

# Unannounced Care Inspection Report

## 5 April 2018



## Inspire Wellbeing – Fountainville Avenue 24 Hour Supported Living

Type of Service: Domiciliary Care Agency  
Address: 2 - 10 Fountainville Avenue, Belfast, BT9 6AN  
Tel No: 02890 325825  
Inspector: Jim McBride

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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

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

<b>Organisation/Registered Provider:</b> Inspire Wellbeing  <b>Responsible Individual:</b> William Murphy	<b>Registered Manager:</b> Peter Hillier
<b>Person in charge at the time of inspection:</b> Peter Hillier	<b>Date manager registered:</b> 15/01/2018

## 4.0 Inspection summary

An unannounced inspection took place on 5 April 2018 from 09.00 to 13.00.

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

Evidence of good practice was found in relation to:

- staff training
- staff recruitment
- service user consultation
- the provision of compassionate care and governance arrangements

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

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 Peter Hillier, 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 25 May 2017

No further actions were required to be taken following the most recent inspection on 25 May 2017.

#### 5.0 How we inspect

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

- previous RQIA inspection report
- records of notifiable events
- any correspondence received by RQIA since the previous inspection

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

- discussion with the registered manager
- discussion with staff
- discussion with service users
- examination of records
- evaluation and feedback

The following records were viewed during the inspection:

- service users' care records
- monthly quality monitoring reports
- tenants' meeting minutes
- staff meeting minutes
- staff induction records
- staff training records pertaining to:
  - safeguarding
  - medication
  - managing service users monies
  - first aid
  - governance and quality

- challenging behaviour
- records relating to staff supervision
- complaints records
- staff rota information
- service user journey (2015)
- safeguarding policy (2017)
- statement of Purpose (2018)
- service user guide (2018)

During the inspection the inspector met with the registered manager and one support staff member and had the opportunity to speak with four service users.

#### **Staff comments made to the inspector:**

- “Good induction and training.”
- “One to one supervision.”
- “Good support from other staff.”
- “Getting to know the tenants care and support needs is important.”
- “The manager is very supportive.”
- “Supported living encourages staff to support independence and the future goals of tenants.”

#### **Service user comments made to the inspector:**

- “I feel safe and secure here.”
- “Staff help me feel safe.”
- “I have good support from staff.”
- “This is the best place for me.”
- “I love living here.”
- “Staff support me well.”
- “Staff really care and help you.”
- “It’s great here.”
- “Excellent it’s brilliant.”
- “I’m free to come and go as I please.”

The inspector would like to thank the agency staff and service users for their warm welcome and full co-operation throughout the inspection process.

At the conclusion of the inspection a poster was left with the manager to encourage staff to contact RQIA via Survey Monkey to provide their views on the quality of this service. At the time of writing this report no staff views had been returned to RQIA via Survey Monkey.

The inspector also asked the manager to distribute ten questionnaires to tenant’s. No service user questionnaires were returned.

The inspector spoke with the registered manager on the 19 April 2018 who confirmed that all questionnaires had been distributed to service users and that staff had been informed of the survey.

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 25 May 2017**

The most recent inspection of the agency was an unannounced care inspection.

### **6.2 Review of areas for improvement from the last care inspection dated 25 May 2017**

There were no areas for improvement made as a result of the last care inspection.

## **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.**

Staff recruitment is co-ordinated and processed by the organisation's human resources (HR) department. Documentation viewed and discussions with the manager indicated that the agency has in place robust recruitment systems to ensure that staff are not provided for work until required pre-employment checks as outlined within the minimum standards have been satisfactorily completed and verified. The manager could describe the process for obtaining confirmation that staff are available to commence employment.

The agency's training and development policy outlines the induction programme lasting at least three days, which is in accordance with the regulations. Records viewed and discussions with the manager showed how that staff are required to attend corporate induction training and are required to complete an induction competency workbook. Staff are required to shadow other experienced staff employed by the agency for approximately two weeks during induction. Staff are provided with the agency's staff handbook and have access to the agency's policies and procedures online.

