased needs of a service user. The welfare, care and protection of service users is ensured through the identification of safeguarding concerns; implementation of safeguarding procedures and collaborative working with the Health and Social Care (HSC) Trust. The agency has in place systems to ensure the identification, prevention and management of risk to ensure positive outcomes for service users. Service users indicated that they felt care provided to them was safe. One area for quality improvement was identified during the inspection in relation to the availability of staff induction records.

Is care effective?

Delivery of effective care was evident on inspection. The agency responds appropriately to meet the needs of individual service users through the comprehensive assessment of need and the development and review of individualised care plans in conjunction with HSCCT representatives. The agency has in place systems for review and monitoring of quality, providing ongoing assurance of continuous improvement of services in conjunction with service users and where appropriate, their representatives. There are systems in place to promote effective communication with service users and stakeholders. One area for quality improvement was identified during the inspection in relation to record keeping practices.

Is care compassionate?

Delivery of compassionate care was evident on inspection. The inspector found that an ethos of respect, dignity, independence, and choice was embedded throughout staff attitudes and in the provision of individualised care and support. It was noted from observations made and discussion with staff and service users that agency staff value the views and opinions of service users and where appropriate their representatives. Service users indicated that their views were listened to and their choices respected; there was evidence of positive risk taking to enable service users to live a fulfilling life. The inspector identified evidence of positive outcomes for service users; this was evident due to the redevelopment of the previous accommodation and the transfer of a number of service users from residential accommodation to supported living. No areas for quality improvement were identified during the inspection.

Is the service well led?

Delivery of a well led service, which results in positive outcomes for service users, was evident on inspection. There are robust management and governance systems in place to meet the

needs of service users. Agency staff indicated that they have a clear understanding of their roles and responsibilities within the management structure, and have confidence in the lines of accountability. The registered person and senior managers fulfil their responsibilities in a manner which encourages the respect of staff and promotes effective service delivery.

Staff highlighted the need for additional staff due to the change in needs of a service user; this has been reviewed following the inspection and additional staff provided to ensure the assessed needs of service users are met.

Evidence of effective working partnerships with the HSC Trust and other external stakeholders was evident during the inspection. No areas for quality improvement were identified during the inspection.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Karen Oldcroft, registered Manager, 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.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Apex Housing Association/Gerald Kelly	Registered manager: Christine Karen Oldcroft
Person in charge of the service at the time of inspection: Christine Karen Oldcroft	Date manager registered: 30 March 2009

3.0 Methods/processes

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

- Discussion with the registered manager
- Examination of records
- Consultation with staff and service users
- Evaluation and feedback

Prior to inspection the following records were analysed:

- Previous RQIA inspection report
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection

The following records were viewed during the inspection:

- Care records for three service users
- HSC Trust assessments of needs and risk assessments
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Staff rota information
- Training and Development Policy, January 2015
- Selection and Recruitment Policy, January 2014
- Supervision Policy, July 2015
- Safeguarding Vulnerable Adults Policy, October 2014
- Referral and Assessment Policy, May 2014
- Data Protection Policy, May 2016
- Complaints Procedure, May 2016
- Whistleblowing Policy, January 2105
- Statement of Purpose
- Service User Guide

During the inspection the inspector spoke with the registered manager and three staff members. The inspector had the opportunity to visit seven of the service users in their homes; during the visit the inspector noted that service users' bedrooms had been furnished to meet their individual likes and preferences. The homes visited were warm and welcoming and service users could describe the process for choosing furniture and soft furnishings with the support of staff.

Following the inspection questionnaires were provided for completion by staff and service users; 10 staff and nine service user questionnaires were returned to RQIA.

Feedback received by the inspector during the course of the inspection and from returned questionnaires is reflected throughout this report.

4.0 The inspection

Mullagh Houses incorporating Linton Cottages is a supported living type domiciliary care agency, located on the outskirts of Limavady. The agency's staff provide care and support to service users living in one bungalow and a recently refurbished building that was previously registered as a residential home.

The agency operates a key worker system for all service users; they are provided with support to maintain their tenancy, live as independently as possible and be involved in the local community.

Service users are in receipt of care and support which includes assistance with personal care, medication, budgeting, shopping, cleaning, laundry and social activities, dependent upon service users' needs, interests and wishes.

The inspector would like to thank the registered manager, service users and agency staff for their support and co-operation throughout the inspection process

4.1 Review of requirements and recommendations from the last care inspection dated 11 January 2016

There were no requirements or recommendations made as a result of the last care inspection.

