

Inspection Report

9 December 2021



Rossmore Supported Living

Type of service: Domiciliary Care Agency
Address: 21 Rossmore Drive, Rossmore Avenue, Belfast, BT7 3LB
Telephone number: 028 9049 1310

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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 Disability Service Responsible Individual: Ms Kerry Anthony	Registered Manager: Mrs Lindsey Murray Date registered: 14 November 2019
Person in charge at the time of inspection: Team Leader	
Brief description of the accommodation/how the service operates: Rossmore Supported Living Service is a supported living type domiciliary care agency which provides domiciliary care and housing support to adults. The agency's office is located in another of the organisation's registered facilities situated adjacent to the service users' homes. The agency's aim is to provide care and support to six 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 maximising quality of life. Staff are available to support tenants 24 hours per day.	

2.0 Inspection summary

An unannounced inspection was undertaken on 9 December 2021 between 9.00am and 12.00pm by the care inspector.

This inspection focused on recruitment, Northern Ireland Social Care Council (NISCC) and Nursing and Midwifery Council (NMC) registrations, adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS) including money and valuables, restrictive practices, monthly quality monitoring, Dysphasia and Covid-19 guidance.

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.

The inspection focused on:

- discussions with the service users and staff to obtain their views of 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 one service user and two staff during the inspection.

We provided an electronic survey feedback form for staff feedback no staff feedback was received prior to the issue of this report.

Prior to the inspection we provided a number of easy read questionnaires for those supported to comment on the following areas of service quality and their lived experiences:



- Do you feel your care is safe?
- Is the care and support you get effective?
- Do you feel staff treat you with compassion?
- How do you feel your care is managed?

Returned questionnaires show that those supported thought care and support was either excellent or good.

Comments received during the inspection process:

Service users:

- “Good staff.”
- “I have a good keyworker.”
- “I enjoy my home.”
- “Staff listen if you have a concern.”
- “I feel safe and secure.”
- “The manager is good.”
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Staff:

- “I would recommend Inspire to others.”
- “I had a comprehensive induction.”
- “Good management support.”

- “All my training is up to date.”
- “Staff communicate well with each other.”
- “Good service user involvement.”

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 Rossmore SLS was undertaken on 14 January 2020 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 agency’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 agency has an identified Adult Safeguarding Champion (ASC).

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff were aware of the ASC and the procedure to follow if they have any concerns. The ASC annual report had been completed and available for review which was satisfactory. It was noted that staff are required to complete adult safeguarding training during their induction programme and annual updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents 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 BHSCT in relation to adult safeguarding. Records viewed and discussions with the manager indicated that two adult safeguarding referrals had been made since the last inspection.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided. The agency has provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted incidents reported since the last inspection had been actioned appropriately.

Staff have undertaken DoLS training appropriate to their job roles. Staff demonstrated that they have an understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices. It was noted that staff were complying with PPE guidance during the inspection. The manager had in place a comprehensive Covid-19 risk assessment.

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 manager confirmed that the agency had received one specific recommendation from Speech and Language Therapy (SALT) in relation to service users' dysphagia needs to ensure the care received in the setting was safe and effective.

5.2.3 Are their 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 had been completed for staff. Recruitment is undertaken by the agency's Human Resources (HR) Department.

A review of the records confirmed that all staff are appropriately registered with NISCC. Information regarding registration details and renewal dates is 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. The agency currently use the services of outside agencies. We reviewed a number of staff files that included all the relevant required information and all records were satisfactory.

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, however the reports did not allow for the full review of the quality of care provided. We noted some of the comments reviewed during monthly visits:

Service users:

- "I like the staff and my home."
- "The staff are nice to me."

- “I like living in Rossmore.”

Staff:

- “Staff have the same motivation to support people.”
- “The staff are emphatic to service user needs.”
- “The service is well run and efficient.”

Relatives:

- “The staff do an amazing job.”
- “I can contact the scheme at any time.”
- “Staff are helpful and supportive.”

HSC Trust staff:

- “I’m very pleased with the service at Rossmore.”
- “Nothing of concern to be raised.”
- “The service user I support is very well due to staff support.”

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

Staff described their role in relation to reporting poor practice and their understanding of the agency’s policy and procedure on whistleblowing.

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

- “I feel supported and staff care about my needs.”
- “Care and support is good.”
- “I’m happy with my location and the care and support.”
- “Staff are good and give me the best support.”

It was established during discussions with the manager that the agency had not been involved in any Significant Event Analysis (SEAs) or Early Alerts (EAs). The manager spoke about one Serious Adverse Incident (SAI), however this related to a service user within the hospital setting rather than within the supported living agency.

6.0 Conclusion

As a result of this inspection no areas for improvement were identified in with regard to safe and effective care.

7.0 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.



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Authority

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