

Unannounced Care Inspection Report 26 October 2017



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

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Assurance, Challenge and Improvement in Health and Social Care

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 supported living type domiciliary care agency, located on the outskirts of Limavady. The agency's aim is to provide care and support to meet the needs of individual service users in an environment that takes into account their physical, social, emotional, spiritual, as well as cultural needs.

Staff are available to support tenants 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.

The inspector would like to thank the registered manager, service users, agency staff and a Health and Social Care Trust (HSCT) representative for their support and co-operation throughout the inspection process

3.0 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

4.0 Inspection summary

An unannounced inspection took place on 26 October 2017 from 10.30 to 16.00.

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 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.

Evidence of good practice was found in relation to:

- Staff recruitment;
- Staff induction and training;
- Quality monitoring systems;
- Service user engagement.

No areas requiring improvement were identified during the inspection.

The comments of service users have been included in the relevant report sections.

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
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 Christine Karen Oldcroft, registered manager 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 12 December 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 12 December 2016.

5.0 How we inspect

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

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

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

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

During the inspection the inspector met with the registered manager, a HSCT representative, two service users and two staff.

The following records were viewed prior to and during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff induction records
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to adult safeguarding
- Staff rota information
- Recruitment Policy
- Induction Policy

- Training and Development Policy
- Supervision Policy
- Disciplinary Policy
- Safeguarding Vulnerable Adults Policy
- Confidential Reporting Policy
- Complaints Policy
- Data Protection Policy
- Statement of Purpose
- Service User Guide

Prior to the inspection the inspector visited that agency's Human Resources (HR) department to review the agency's individual staff recruitment records; details of the findings are included within the report.

Questionnaires were provided by the inspector for completion during the inspection by staff and service users; six staff and two 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.

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

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 12 December 2016

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 12 December 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.		Validation of compliance
Requirement 1 Ref: Regulation 21 (1)(c) Schedule 4 Stated: First time	<p>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.</p> <p>This requirement relates specifically to the agency's staff induction records.</p>	Met
Action taken as confirmed during the inspection: The inspector noted that the agency retains a copy of staff inductions records.		
Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
Recommendation 1 Ref: Standard 5.6 Stated: First time	<p>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.</p>	Met
Action taken as confirmed during the inspection: From documentation viewed it was noted that staff record their full signature on agency records and that gaps are no longer left between recording entries made.		

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 inspector reviewed that agency's processes in place to avoid and prevent harm to service users this included a review of staffing arrangements within the agency.

The agency's recruitment policy outlines the system in place for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The agency's staff recruitment process is managed by the organisation's HR department.

The inspector visited the organisation's HR department on 27 April 2017 and examined a number of the agency's individual staff personnel records; documentation viewed included details of the recruitment processes and evidence of pre-employment checks completed.

Records viewed by the inspector indicated that there are effective recruitment processes in place to ensure that staff are not provided for work until required checks have been satisfactorily completed. The registered manager stated that she has recently attended Access NI awareness training.

The agency's training and development policy outlines the induction programme lasting in excess of the three day timescale as required within the domiciliary care agencies regulations. Records viewed and discussions with staff indicated that staff are required to attend induction training one day per week for the initial ten weeks of employment to complete the organisation's induction programme. It was noted that staff are required to complete an induction competency workbook and shadow other staff employed by the agency during their induction programme. The registered manager stated that the expectation is that staff complete the full induction programme within their six month probationary period.

A record of the induction provided to staff is retained by the agency; those viewed by the inspector outlined the information provided during the induction period. Staff who spoke to the inspector demonstrated that they had the appropriate knowledge and skills to fulfil the requirements of their individual job roles.

It was noted that relief staff are accessed from another domiciliary care agency; the registered manager could describe the process for ensuring that any staff provided at short notice have the knowledge and skills to fulfil the requirements of the job. Staff profiles viewed for staff provided from another registered agency were noted to contain information relating to staff training, experience, induction and registration status with the Northern Ireland Social Care Council (NISCC).

Discussions with the registered manager and staff indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the service users. The registered manager described the challenges encountered in relation to maintaining continuity of staff during a recent process of recruiting additional staff.

The inspector viewed the agency's staff rota information and noted it reflected staffing levels as described by the registered manager. Service users and staff who spoke to the inspector felt that there are enough staff to meet the needs of the service users. Staff raised a concern in relation to the timeliness of the provision of the staff rota; the inspector discussed this matter with the registered manager during the inspection and assurances were provided that this issue would be addressed.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The agency retains a record of staff supervision and appraisal; documentation viewed indicated that staff are provided with supervision and appraisal in accordance with the agency's policies and procedures. Staff who spoke to the inspector stated that supervision and appraisal are beneficial to their job roles.

The agency has an electronic system for recording staff training; the registered manager could describe the process for identifying training needs in conjunction with the organisation's training officer. Staff were aware of their responsibility for ensuring that required training updates are completed. The inspector noted that staff were required to complete mandatory training in a range of areas and in addition training specific to the needs of individual service users. The organisation has recently introduced an E-Learning system; staff are required to complete an identified training module on a monthly basis in areas such as Fire Safety and Adult Safeguarding.