4.2 Is care safe?

The inspector reviewed current staffing arrangements in place within the agency.

The agency's recruitment policy outlines the mechanisms for ensuring that required staff pre-employment checks are completed; it was identified that a list detailing checks completed is retained by the agency's human resources department and can be viewed electronically by the manager. The manager could describe the process in place for ensuring that staff are not provided until all required checks have been satisfactorily completed.

The agency's training and development policy outlines the induction programme; from discussions with the manager and staff it was identified that staff are required to attend induction training one day per week during the initial ten weeks of employment. It was noted that the agency's induction programme provided to all staff is in excess of the number of days detailed within the regulations.

The inspector identified that the agency does not retain a record within the agency of the induction programme provided to staff. Staff informed the inspector that they are required to complete an induction handbook; the manager stated that staff retain a copy of this record. The inspector discussed with the manager the rationale for retaining a copy of staff induction and a requirement has been made. Staff could describe the additional support provided by the manager during their six month probationary period.

It was noted that staff are provided with a staff handbook and can access the agency's policies and procedures both electronically or in paper format.

Discussions with staff indicated that they had the required knowledge and skills to fulfil the requirements of their job roles. Staff stated that their induction which involved shadowing other staff members, meeting service users and becoming familiar with their individual care needs had prepared them for their role. Staff who spoke to the inspector could describe the importance of respecting the privacy, dignity and choices of service users.

The agency has a process for the induction of short notice/emergency staff and for verifying their identity prior to supply. It was identified from discussions with the registered manager that if required relief staff are accessed from another domiciliary care agency; the inspector viewed staff profiles provided to the agency in advance of the persons being supplied.

There is a process for ensuring that staff provided at short notice have the knowledge and skills to fulfil the requirements of the role. Details of the induction and orientation provided by the agency are retained and were viewed by the inspector.

The agency's staff rota information which was viewed by the inspector reflected staffing levels as described by the manager and staff. Discussions with the registered manager and staff indicated that due to the recent increase in the level of supervision required for one individual service user that additional staff would now be required. The inspector requested that the manager requested a meeting with WHSCT representatives to discuss this matter.

The agency's supervision and appraisal policies outline the frequencies and processes to be followed. The inspector viewed records of staff supervision and appraisal maintained by the agency; it was noted that staff have been provided with supervision and appraisal in accordance with the agency's policies. Staff who spoke to the inspector felt that supervision and appraisal were worthwhile to their job roles.

The agency has in place an electronic system for recording staff training; it was viewed by the inspector. The manager could describe their role in identifying gaps and ensuring that staff complete required training. Staff stated that they are required to complete mandatory training and in addition training specific to the needs of individual service users and could describe the process for highlighting their individual training needs.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. It was noted that the agency has in place a policy relating to the safeguarding of vulnerable adults. The registered manager described the agency's response to the DHSSPS regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. It was noted that the organisation is currently reviewing their policy and procedures to reflect information contained within the guidance and in conjunction with the HSC Trust.

The inspector reviewed the agency's records maintained in relation to safeguarding vulnerable adults. From records viewed and discussions with the registered manager it was identified that the agency has made one referral to the HSC Trust in relation to safeguarding vulnerable adults. Records viewed indicated that the agency had acted in accordance with their policy and procedures. It was noted that safeguarding referrals are audited by the person completing the agency's monthly quality monitoring visit.

The inspector noted that agency staff are provided with training in relation to safeguarding vulnerable adults during their initial induction programme and in addition are required to

complete an annual update. Staff who spoke to the inspector demonstrated that they had a clear understanding of safeguarding issues and could describe the procedure for identifying and reporting concerns.

Staff had knowledge of the agency's whistleblowing policy and could describe their responsibility in highlighting and raising concerns.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety.

The agency's risk management and assessment policies outline the processes for assessing and reviewing risk; it was noted from discussion with staff that risk assessments and management plans are completed in conjunction with service users, their HSCT representatives, and where appropriate their relatives. It was noted from records viewed and discussions with staff that risk assessments and care plans are reviewed six monthly or more frequently if required. The inspector noted that governance arrangements in place include an audit of risk assessments and any practices deemed to be restrictive. Records viewed evidenced that service users had an annual review involving their HSCT representative.

The agency's registered premises are located adjacent to the service users' homes and are accessed from a separate entrance; the premises are suitable for the operation of the agency as described in the Statement of Purpose.

Nine service user and 10 staff questionnaires were returned to the inspector; responses received indicated that both staff and service users were satisfied the care provided is safe.

