



The Regulation and
Quality Improvement
Authority

Mullagh Houses incorporating Linton
Cottages
RQIA ID: 10861
5 Roe Mill Road
Limavady
Londonderry
BT49 9DF

Inspector: Joanne Faulkner
Inspection ID: IN023164

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**Unannounced Care Inspection
of
Mullagh Houses incorporating Linton Cottages**

11 January 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 11 January 2016 from 11.00 to 16.00. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. The outcome of the inspection found no areas of concern. A Quality Improvement Plan (QIP) was not included in this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action resulted from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Apex Housing Association/Gerald Kelly	Registered Manager: Christine Karen Oldcroft
Person in Charge of the Agency at the Time of Inspection: Christine Karen Oldcroft	Date Manager Registered: 30 March 2009
Number of Service Users in Receipt of a Service on the Day of Inspection: 20	

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 two bungalows and a 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.

There are currently 20 service users 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.

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Theme 1: Staffing Arrangements - Suitable staff are supplied to meet the assessed needs of service users.

Theme 2: Service User Involvement - Service users are involved in the care they receive.

4. Methods/Process

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

- Discussion with the registered manager
- Examination of records
- Consultation with service user/staff/stakeholders
- File audit
- Evaluation and feedback

During the inspection the inspector met with three service users, four support staff, a relative of one of the service users and the registered manager.

Prior to inspection the following records were analysed:

- Records of contact with the agency since the last inspection
- The previous inspection report and QIP

The following records were viewed during the inspection:

- Care and support plans of three service users
- Recording/evaluation of care records
- Monthly quality monitoring reports
- Minutes of tenants' meetings
- Minutes of staff meetings
- Staff training records
- Records relating to staff supervision and appraisal
- Staff induction records
- Complaints register
- Recruitment and selection policy (January 2014)
- Training and development policy (January 2015)
- Supervision policy (July 2015)
- Disciplinary procedure (June 2014)
- Absence management policy

- Staff handbook (April 2015)
- Staff register
- Agency's staff rota information
- Confidential reporting policy (January 2015)

Staff questionnaires were completed by nine staff following the inspection; they indicated the following:

- Service users' views are taken into account in the way the service is delivered.
- Staff are fully satisfied that the induction programme prepared them for their role.
- Staff are satisfied that care is delivered in a person centred manner.
- Staff are satisfied that concerns raised are taken seriously and are aware of the agency's whistleblowing policy.
- Staff are satisfied that at all times there is an appropriate number of suitably skilled and experienced persons to meet the service users' needs.

Comments:

- "Excellent support and care is provided to all tenants."
- "I feel the standards of care are second to none."

Service users' questionnaires were completed by eight service users following the inspection; they indicated that:

- Service users are very satisfied with the care and support they receive.
- Service users are very satisfied that they are consulted in relation to the quality of the service.
- Service users feel safe and are satisfied that staff respond to their needs.
- Service users are satisfied that staffing levels are appropriate.
- Service users are satisfied that staff have the skills to care for them.

Comments:

- "Me happy here."

The inspector would like to thank the service users, relatives, staff and the registered manager for their support and co-operation during the inspection.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 15 May 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 23.- (1)(5)</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of services which the agency arranges to be provided.</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>This requirement relates to the registered person ensuring that the views of service user relatives/representatives are obtained and recorded on the agency's monthly quality monitoring form.</p> <p>During the inspection, the inspector issued an urgent action notice, requesting that the agency forward copies of the monthly quality monitoring record to RQIA until further notice.</p> <p>Action taken as confirmed during the inspection: From records viewed it was noted that the agency's monthly quality monitoring record included the comments of service user's relatives/representatives.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulation 14.(e)</p>	<p>Where the agency is acting otherwise that as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided-</p> <p>(e) in a manner which respects the privacy, dignity and wishes of service users, and the confidentiality of information relating to them;</p> <p>This requirement relates to the registered person ensuring that service users are given a choice in relation to where they shop their weekly food.</p> <p>The registered person should put in place a procedure where service users have the necessary funds available to pay for their weekly food shopping when they visit the shop.</p> <p>Action taken as confirmed during the inspection: It was identified that service users have facilities in place to purchase their shopping; staff stated that they support service users to shop in a place of their choice.</p>	Met

5.3 Theme 1: Staffing Arrangements - Suitable staff are supplied to meet the assessed needs of service users

Is Care Safe?