The agency retains a record of the induction programme provided to staff; documentation viewed by the inspector contained details of the information provided during the induction period and learning outcomes achieved by staff. The manager is required to sign all records to confirm that the staff member has been deemed competent at the end of the probationary period.

Discussions with 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 individual service users.

The agency's staff rota information viewed by the inspector reflected staffing levels as described by the manager; the rotas denoted the person in charge on each shift. The inspector viewed rota information for weeks ending: 8/4/18, 15/4/18 and 22/4/18, the records in place were satisfactory.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency provides staff with a supervision contract and maintains a record of individual staff supervision and appraisal. Records viewed by the inspector indicated that staff are provided with supervision and appraisal in accordance with the agency's policies and procedures.

It was identified that the agency maintains an individual record for all staff detailing dates of competency assessments, training completed and details of registration status with relevant regulatory bodies such as Northern Ireland Social Care Council (NISCC).

The agency has an electronic system in place for managing staff training; the manager could describe the process for identifying gaps in training in conjunction with the organisations training department. Staff are required to complete required mandatory training and in addition a range of training specific to the needs of individual service users. Training provided to staff is a combination of classroom based and E Learning. A system is in place to review staff mandatory training and update training as required.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The person in charge could describe the agency's response to the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The agency has updated their policy and procedures to reflect information contained within the policy. The organisation has identified an Adult Safeguarding Champion (ASC); the staff could describe their key areas of responsibility. The agency's policy and procedures clearly detail the process for staff on reporting concerns.

The manager and staff demonstrated a clear understanding of safeguarding issues; and could clearly describe the procedure to be followed which is in accordance with the agency's policy and procedures.

Training records viewed by the inspector indicated that staff had received training in relation to safeguarding. From training records viewed staff are required to complete safeguarding training during their induction programme, an online update annually and a classroom based update two yearly.

During the inspection 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 policy outlines the procedure for assessing and reviewing risk; it details that comprehensive risk assessment and safety management plans are required to be completed in conjunction with service users. Service users are supported to participate in a six monthly review involving their HSC Trust keyworker and that care and support plans are reviewed six monthly or as required.



A number of service users have more frequent reviews in conjunction with their identified HSC Trust representative due to the nature of their individual needs. 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.

### Areas of good practice

There were examples of good practice identified throughout the inspection in relation to: Recruitment, induction, training, supervision and appraisal; adult safeguarding and management of risks.

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 data retention policy details the procedures for the creation, storage, retention and disposal of records. The inspector noted that records viewed during the inspection were maintained in accordance with legislation, standards and the organisational policy. It was identified that records are retained securely. Staff records indicated that they had received training relating to record keeping, confidentiality and data protection. On the day of inspection the agency's staff personnel and service users' records were retained securely and in an organised manner.

The manager could describe how service users are encouraged and supported to be fully involved in the completion of individual risk assessments and development of their care plans. During the inspection the inspector viewed a number of service user care records; staff record daily the care and support provided and that the views and choices of service users are reflected.

The inspector noted that the policy: "The service users' journey" states that: Inspire Mental Health Services values diversity promotes inclusion and practices equal opportunities at all times. They are committed to ensuring that no one is discriminated against in accessing, receiving or leaving the service and staff will endeavour to provide information in a range of formats suitable to meet individual needs.

Discussions with the manager indicated that there are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The inspector identified that monthly quality monitoring visits are completed by a range of service managers and assistant directors and an action plan is developed if required.



The inspector viewed records of quality monitoring visits and noted that there is evidence that the system is effective. The records includes details of the review of accidents, incidents or safeguarding concerns and in addition details of the review of staffing arrangements, documentation, finance and training.

The manager could describe a range of ways in which the agency seeks to maintain effective working relationships with relatives, HSC Trust representatives and other stakeholders.

Discussions with the manager and observations made during the inspection indicated that the agency has systems to promote effective communication between service users, staff and other key stakeholders. Observations of staff interactions with service users during the inspection indicated that they communicate appropriately with service users. The agency facilitates service user meetings.