Service user comments

- 'I like it here.'
- 'The staff are good.'
- 'Staff help me.'
- 'I feel safe here; staff look after you.'

Staff comments

- 'Training is good.'
- 'This is a safe place for the service users.'
- 'I get supervision and appraisal.'
- 'We all help each other.'

Areas for Improvement

One area for improvement was identified during the inspection in relation to the availability of staff induction records.

Number of requirements	1	Number of recommendations	0
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4.3 Is care effective?

The inspector reviewed the agency's arrangements for appropriately responding to and meeting the assessed needs of service users. Details of the nature and range of services provided is detailed within the Statement of Purpose and Service User Guide which the inspector noted was required to be updated to accurately reflect the address of the agency's registered premises. These documents were forwarded to the inspector prior to issuing of this report.

The agency's data protection policy outlines the systems and processes in place for the creation, storage, retention and disposal of records. From a range of records viewed by the inspector it was identified that on a number of occasions staff had not signed their full signature and that gaps were noted in a number of recordings. A recommendation has been made.

Service users stated that they are involved in the development of their care and support plans and that staff discuss their care and support with them.

It was noted from discussions with staff and documentation viewed that the agency has in place arrangements to monitor, audit and review the effectiveness and quality of care delivered to service users.

The agency's Quality Monitoring Policy outlines the processes to be followed in relation to the review of the quality of the service being provided. It was noted that monthly quality monitoring visits are completed by a senior manager from within the organisation and an action plan developed. Records viewed included comments made by service users, their relatives, staff and where appropriate relevant professionals. The information indicates that a review of accidents, incidents or safeguarding concerns and in addition audits of staffing, training, agency documentation and financial management arrangements are completed.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Discussions with service users, and staff, and observation of staff interaction during the inspection indicated that staff communicate appropriately with service users. The inspector viewed minutes of recent service user and staff meetings and noted that on occasions the comments and views of service users had been included. The inspector discussed with the manager the need to ensure that the decisions made by service users are reflected within the minutes of the meetings.

The agency facilitates tenants' meetings; service users stated that they are encouraged to attend. The manager stated that service users receive individualised invites to attend the meetings and that most service users attend. It was noted that the agency maintains a record of all compliments and complaints and that service users and their representatives are provided with a copy of the complaints procedure.

Discussions with the manager indicated that the agency seeks to maintain effective working relationships with the HSCT and other stakeholders; they could describe examples of recent and ongoing liaison with HSCT professionals.

Nine service user and 10 staff questionnaires were returned to the inspector; responses received indicated that both staff and service users were satisfied the care provided is effective.

Service users' comments

- 'If I am worried or not happy I speak to the manager.'
- 'I'm not worried about anything.'
- 'Staff help us with laundry, shopping and cooking.'

Staff comments

- 'Due to the changes in the environment it has been a period of adjustment for staff and service users; but it has all been worth it.'
- 'Service users are encouraged to be involved in care planning.'

Areas for improvement

One area for improvement was identified during the inspection in relation to record keeping.

Number of requirements	0	Number of recommendations	1
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4.4 Is care compassionate?

During the inspection the inspector sought to assess the agency's ability to treat service users with dignity, respect and to fully involve service users in decisions affecting their care, support and life choices.

Discussions with service users, and staff, and observations of staff interactions made during the inspection indicated that the promotion of values such as dignity, choice and respect were embedded in the culture and ethos of the organisation. It was identified that service users are provided with human rights information in an easy read format.

Staff stated that the views and choices of service users are central to the care and support provided; they could provide examples of supporting service users to take positive risks to enable service users to live a more fulfilling life.

Discussions with service users, staff, and observations of staff interaction with service users indicated that care is provided in a person centred and individualised manner. Care plans viewed were written in an individualised manner; service users indicated that they are involved in making decisions regarding the care and support they receive. Records of tenant meetings reflected the involvement of service users.

The inspector noted that the views of service users and/or their representatives were recorded in a range of the agency's documentation. The inspector discussed with the registered manager the rationale for recording more comments made by service users in the minutes of tenants meetings. Processes to record and respond to service users and relatives are maintained through the agency's complaints and compliments processes, stakeholder questionnaires, monthly quality monitoring visits, annual review meetings and tenants' meetings.

During the inspection the inspector observed that staff supported service users to make choices regarding their daily routine and activities; service users stated that they can make choices

about all aspects of their care and that staff treat them with respect. Records viewed and discussions with staff and service users indicated that service users and where appropriate their relatives are involved in decision making on a wide range of matters such as care needs, meals, activities and shared facilities.