The agency's recruitment policy outlines the mechanism used to ensure that appropriate pre-employment checks are completed; it was noted that a record of the checks completed is retained by the organisation's Human Resources Department. The agency maintains an alphabetical index of domiciliary care workers supplied or available for supply by the agency. The manager could describe the process for ensuring that staff supplied are physically and mentally fit for the purposes of their job role; it was identified that staff are required to complete a health assessment prior to commencement of employment. The agency's absence management policy outlines the procedure for supporting staff to return to work following a period of absence.

The agency's Training and Development Policy, January 2015, outlines the induction programme lasting at least three days; it was noted that new staff are required to shadow permanent staff members at the commencement of employment. Staff stated that they had received a structured induction programme; it was noted that the format of the induction has recently been reviewed and stated that staff will now be required to attend training weekly during their initial induction/probation period.

A record of the induction programme provided is maintained by the agency; records viewed indicated evidence of a comprehensive induction programme. Staff stated that they are provided with an induction booklet and a staff handbook, and have access to the agency's policies and procedures. It was identified that staff are required to complete a written evaluation of training received and receive more frequent supervision during their induction period.

The agency maintains a record of staff supplied on a temporary or short notice basis and has a procedure for verifying the identity of all staff prior to their supply; documentation viewed contained a photographic profile and details of training and induction received. The registered manager could describe the procedure for the induction of staff supplied at short notice.

The agency's policy and procedures for staff supervision and appraisal outline the frequency and processes to be followed. Staff are provided with a supervision contract at the commencement of employment and a record of supervision and appraisal are maintained; those viewed indicate that they are completed in accordance with the agency's policies and procedures.

Is Care Effective?

Discussions with the registered manager, staff and service users indicated that an appropriate number of skilled and experienced persons are available at all times. It was noted that staff rota information reflected staffing levels as described by the manager; rotas viewed for the forthcoming days had staff allocated to shifts as required. From records viewed it was identified that staff rota information detailed the full name and role of all staff provided, the allocated area of work and a list of abbreviations used.

Staff stated that they are provided with a job description outlining the roles and responsibilities of their job roles.

The agency has a process for ensuring that staff supplied from another domiciliary care agency have the appropriate knowledge, skills and training for their job role; records maintained were viewed by the inspector.

Staff could describe the content of the induction provided; information viewed and discussions with staff indicated that an appropriate induction programme is provided within the initial few months of employment. Staff are required to complete an induction workbook and have an evaluation of induction at regular intervals throughout their probationary period.

The agency's Training and Development Policy outlines the responsibilities of the registered manager and staff in highlighting and addressing training needs. The agency maintains a matrix of staff training; it is reviewed regularly by the manager. Staff stated that they can approach the manager at any time to discuss individual training needs.

Records viewed indicated that staff providing supervision have received appropriate training. The agency's policy details the frequency of supervision and appraisal; it was noted that staff are provided with a supervision contract. Staff stated that they receive supervision and appraisal; this was confirmed by records viewed. Mandatory training is provided to all staff and in addition it was identified that the agency provides training specific to the needs of individual service users.

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

Is Care Compassionate?

Service users stated that they are introduced to all new staff; staff stated that issues raised by service users and their representatives are discussed at tenant and staff meetings.

Staff could describe the impact of staff changes on service users and the benefits of ensuring continuity of care.

Staff stated that they had the appropriate knowledge and skills to carry out their roles; they stated that during induction they are allocated time to familiarise themselves with the needs of service users. Relatives who met with the inspector stated that staff provided have the appropriate knowledge and skills to meet the needs of the service users.

Staff could describe the importance of respecting the privacy, dignity and choices of service users.

The agency's disciplinary policy and procedures outline the process for addressing unsatisfactory performance of staff.

Service User Comments:

- "I am happy here."
- "I go to work every day."
- "Staff are good."

- “I talk to the staff; they listen to me.”
- “I go to the tenants’ meetings.”

Relative’s Comments:

- “Staff are excellent.”
- “I speak to the manager if I am concerned.”
- “Staff keep me informed.”
- “This is a very welcoming place.”
- “I couldn’t praise the staff highly enough.”

