

Unannounced Care Inspection Report 7 May 2019



Inspire Fountainville Avenue 24 Hour Supported Housing

Type of Service: Domiciliary Care Agency
Address: 2 – 10 Fountainville Avenue, Belfast, BT9 6AN
Tel No: 028 90 325825
Inspector: Jim McBride

www.rqia.org.uk

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

Inspire Fountainville Avenue 24 hour Supported Housing is a supported living type domiciliary care agency which provides domiciliary care and housing support to adults with enduring mental illness. The agency's offices are located adjacent to the service users' accommodation and are accessed from a separate entrance.

The agency's aim is to provide care and support to service users; this includes helping service users with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of promoting good mental health and maximising quality of life. All referrals are made by the HSCT mental health services. Staff are available to support tenants 24 hours per day.

3.0 Service details

Organisation/Registered Provider: Inspire Wellbeing Responsible Individual: William Henry Murphy	Registered Manager: Peter John Hillier
Person in charge at the time of inspection: Project Worker	Date manager registered: 15 January 2018

4.0 Inspection summary

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

As a public-sector body, RQIA have a duty 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 sought 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 of good communication with relevant stakeholders. Care and support was provided in an individualised manner. The agency promoted the involvement of service users. 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, decision making, privacy, dignity, confidentiality and service user involvement.

No areas for improvement were identified during this inspection.

Staff interactions observed by the inspector were noted to be very warm and caring. Service users consulted with also spoke positively in relation to the care and support they received.

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 the project worker, 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.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report
- 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 report.

At the request of the inspector, the person in charge 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. Ten responses were received showing positive satisfaction levels among staff.

Comments received:

- "I love working for this team. I have learned a lot from everyone here and they are constantly pushing me to be a better project worker. There is a real culture of person centred practice and creativity. It truly is a brilliant place to work."

The inspector requested that the person in charge place a "Have we missed" you card in a prominent position in the agency to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

Ten questionnaires were also provided for distribution to the service users and their representatives; No questionnaires were returned.

RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately in the setting.

The inspector spoke with one service user and three staff members. Comments received are included within the report. Staff spoken with gave a comprehensive overview of the service.

Staff comments:

- “Effective training and support for staff.”
- “We always focus on outcomes for service users and the recovery model.”
- “We have good support from the manager.”
- “Good team support and effective communication.”
- “Supervision is one to one and confidential.”
- “Staff meetings are regular.”
- “Induction is comprehensive and is over a good period of time.”

Service user’s comments:

- “I really love living here.”
- “This has been a positive move for me.”
- “My keyworker helps me focus on my plans.”
- “The staff are friendly and approachable.”
- “I feel safe and secure in my house.”
- “My care plan is mine; both staff and I developed it.”

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

An unannounced inspection took place on 7 May 2019 from 09.00 to 12.30.

6.1 Inspection findings**6.2 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 arrangements for ensuring the service users were safe and protected from harm were examined during the inspection.

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 person in charge identified that they were knowledgeable in relation to safe recruitment practices. 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 go through an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. Induction has been developed to include the Northern Ireland Social Care Council (NISCC) Induction Standards.

There was a rolling programme of training, supervision and appraisals and these areas were routinely monitored as part of the monthly quality monitoring processes. It was noted that additional training had been provided to staff in areas such as equality and diversity, communicating effectively, confidentiality and data protection.

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 managed appropriately. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that a senior director within the organisation holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures. Discussion with staff confirmed that they were aware of what action to take if they had concerns about a person being abused and that they had been empowered to do so. The Annual Position Report will be completed in 2020. The person in charge stated that this will be forwarded to RQIA.

A review of the accidents and incidents which occurred within the agency identified that they had been managed appropriately. These areas were monitored by the management team as part of their quality monitoring processes.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. Records confirmed that comprehensive risk assessments had been completed in conjunction with service users and their representatives.

Care records and information related to service users were stored securely and accessible by staff when needed. Staff spoken with described the importance of storing confidential information in accordance with data protection guidelines. It was noted that General Data Protection Regulations (GDPR) training had been completed by all staff recently.

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
Total number of areas for improvement	0	0

6.3 Is care effective?

The right care, at the right time in the right place with the best outcome.