Nine service user and 10 staff questionnaires were returned to the inspector; responses received indicated that both staff and service users were satisfied the care provided is compassionate.

Service users' comments

- 'I can choose what I want.'
- 'I go to the daycentre.'
- 'I picked all the things for my new room.'
- 'Staff ask me what I want.'

Staff comments

- 'Service users can do what they want.'
- 'We go out with service users to various activities and support them with shopping, medication, cleaning and cooking.'
- 'We have regular tenants meetings.'
- 'It is a very homely place.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is the service well led?

The inspector reviewed management and governance systems in place within the agency to meet the needs of service users. It was identified that the agency has in place a range of policies and procedures in accordance with those denoted within the minimum standards. The inspector noted that the agency's policies and procedures are retained electronically and additionally in paper format stored within the agency's office. Staff could describe the process for accessing the agency's policies and procedures if required.

Records viewed and discussions with the registered manager indicated that the agency's governance arrangements promote the identification and management of risk; these include access to relevant policies and procedures and monthly audit of complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

The agency's complaints policy outlines the procedure in handling complaints; it was noted from records viewed that the agency has received five complaints for the period 1 April 2015 to 31 March 2016. Records viewed and discussions with the registered manager and staff indicated complaints had been handled appropriately in accordance with the agency's procedures. Staff could describe the process for managing complaints.

The inspector viewed evidence that indicated that the agency has in place management and governance systems to drive quality improvement. It was noted that there are arrangements in place for monitoring incidents and complaints which includes a system for identifying trends and reducing the risk of recurrences. During the inspection the inspector viewed records of staff training, supervision and appraisal. Staff had knowledge of the importance of identifying systems for improving the quality of the service provided to promote better outcomes for service users.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability and roles and responsibilities of staff. It was noted that staff are provided with a job description at the commencement of employment which outlines the role and responsibilities of their job role.

Staff could describe the responsibilities of their individual job roles; service users were aware of staff roles and knew who to talk to if they had a concern. Staff could describe the process for accessing additional support or guidance including gaining advice out of office hours.

The registered person has worked effectively with RQIA to operate the service in accordance with the regulatory legislation. They have led the organisation in maintaining compliance with Regulations and Minimum Standards.

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

The manager could describe the benefits of promoting and establishing effective collaborative working relationships with HSCT representatives and other stakeholders.

Discussions with the registered manager provided assurances that there were effective working relationships maintained by the registered person and senior managers with agency staff. Staff stated that the registered manager is supportive and could describe the process for accessing support and guidance at all times. It was noted that there are systems in place to support the manager in their role and that they have regular contact and support from their line manager.

Nine service users and 10 staff questionnaires were returned to the RQIA; responses received indicated that nine staff and all service users were satisfied that the service is well led. However a number of staff made comments in relation to current staffing levels; they stated that additional staff was required due to the increased level of supervision required by one service user individual client that it was their opinion that. The inspector had discussed this matter with staff and the registered manager during the inspection and requested that contact be made with WHSCT representatives with regard to the reassessment of the needs of a one individual service user. Following the inspection the inspector was informed that a meeting has occurred with representatives from the WHSCT and that additional measures have been implemented to ensure that the assessed needs of the service user are is being met.

Service user comments

- 'The manager is nice.'
- 'Staff are kind.'

Staff comments

- 'Staff in Mullagh House provide an excellent standard of care and support.'

- 'I feel supported in my job.'
- 'Due to the high level of supervision of a service user there is now pressure on the two staff on.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Karen Oldcroft, registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 Domiciliary Care 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Domiciliary Care Agencies Minimum Standards, 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to agencies.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1
Ref: Regulation 21 (1)(c) Schedule 4

The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are-

(c) at all times available for inspection at the agency premises by any person authorized by the Regulation and Improvement Authority.

Stated: First time

To be completed by:
12 March 2017

This requirement relates specifically to the agency's staff induction records.

Response by registered provider detailing the actions taken:
 The agency's staff induction records will be held on scheme and available for inspection by any person authorized by the Regulation, Quality and Improvement Authority.

Recommendations

Recommendation 1
Ref: Standard 5.6

It is recommended that the registered person should ensure that staff record their full signature on all records and that gaps are not left between recording entries made.

Stated: First time

To be completed by:
12 February 2017

Response by registered provider detailing the actions taken:
 All staff have been informed that they must provide a full signature on all records and that no gaps are to be left between entries made.

Please ensure this document is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address



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