Staff Comments:

- “I received a two week induction.”
- “The training is excellent.”
- “We receive training specific to the needs of service users.”
- “I am really happy working here.”
- “The manager and seniors are very approachable and supportive.”
- “I feel there are enough staff.”
- “We can request training if we need it.”
- “We get supervision and appraisal; they are very worthwhile and beneficial.”

Areas for Improvement

There were no areas for improvement identified within Theme 1.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Theme 2: Service User Involvement - Service users are involved in the care they receive

Is Care Safe?

Assessments of need and risk assessments viewed record the views and choices of service users and where appropriate their representatives. One relative stated that service users are encouraged to participate in their needs assessment and completion of their individual care and support plans. It was identified that the agency has in place Star Recovery assessments for individual service users and that risk assessments are updated annually.

There was evidence of positive risk taking in collaboration with the service user and/or their representative; risk assessments viewed provided examples of positive risk taking. Staff could describe the benefits of positive risk taking and their role in supporting service users to live as independently and full a life as possible.

Is Care Effective?

The registered manager stated that service users and their relatives are encouraged to participate in an annual review of their care and support involving their HSCT representative. Staff complete a daily report detailing the care and support provided. It was noted that risk assessments and care and support plans are reviewed six monthly or as required; in addition staff complete a monthly report for individual service users. Service users and their relatives

stated that they are involved in developing their care plans. Care plans viewed are written in an individualised way and record the wishes, choices and individual routines of service users.

The agency facilitates monthly tenants' meetings; staff stated that service users are encouraged to attend and are supported to express their views. It was noted from records viewed that the views of service users had been included. The manager could describe the extensive consultation process that has been facilitated throughout the remodelling process in conjunction with stakeholders, relatives and the local community.

Service users and their relatives are informed of the agency's complaints procedure. The agency maintains a record of all compliments and complaints. Monthly quality monitoring visits are completed and documentation viewed indicates engagement with service users and where appropriate their representatives.

Service users have been provided with human rights information in a suitable format and the tenants' guide details the process of accessing an independent advocacy service.

Is Care Compassionate?

Discussions with relatives and staff indicate that care is provided in an individualised manner. Service users stated that they are involved in development of their care and support plans and care plans viewed are written in a person centred manner.

Staff could describe the process for engaging with service users and where appropriate their representatives. Staff stated that service users are encouraged to attend tenants' meetings and that they are supported to express their views.

Promotion of values such as dignity, choice and respect were evident through discussion with staff, relatives and service users. Relevant reference to human rights was included in care plans viewed.

Staff could describe the process of engaging with HSCT representatives regarding best interest practices for service users where there may be capacity and consent issues.

Service User Comments:

- "I can go out when I want."
- "I am getting a new room; I have picked the colour for the walls."
- "I go out to my mum's house."
- "I love to watch TV."
- "I go up the town and I buy buns."

Relative's Comments:

- "XXXX can do his own thing."
- "XXXX likes it here."
- "Staff helped XXXX adjust to his new surroundings."

Staff Comments:

- “Service users are supported to make their own choices.”
- “Service users are involved in developing their care plans.”
- “We support service users to take positive risks.”
- “Service users have a voice; they all have a keyworker.”
- “Service users are encouraged to attend activities in the local community.”

Areas for Improvement

There were no areas for improvement identified within Theme 2.

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Additional Areas Examined**5.5.1 Monthly Quality Monitoring**

The inspector viewed the agency’s monthly quality monitoring reports; it was identified that announced monthly monitoring visits are completed by a senior manager within the organization. Records viewed detailed the views of service users, their relatives and where appropriate relevant professionals. It was identified that the documentation contained information relating to incidents, safeguarding concerns, staffing issues, staff supervision and training needs, and contained an action plan. The agency’s reports are comprehensive and provide assurance of a robust system of quality monitoring and service improvement.

5.5.2 Complaints

The agency has had one complaint for the period 1 January 2014 to 31 March 2015; this was verified from records viewed and discussion with the registered manager. The agency’s complaints policy, May 2013, outlines the procedure for handling complaints; records viewed indicated that the agency’s procedures had been followed appropriately whilst dealing with complaints.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager		Date Completed	
Registered Person		Date Approved	
RQIA Inspector Assessing Response	JOanne Faulkner	Date Approved	23/3/16

Please provide any additional comments or observations you may wish to make below:

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.