

# Inspection Report

25 November 2021



## Inspire University Street

Type of service: DCA/Supported Living  
Address: 104 University Street, Belfast, BT7 1HE  
Telephone number: 028 9023 0411

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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

|   |   |
|---|---|
| <b>Organisation/Registered Provider:</b><br>Inspire Wellbeing   | <b>Registered Manager:</b><br>Mrs Celine Vance  |
| <b>Responsible Individual:</b><br>Mr Cormac Coyle   | <b>Date registered:</b><br>Registration Pending |
| <b>Person in charge at the time of inspection:</b><br>Manager   |   |
| <b>Brief description of the accommodation/how the service operates:</b><br><br>Inspire University Street Supported Living Service is a supported living type domiciliary care agency which provides care and housing support to eight 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. |   |

## 2.0 Inspection summary

An unannounced inspection was undertaken on 25 November 2021 between 09.00 a.m. and 11.00am. by the care inspector. This inspection focused on recruitment, Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, notifications, complaints, and whistleblowing, 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 system in place of disseminating Covid-19 related information to staff and others.

One area of improvement was identified relating to the review and update of the current:

- Statement of purpose
- Service user guide

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:

- communicating 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.

Information was provided to service users, relatives and staff to request feedback on the quality of service provided. This included questionnaires for service users/relatives. An electronic survey was provided to enable staff to feedback to the RQIA.

#### **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. No service users were available for discussion, however we issued a number of questionnaires for them to complete and return to RQIA.

We received a number of questionnaires from service users/relatives; responders were satisfied with the quality of care provided.

No electronic feedback from staff was received prior to the issue of this report.

#### **Comments received during inspection process-**

##### **Staff comments:**

- "I had a good comprehensive induction."
- "Staff communication is good."
- "Good management structure."
- "Good effective manager."
- "All training is up to date."
- "My supervision is one to one and a confidential space for discussions."
- "We promote choice and independence with 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 University Street was undertaken on 5 November 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 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 or other relevant bodies appropriately. It was noted no incidents were reported since the last inspection.

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 or required.

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 Question with regards care- Dysphagia.

No SALT recommendations or referrals are required for the current service user group.

### 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 (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. The process included engagement with service users, staff 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 feel very well supported."
- "Staff have been good at helping me."
- "I'm happy to be here and feel well cared for."

#### Staff:

- "Staff respect service users."
- "I'm happy with my training."
- "I feel safe and secure with the PPE and Covid guidance."

#### HSC Trust Staff:

- "Staff are competent in their approach."
- "A high level of compassion is displayed by staff."
- "Staff focus on recovery and good relationships."

There is a process for recording complaints in accordance with the agency's policy and procedure. It was noted that complaints received since the last inspection had been managed in accordance with the organisation's policy and procedures and are reviewed as part of the agency's monthly quality monitoring process.

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).

**6.0 Conclusion**

Based on the inspection findings and discussions held RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the Manager/management team.

**7.0 Quality Improvement Plan/Areas for Improvement**

One area for improvement have been identified where action is required to ensure compliance with regulations.

|  | <b>Regulations</b> | <b>Standards</b> |
|--|--------------------|------------------|
| <b>Total number of Areas for Improvement</b> | 1                  | 0                |

Areas for improvement and details of the Quality Improvement Plan were discussed with Celine Vance Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

| <b>Quality Improvement Plan</b>  |   |
|--|---|
| <b>Action required to ensure compliance with Domiciliary Regulations Northern Ireland 2007</b>   |   |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Regulation 7 (a) & (b)<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>From the inspection date | <b>Review of statement of purpose and service user's guide</b><br><br><b>7.</b> The registered person shall—<br>(a) Keep under review and, where appropriate, revise the statement of purpose and the service user's guide; and<br>(b) Notify the Regulation and Improvement Authority and service users or their representatives of any material revision within 28 days.<br><br><b>Response by registered person detailing the actions taken:</b><br>Statement of purpose and service user guide were both revised and updated on 22/12/21. A copy of both documents were sent to Jim McBride, who carried out the inspection, as evidence of completion. |

*\*Please ensure this document is completed in full and returned via Web Portal\**



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