The inspector viewed that agency's staff training matrix and individual staff training records; they indicated that staff had completed relevant mandatory training. Staff who spoke to the inspector stated that they felt that their induction and training had equipped them with the knowledge and skills for their role; they could describe the process for requesting additional training if required and the agency's buddy system for newly appointed staff. It was identified that all staff had completed competency assessments in the previous year following restructuring within the agency.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The organisation has recently updated their policy and procedures to reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The agency's policy and procedures clearly outline the process for staff in reporting concerns. The agency's staff have completed an E-learning module in relation to adult safeguarding.

The agency has identified an Adult Safeguarding Champion (ASC); the policy outlines the role of the ASC and their key areas of responsibility which includes the completion of an annual report relating to adult safeguarding.

Staff who met with the inspector demonstrated that they had a clear understanding of adult protection matters and the process for reporting concerns. Training records viewed during the inspection indicated that staff had received training in relation to safeguarding vulnerable adults. It was identified that staff are required to complete safeguarding vulnerable adults training during their induction programme and in addition an annual update.

The inspector viewed the agency's records maintained in relation to safeguarding vulnerable adults. From discussions with the registered manager and records viewed it was identified that the agency maintains a record of referrals made to the HSCT safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse.

Records viewed and discussions with staff indicated that the agency has acted in accordance with their policies and procedures when dealing with allegations of abuse. The inspector discussed with the registered manager the benefits of recording the detail of the outcome of any investigations carried out.

The agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users' health, welfare and safety were reviewed. The agency's risk management policy outlines the process for assessing and reviewing risk; it outlines that staff are required to completed risk assessments and care plans in conjunction with service users and where appropriate their representatives.

It was noted that service users are supported to participate in an annual review involving their HSCT keyworker and that care and support plans are reviewed as required. The inspector viewed a range of risk assessments in place relating to individual service users; it was identified that the monthly governance arrangements include an audit of risk assessments and any practices deemed to be restrictive.

The inspector noted that records and risk assessments relating to any practice deemed as restrictive indicated that the practice had been discussed and agreed with HSCT representatives and relevant stakeholders.

The agency's registered premises are located in a separate building from the service users' accommodation; the premises include a number of offices that are suitable for the operation of the agency as described in the Statement of Purpose.

Six staff and two service user questionnaires were returned to RQIA; responses received indicated that both service users and staff were very satisfied that care provided is safe.

Service users' comments

- 'Staff are alright; if I am worried I talk to them.'
- 'I feel safe.'

Staff comments

- 'I get supervision and appraisal.'
- 'I feel supported in my job.'
- 'Training is good.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 responding to and meeting the assessed needs of service users were reviewed during the inspection. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

The agency's data protection policy outlines the processes for the creation, storage, retention and disposal of records. It was identified from records viewed both prior to and during inspection that they were maintained in accordance with legislation, standards and the organisational policy. Staff personnel records viewed at the organisation's head office prior to the inspection were retained securely and in an organised manner. Records held in the agency's office were noted to be retained securely; PC's were password protected. The agency's offices were accessed from a separate door which was noted to be secured times at all times during the inspection

Staff stated that they encourage service users to effectively engage in the care planning process; service users could describe how staff support them to be involved in the development of their care plans.

There are arrangements in place within the agency to monitor, audit and review the effectiveness and quality of care delivered to service users. The organisation has recently reduced the quality monitoring visits to quarterly; however it was noted that additional processes have been developed to ensure that relevant information continues to be collated, audited and a report produced on a monthly basis.

The inspector viewed the records of quality monitoring visits completed by a senior manager and the action plans developed; records viewed indicated that the process is effective in identifying areas for improvement.

Records viewed were noted to include comments made by service users, and where appropriate their representatives. They included details of the review of accidents, incidents or safeguarding referrals, staffing arrangements and financial management arrangements.

Comments recorded on quality monitoring reports

Service users' comments

- 'I am getting a new bed and my room painted.'
- 'I have no problems with staff.'
- 'I am okay.'

The agency's systems to promote effective communication between service users, staff and relevant stakeholders were assessed during the inspection. Discussions with service users, staff and HSCT representatives, and observations of staff interaction with service users during the inspection indicated that staff communicate appropriately with service users and relevant stakeholders.

The agency facilitates bi-monthly service user and monthly staff meetings. Service users who met with the inspector stated that they are supported to attend and provided with the opportunity to express their views and opinions. It was identified that a range of standard items are discussed at all meetings, they include adult protection and health and safety.

The registered manager could describe the processes in place to maintain effective working relationships with the HSCT representatives; a HSCT professional who spoke to the inspector could describe positively the working relationship with agency staff.

Six staff and two service user questionnaires were returned to RQIA; responses received indicated that both service users and staff were very satisfied that care provided is effective.

