

Inspection Report

5 January 2022



Inspire Fountainville Avenue 24 Hour Supported Housing

Type of service: Domiciliary Care Agency
Address: 2 - 10 Fountainville Avenue, Belfast, BT9 6AN
Telephone number: 028 9032 5825

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Inspire Wellbeing Responsible Individual: Ms. Kerry Anthony. (Acting)	Registered Manager: Miss Ruth Curran Date registered: Registration Pending
Person in charge at the time of inspection: Project worker	
Brief description of the accommodation/how the service operates: 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.	

2.0 Inspection summary

An unannounced inspection was undertaken on 5 January 2022 between 08.50a.m. and 11.00a.m. by the care inspector. This inspection focused on staff recruitment, Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, notifications, complaints, and whistleblowing. We also reviewed Deprivation of Liberty safeguarding (DoLS) including money and valuables, restrictive practice, dysphagia, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to recruitment and appropriate checks being undertaken before staff were supplied to service user's homes. There were good governance and management oversight systems in place. Good practice was also found in relation to the system in place for disseminating Covid-19 related information to staff and others.

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.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

Prior to inspection we reviewed the information held by RQIA about this agency. This included

the previous inspection report, notifications, concerns and any written and verbal communication received since the previous care inspection.

The inspection focused on:

- contact with the service users and staff to find out their views on the service.
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

4.0 What people told us about the service?

We spoke with the manager and one member of staff who provided a comprehensive overview of the current service. Due to the current Covid status we had no opportunity to meet service users, but provided a number of questionnaires for completion. An electronic survey was provided to enable staff to feedback to the RQIA.

Returned questionnaires show that all respondents were very satisfied with the current service.

Returned service user comments:

- "I think it's a very well managed service."
- "It helps people in similar circumstances."
- "We have professional care from all staff."
- "It makes me safe and secure."
- "All my needs are met."
- "Staff are very good and helpful. I'm very happy here."
- "Repairs are slow but everything else is fine."
- "Everything is brilliant."

A number of staff feedback was received prior to the issue of this report. The respondents were either satisfied or very satisfied with the service. We have noted some the comments received:

- "I really love working at Fountainville. My management are supportive and always go above and beyond for me."
- "This is the first place I have worked where an RQIA inspection is going on is not viewed with anxiety amongst the staff team. The reason for this is because there is a sense that staff are up to date and on top of everything. Makes a pleasant change."

Comments received during inspection process:

Staff comments:

- "I had a good comprehensive induction and it prepares you for your role."
- "I feel safe and secure with Covid guidance and PPE."
- "We provide a person centred service."
- "Good staff communication."
- "My supervision is regular and is a confidential space for discussion."
- "All my training is up to date."
- "We have a good effective manager with an open door policy to all."
- "We try to provide ongoing daily activities to service users."

- “We follow the individual care and support plans of service users.”

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Inspire Fountainville was undertaken on 19 January 2021 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed.

The organisation's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC). The Adult Safeguarding Position report for the agency has been formulated; this was reviewed and was satisfactory.

Discussions with the manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns.

It was noted that staff are required to complete adult safeguarding training during their induction programme and two yearly updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency has a system for retaining a record of referrals made to the HSC Trust in relation to adult safeguarding. Records viewed and discussions with the manager indicated that no adult safeguarding referrals had been made since the last inspection.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA and/or other relevant bodies appropriately. It was noted no incidents were reported since the last inspection.

It was noted that staff had undertaken DoLS training appropriate to their job roles.

Examination of service users care records confirmed that no current DoLS practices were in place relating to current service users.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

5.2.2 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

The discussions with the manager, staff and review of service user care records reflected that no Dysphagia arrangements were in place or required for current service users.

5.2.3 Are there robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence employment and engage with service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 23 of the Domiciliary Care Agencies Regulations, (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. It was identified that the process included engagement with service users, staff, relatives and HSC Trust representatives. The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, and staffing arrangements. It was noted that 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.

We noted some of the comments received during monthly quality monitoring:

Service users:

- "I could not do without them."
- "I feel supported by staff."
- "The staff have been very helpful."
- "The support I receive is good."

Staff:

- "The manager has effectively supported the team."
- "The manager has helped me understand my role."

- “The team have supported each other.”
- “The manager is supportive and gives good guidance.”

Relatives:

- “I praise the care given to my *****.”
- “I have no concerns regarding the service.”
- “On the whole it’s a great service.”

HSC Trust Staff:

- “The staff team have created a happy living environment.”
- “Communication with the team is good.”
- “I’m confident in the care and support provided.”
- “I always feel confident in the ability of the team and manager.”

There is a process for recording complaints in accordance with the agency’s policy and procedure. It was noted that no complaints had been received since the last inspection.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analysis’s (SEAs) or Early Alert’s (EAs).

It was positive to note that a number of care reviews had been completed in line with Covid guidance and the agency must be commended for their actions. We noted some of the comments from service users during this review:

- “I’m doing well.”
- “Things are good at present.”
- “I’m content with my living situation.”
- “I’m relieved life is more normal now.”
- “I’m happy here and get on with staff.”
- “I did not realise how good I was.”

6.0 Quality Improvement Plan/Areas for Improvement

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

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