

# Announced Care Inspection Report 5 November 2020



## Inspire – University Street SLS

**Type of Service: Domiciliary Care Agency/SLS**  
**Address: 104 University Street, Belfast, BT7 1HE**  
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**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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

Inspire University Street Supported Living Service is a supported living type domiciliary care agency which provides care and housing support to six adults with enduring mental illness. The agency's offices are located in the same building as the service users' accommodation and are accessed from a shared entrance.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Inspire Wellbeing  <b>Responsible Individual:</b> William Murphy	<b>Registered Manager:</b> Brian Tierney
<b>Person in charge at the time of inspection:</b> Brian Tierney	<b>Date manager registered:</b> 07/04/2017

### 4.0 Inspection summary

An announced inspection took place on 5 November 2020 from 09.00 to 12.00.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

RQIA have reviewed correspondence and other contacts related to the agency since the previous inspection on 09 May 2019.

In response to the review since the previous inspection RQIA decided to undertake an inspection of the service. To reduce any risk this inspection was carried out using an on-site inspection approach with socially distanced guidance in place.

Evidence of good practice was found in relation to Access NI and staff registrations with the Northern Ireland Social Care Council (NISCC). Good practice was also found in relation to all current Covid-19 guidance and the use of PPE guidelines. Covid-19 education and management including: infection prevention and control were found to be in line with latest guideline measures.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017 .

The findings of this report will provide the manager with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

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.

Enforcement action did not result from the findings of this inspection.

## 4.2 Action/enforcement taken following the most recent care inspection dated 9 May 2019

No further actions were required to be taken following the most recent inspection on 9 May 2019.

## 5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, notifiable events, and any written or verbal communication received since the previous care inspection.

During our inspection we focused on contacting the service users and staff to obtain their views on the service.

We ensured that the appropriate staff checks were in place before staff visited service users and reviewed the following:

- Recruitment records specifically relating to Access NI and NISCC registration.
- Covid-19: guidance for domiciliary care providers in Northern Ireland Updated 16 June 2020

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery. This included 'Tell us' cards, Service user's questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA. No feedback was received post inspection; however we did meet with a number of staff and service users during the inspection and have included their comments within this report.

During the inspection we communicated with the manager and two staff and had the opportunity to meet two service users.

### Service user comments during inspection:

- "Staff are easy to talk to."
- "Staff are very good."
- "Staff are very approachable."
- "I feel safe and secure."
- "There are good activities."
- "If you are feeling down you can go to staff at any time."
- "I feel very well supported."

### Staff comments during inspection:

- "Good staff communication."
- "Excellent staff supervision."
- "I feel safe and secure with Covid-19 training and guidance."
- "We have a very supportive and encouraging manager."
- "Best interest for service users is important."
- "We promote choice and individuality."

We would like to thank the service users and staff and manager for their support and co-operation throughout the inspection process

## 6.0 The inspection

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

## 6.1 Inspection findings

### **Recruitment:**

The agency's staff recruitment processes were noted to be managed in conjunction with the organisation's Human Resources (HR) Department, located at the organisation's head office. Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 and Standard 11 relating to Access NI. We reviewed documentation in staff files in relation to pre-employment checks which provided assurances that Access NI checks were completed before commencement of employment.

Staff spoken with said that training was valuable and gave them the skills to undertake their role. New staff received a comprehensive induction which included regular meetings and the opportunity to shadow experienced staff.

Staff were supported by supervisions and appraisals. It was noted that these had been consistent with the agency's policy and procedure and helped to enable them to review their practice. From review of records, we could see the formats gave staff the opportunity to raise any concerns and discuss their own personal development.

A review of six records confirmed that all staff are currently registered with The Northern Ireland Social Care Council (NISCC). We noted that the manager had a system in place each month for monitoring registration status of staff with NISCC and confirmed that all staff are aware that they are not permitted to work if their NISCC registration had lapsed.

The agency's provision for the welfare, care and protection of service users was reviewed. We viewed the procedures maintained by the agency in relation to the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015.

On the day of the inspection it was noted that no incidents had taken place since the previous inspection. The agency maintains and implements a policy relating to complaints. On the day of the inspection it was noted that the agency had not received any complaints since the last inspection. The manager and staff were pleased that no complaints had been received and felt that the communication was good between the service users and the agency.

### **Service quality:**

We reviewed a number of monthly quality monitoring reports that show good satisfaction levels in place for service users, staff and other stakeholders. service users comments did show good satisfaction levels regarding service quality.

### Care planning and review:

We reviewed six care plans in place for individual service users. These fully described the care and support required for individuals and included:

- Referral information
- Care plan
- Individual action plans
- Risk assessments
- Reviews

Staff we spoke with demonstrated good caring values and a desire to provide service users with high quality personalised care. They knew service users well including their choices and preferences. One service user said “If you are feeling down you can go to staff at any time.”

Support staff told us they felt supported to carry out their role and to develop further and that the manager was supportive and always approachable.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### Covid-19:

We spoke with the manager and two staff members, who were knowledgeable in relation to their responsibility regarding covid-19. Staff stated they were aware of the guidance on the use of PPE for activities that brought them within two metres of service users. Staff were also aware of the need to replace PPE between service users and how to appropriately dispose of used PPE.

We reviewed the current practices relating to the following areas of guidance and good practice relating to Covid-19.

- Dissemination of information to staff
- Monitor staff practice
- IPC policies and procedures
- Infection prevention and control policies and procedures have been updated to address all current guidance in relation to Covid-19.
- Temperature monitored twice daily In line with guidance
- Used PPE storage and disposal
- Staff training and guidance on: a infection prevention and control and b. the use of PPE equipment, in line with guidance.

We reviewed records relating to Infection prevention and control policies which were in-line with the current guidance. The policies and procedures had been updated to include Covid-19 guidance. Policies and guidance were available to all staff in hard copy within the agency office.

We reviewed records indicating that service users, staff and visitors had their temperatures monitored twice daily in accordance with the guidance.

Monitoring records also involved asking about and looking out for the following symptoms, fever of 37.8C or above, cough, loss of or change in sense of smell or taste.

Hand sanitisers were placed in different areas throughout the agency for service users, staff and visitors to use to ensure good hand hygiene.

There was evidence that clear guidance with regards to IPC, donning (putting on) and doffing (taking off) of PPE. There was evidence that staff had completed training with regards to IPC.

The staff on duty demonstrated that they had a good understanding of the donning and doffing procedures and were observed to be using PPE appropriately. The manager discussed the procedures that both he and staff spot check the use of PPE during shifts. Spot checks on staff practice are undertaken to ensure they are fully compliant with the guidance.

The procedure and guidance in place show that:

- Robust systems are in place to ensure that current infection prevention and control guidance is available and accessible to staff.
- There are effective systems in place to monitor staff compliance with good infection prevention and control practices.
- All staff working in the service are able to demonstrate their knowledge of infection prevention and control practice commensurate to their role and function in the service.

It was good to note that staff were working well together to support the best outcomes for service users, in a sensitive manner, whilst being caring and compassionate.

It was noted that staff were committed to working in line with Covid-19 guidance to ensure that the impact of current measures, strikes the correct balance between keeping people safe and promoting a good quality of life. Staff are being vigilant in terms of monitoring tenants for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19 within the agency.

### **Areas of good practice**

Compliance with the Covid-19 guidance relating to IPC and PPE

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<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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