Service users’ comments

- ‘I would like to live somewhere else; my social worker is helping me.’
- ‘Staff take me out shopping.’

Staff comments

- ‘Support staff provide excellent care and support.’
- ‘We help service users to be as independent as possible.’

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency’s record keeping and communication with service users and other relevant key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 agency’s ability to treat service users with dignity, respect and equality and to fully involve service users in decisions affecting their care and support was assessed during the inspection.

It was identified that staff receive information relating to human rights and confidentiality during their induction programme. Discussions with the registered manager, a HSCT representative, service users and staff, and observations made during the inspection provided assurances that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the organisation.

Discussion with staff and service users indicated that staff endeavour to provide care and support in a person centred manner. It was noted that service users are supported to be involved in review meetings relating to the care they receive and tenant's meetings. Service users stated that staff actively involve them in discussions relating to their care and support, and encourage them to participate in tenant's meetings.

The agency has provided a range of information in an alternative format to support service users to meaningfully engage in decisions about their individual care and support. It was noted that the agency's support and care guide includes information in an alternative format relating to adult safeguarding.

Records of service user and care review meetings, and reports relating to the agency's quality monitoring visits reflected the involvement of service users and contain comments made by service users and other relevant stakeholders.

Systems for effectively engaging and responding to the comments and views of service users and where appropriate representatives are maintained through the agency's complaints process; quality monitoring visits; care review meetings and service user meetings. It was identified from records viewed that the agency's quality monitoring process assists in the evaluation of the quality of the service provided and in identifying learning outcomes and areas for improvement.

Service users who spoke to the inspector stated that they could speak to their keyworker, staff or manager at any time.

Six staff and two service user questionnaires were returned to RQIA; responses received indicated that both service users and staff were very satisfied that care provided is compassionate.

Service users' comments

- 'I go to the tenant's meetings.'
- 'I get choice; I would make it known if I was not happy.'

Staff comments

- 'Each individual is treated with dignity and respect.'

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of person centred compassionate care and the agency's systems for effectively engaging with service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 reviewed management and governance systems in place within the agency to meet the needs of service users; it was identified that the agency has implemented systems of management and governance. The agency is managed on a day to day basis by the registered manager; they could describe the procedure for obtaining support and guidance from a senior manager within the organisation.

The agency has a range of policies and procedures noted to be in accordance with those outlined within the minimum standards; staff can access policies electronically and a number are retained in a paper format. A number of the organisation's policies viewed prior to and during the inspection were noted to have been reviewed and updated in accordance with timescales detailed within the minimum standards.

The agency has a systematic approach for reviewing information with the aim of improving the quality of life for service users. Records viewed and discussions with the registered manager indicated that the agency's governance arrangements promote the identification and management of risk. Processes include the provision of relevant policies and procedures, regular audit of staffing arrangements, complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

The agency's complaints policy outlines the process for managing complaints; staff had a clear understanding of the actions to be taken in the event of a complaint being received. Service users who spoke to the inspector could describe the process for making a complaint. It was identified from discussions with the registered manager and records viewed that complaints received by the agency since the previous inspection had been managed in accordance with the organisation's policy.

Service users stated that they are encouraged to raise any issues or concerns they have in relation to the care and support they receive and that staff listen to their concerns.

The inspector identified that the agency has in place effective management and governance systems to monitor and improve quality; these include arrangements for monitoring staffing arrangements, incidents, accidents and complaints. During the inspection the inspector viewed evidence of appropriate staff recruitment, induction, training, supervision and appraisal.

Feedback provided to the inspector by a HSCT representative evidenced that there are effective collaborative working relationships with relevant stakeholders.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. Staff who spoke to the inspector had an understanding of the responsibilities of their individual job roles. Staff could describe the process for obtaining support including the arrangements for out of hours. Staff had knowledge of the agency's whistleblowing policy.

It was noted that all staff are required to be registered with the NISCC or the Nursing and Midwifery Council (NMC) as appropriate; a record is maintained which records registration details and expiry dates. Discussions with the HR manager and the registered manager provided assurances that the organisation has a process in place for monitoring registration status of staff and for ensuring that staff will not be supplied for work if they are not appropriately registered.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. The agency’s Statement of Purpose and Service User Guide were noted to have been reviewed and updated.

Six staff and two service user questionnaires were returned to RQIA; responses received indicated that both service users and staff were very satisfied that the service is well led.

Service users’ comments

- “The manager is supportive.’

Staff comments

- ‘Approachable manager who does her best and a fantastic SSW ***** who is excellent at her job.’

HSCT representatives’ comments

- ‘Staff support service users to live individually.’
- ‘Service users are given choice.’
- ‘Communication is excellent; staff will ring me if they have any concerns.’
- ‘I would have no problem recommending this place; the environment is lovely.’

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency’s management and governance arrangements, management of complaints and incidents and quality monitoring and improvement processes.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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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