The agency maintains a record of items discussed; they also include the views of service users. The inspector noted some of the areas discussed during meetings:

- staff
- outreach
- activities
- security
- medication
- new tenants
- wellbeing activities

Staff meetings are facilitated; staff are required to sign the minutes of meetings to indicate that they have read and understood the matters discussed and the information provided.

The inspector noted some of the areas discussed during meetings:

- innovation
- staff
- service user updates
- recruitment
- rotas
- training
- communication
- key-working
- policies and procedures
- pleased and proud events

### **Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to communication between service users, agency staff and other relevant stakeholders.

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.**

Discussions with the staff and observations made by the inspector indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the organisation. Staff could describe examples of how they support service users to take positive risks to enable them to live a more fulfilling life. Staff have been provided with training and information in relation to human rights and confidentiality during their induction programme. The agency has provided service users with information relating to human rights, advocacy and adult safeguarding.

From observations of staff interactions with service users during the inspection it appears that staff endeavour to provide care in an individualised manner and strive to ensure that service users are encouraged and supported to make informed choices. Records of service user meetings reflected the involvement of service users and contained comments/suggestions made by service users.

The policy "Service users' journey" states that service users are encouraged and enabled to participate in the support planning process along with any other significant others they may wish to involve. Support planning is about establishing the mutual agenda of work between the person receiving services and the staff member. The support plan is based on an individual's strengths and preferences and includes agreed outcomes.

Processes to effectively engage and respond to the comments and views of service users and were appropriate their representatives are maintained through the agency's complaints process, one to one meetings with service users, monthly quality monitoring visits, six monthly care review meetings involving HSC Trust keyworkers, stakeholder and service user meetings.

Observations made by the inspector during the inspection indicated that service users are encouraged to make choices regarding their individual daily routine and activities. The inspector noted that service users could speak to staff at any time.

### Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised compassionate care and the effective engagement of service users.

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.**

A range of policies viewed by the inspector were noted to have been reviewed and updated in accordance with timescales outlined within the minimum standards.

The agency's complaints policy clearly outlines the procedures and timescales for managing complaints. Staff stated that they had received training in relation to complaints management during their induction; discussions with the manager indicated that staff have a clear understanding of the actions to be taken in the event of a complaint being received. It was identified from records viewed that the agency has received no complaints since the previous inspection.

There are management and governance systems in place within the agency to promote and drive quality improvement. Discussions with the manager indicated that the agency's governance arrangements promote the identification and management of risk; these include provision of and review of relevant policies and procedures, monthly audit of compliments and complaints, accidents, safeguarding referrals, staffing arrangements and incidents notifiable to RQIA. During the inspection the inspector viewed records that evidenced staff receive appropriate staff induction, training, supervision and appraisal.

The manager could describe the benefits of continually reviewing the quality of the services provided in identifying areas for improvement and highlighting good practice.

The inspector identified from records viewed and discussion with agency staff that the agency has processes in place to encourage and achieve effective collaborative working relationships with relevant stakeholders.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users.

The inspector noted that the agency collects equality information in relation to service users, during the referral process. The data is used effectively and with individual service user involvement when an individual person centred care and support plan is developed. The manager was able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

Discussions with the service users, staff and the manager highlighted evidence that supports tenants' equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- safeguarding
- advocacy

- equal care and support
- individual person centred care
- individual risk assessment
- disability awareness

The agency's commitment to equality and individual person centred care is an area of positive practice and is to be commended.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability.

The Statement of Purpose for the service was reviewed and revised by the provider in 2018. The document clearly describes the nature and range of the services to be provided and addresses all of the matters required by regulation 5 (1) of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

The manager stated that all staff are required to be registered with the Northern Ireland social Care Council (NISCC) or other regulatory bodies as appropriate; it was noted that the agency's policy details the procedure for managing this process. The agency retains a list of staff registration details and expiry dates; a record is also maintained by the human resource department. Records viewed by the inspector indicate that staff are registered appropriately.

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. The agency's premises are suitable for the operation of the agency as described in the Statement of Purpose (2018).

### Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's management and governance arrangements and incidents.

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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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