The agency's arrangements for responding appropriately to and meeting the assessed needs of service users were examined during the inspection.

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, risk assessments, care plans and annual care reviews with the relevant Trust representative. This supported the service user and agency to review and measure outcomes for the service users.

The inspector noted some of the comments made by service users during their reviews:

- “I’m happy to continue living here.”
- “I’m well at the moment.”
- “I think I’m doing well here.”
- “Staff are a great support.”

Care plans were noted to be comprehensive and person-centred while clearly and concisely describing service users’ needs. Care review records were reviewed and it was noted that follow up action had been taken in response to identified actions. Where trust professionals had made recommendations in relation to service users’ care plan, there was a good system in place.

There were arrangements in place to obtain, and act in accordance with the consent of people using the service. Care and support plans had been signed by service users or their representatives to indicate that they had been involved in their care and had agreed to it. It was noted that where care support plans had been reviewed, the updated documents had been signed.

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 were applicable 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 staff and service users had the opportunity to discuss the following agenda items during meetings:

Service users:

- Personal Safety
- Outreach
- Service
- Staff
- Care planning.

Staff:

- GDPR
- RQIA
- Service Issues
- Good practice guidelines
- Staffing
- Pleased and proud
- Reflections on outcomes.

The agency had robust quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the service users.

Quality monitoring reports indicated consultation with a range of service users, relatives, staff and HSC Trust representatives. The inspector noted some of the comments made by individuals:

Service users:

- “I meet with my keyworker and we set time to talk, she really listens.”
- “I value the support I receive.”
- “I feel listened too and can access support when required.”
- “I feel very much at home.”
- “I feel safe and staff are helpful.”

Staff:

- “Good positive training opportunities.”
- “A good effective and supportive team.”
- “The team is very settled.”

Relatives:

- “**** is so happy it’s good to see the old **** back.”
- “Communication is good I’m kept informed.”
- “Staff are approachable and easy to talk to.”

HSC Trust Staff:

- “The team provide good quality support pleasant and professional.”
- “Really good to hear of the positive work the staff did with *****.”
- “The work with my client was very impressive during a difficult time.”

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
Total number of areas for improvement	0	0

6.4 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 inspector sought to assess the agency's ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

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 person in charge provided evidence that supports service users' equal opportunities, regardless of their abilities, their background, choices or their lifestyle.

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 assessment
- Disability awareness.

Records of service user meetings and reports of quality monitoring visits indicated the agency's systems for regularly engaging with service users and where appropriate relevant stakeholders. The inspector noted that the agency had completed their annual quality survey with positive results. The service users had the opportunity to comment on the following:

- Service user consultation
- Support required
- Safe environment
- Complaints
- Staff help to make decisions
- Control of your life
- Outcomes of reviews
- Staff support
- Dignity and respect
- Access to support
- Safe care and support.

It was good to note that agency staff were promoting the autonomy of service users. Staff spoken with were aware of issues relating to consent. Staff member gave examples of the importance of involving service users in making decisions about their own care.

They spoke about respecting service users’ rights to decline care and support and in recognising the best times for service users to make certain decisions.

Service users consulted with during the inspection gave examples readily of the different ways the staff treated them with respect and dignity, whilst promoting their independence. Staff interactions observed by the inspector were noted to be very warm and caring.

Areas of good practice

The agency promoted the involvement of service users within the service. There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care and engagement with service users and other relevant stakeholders with the aim of promoting the safety of service users and improving the quality of the service provided.

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 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 the management and governance systems in place within the agency to meet the needs of the service users; the agency is managed on a day to day basis by the manager, with the support of senior project worker and project workers. It was identified that the agency has effective systems of management and governance in place.

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

All staff providing care and support to service users are required to be registered with the Northern Ireland Social Care Council (NISCC). The person in charge confirmed that information regarding registration and renewal dates was maintained by the agency. A review of NISCC records confirmed that all staff were currently registered. The person in charge 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.

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.

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
- Accidents and incidents
- Complaints
- NISCC registrations
- Training and supervision.

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 survey.

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 online and were accessible to staff.

There was evidence of effective collaborative working relationships with key stakeholders, including the HSC Trust, 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, decision making, privacy, dignity, confidentiality and service user involvement.

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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