

Inspection Report

Name of Service: Mallusk Supported Living Service

Provider: Inspire Wellbeing

Date of Inspection: 12 January 2025

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1.0 Service information

Organisation/Registered Provider:	Inspire Wellbeing
Responsible Individual:	Ms Kerry Anthony
Registered Manager:	Mrs Rebecca Burke
Service Profile: Mallusk Supported Living Service is a domiciliary care agency which provides a 24 hour supported living service for adults over 18 years of age who have learning disability needs.	

2.0 Inspection summary

An unannounced inspection took place on 12 January 2025, from 10.15 a.m. to 4.15 p.m. by a care Inspector.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 3 October 2023; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

While care was found to be delivered in a safe, effective and compassionate manner, improvements were required to ensure the effectiveness and oversight of certain aspects of the agency's quality systems; such as care plans, the recruitment policy, care review records and the annual quality report. Due to the high usage of agency staff, an area for improvement has been identified to ensure the monthly quality monitoring visits, specifically focus on this area.

Service users were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to section 3.2 for more details.

As a result of this inspection both areas for improvement previously identified were assessed as having been addressed by the provider. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

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

To prepare for this inspection, we reviewed information held by RQIA about this agency. This included any previous areas for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, visiting or working in the agency; and review/examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

3.2 What people told us about the service and their quality of life

We spoke to a range of service users and staff to seek their views of living and working within Mallusk Supported Living Service.

Through actively listening to of the service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Service users indicated that they enjoyed their experience of living in Mallusk Supported Living Service; and they appeared relaxed in their interactions with staff. Staff spoke very positively in regards to the care and support provided.

Service user questionnaires returned confirmed that they were very satisfied with the care and support provided. Written comments included that the service users felt that all was 'good' and that they were 'happy'. One service user wrote that they would like to go out on the bus more and to do more activities. These comments were relayed to the manager for review and action, as appropriate.

3.3 Inspection findings

3.3.1 Staffing arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users.

Review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. The manager was advised to inform the recruitment agencies used that agency staffs' AccessNI reference number should be recorded on the requisite forms (the IR35 or the staff profile).

Advice was given regarding the need for the agency to revert to the previously used reference request forms, used by Inspire Wellbeing. Whilst RQIA acknowledges that some organisations provide 'factual' references, which only confirm start and end dates of employment, it remains good practice for agencies to ask more detailed questions as part of the reference-checking process. The organisation's policy and procedure should also be updated to reflect the steps to be taken in such instances where two factual references have been received; this may include seeking a third/character reference and/or enhancing the frequency of staff supervision/spot checks, to mitigate against the limited information provided by the references. An area for improvement has been identified.

Newly appointed staff, including those supplied by recruitment agencies, had completed a structured orientation and induction, to ensure they were competent to carry out the duties of their job.

Records of all staff training were retained and were noted to be up to date. Staff confirmed that got sufficient training for their roles.

All staff received regular supervision, including those supplied by recruitment agencies.

Staff said they felt well supported in their role and that they were satisfied with the staffing levels. Despite there being sufficient numbers of staff in place to meet the needs of service users, a large proportion of the staff had been supplied by recruitment agencies, rather than being employed directly by Inspire Wellbeing to work in Mallusk Supported Living Service. This is further discussed in section 3.3.4.

3.3.2 Care Delivery

There was a daily handover at the beginning of each shift, which included information about any changes to the service users' care, that the staff needed to assist them in their roles. The manager and Team Leaders also completed a Management Summary on a daily basis, to ensure that important information was communicated effectively amongst the management team. Regular staff meetings were held and minutes maintained of the meetings for staff, unable to attend, to read for information sharing.

Staff interactions with service users were observed to be friendly and supportive.

There was a system in place to ensure that the activities offered to service users were varied and geared towards their individual needs and preferences. The activities records were reviewed on a monthly basis by the manager.

Where service users required support with domestic tasks, the level of support required was included in their support plan. Information on the service users' day and night routines were also detailed within the support plans; this assisted staff in providing consistency of care and support to service users.

Where service users required assistance in managing their food stocks, the staff assisted by undertaking daily food checks to ensure that the food was always in date and that the fridge was maintaining the optimum temperature to keep the food safe for eating.

Where service users displayed behaviours which may be considered challenging, staff completed ABC charts. These charts were used to record the activities and interactions that occurred before the incident, therefore providing useful insight into what may have triggered the behaviour. These ABC charts were subject to regular review by the manager.

Where service users require medicine on an as needed basis, there was a system in place where the staff must get authorisation from Team Leader level before this can be given; this is good practice as it reduces the risk of these medicines being given unnecessarily.

Spot checks on staff practice were undertaken on a regular basis; this included checks during the day and also the night shifts.

3.3.3 Management of Care Records

Service users' needs should be assessed within two days of moving to the service and/or when their needs change. Review of records confirmed that the assessment of need had also been updated in advance of the service users' annual review.

There was a system in place for staff to sign each service users' Positive Behaviour Support (PBS) Plan; however, it was noted that there had been no new staff entries on the recording page for a significant period of time. This was brought to the manager's attention who agreed to get the signature pages renewed.

Whilst each of the service users had a number of support plans in place, improvements were required in relation to making them more person centred. For instance, there were no care/support plans in place regarding the activities the service users liked to do. In addition, where there was evidence that staff used a visual aid or a mood light to help a service user relax, this was not included in the support plan. Furthermore, where a service user may be at risk of constipation, the support plan lacked sufficient detail to direct staff in this regard, particularly in relation to the monitoring of the service users' bowel pattern. An area for improvement has been identified.

Additionally, whilst the eating and drinking care plan referenced the specific level of diet noted within the Speech and Language Therapy (SALT) Care Plan, the care plan was not explicit in relation to the level of supervision required. It would also be good practice for the care plan to reference the date of the SALT care plan was completed, as an additional assurance that the care plan is referencing the most current SALT care plan. This advice also pertains to the eating and drinking information recorded within the Risk Management Plans. This will be followed up at a future inspection.

Care plans were reviewed on a monthly basis, and when service users' needs changed. However, it was discussed with the manager that the majority of care review notes contained meaningless entries, such as 'no change in service users' needs'. An area for improvement has been identified.

The proforma in place for staff to record their daily notes had been individualised, to ensure staff recorded personal care tasks that were specific to each individual service users; this is good practice and is commended.

There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative.

Any restrictive practices were reviewed alongside the support plan review and the multidisciplinary review.

Review of records identified that service users consent was sought in relation to the staff contacting/requesting information from other healthcare professionals on their behalf; this also included their consent for external professionals, including RQIA to access their care records. Service users were given the choice as to whether or not they wanted their photograph taken and used in any organisational promotional material or social media. Service users had Key holding Agreements in place, if they were in agreement with staff holding keys to their bungalows.

3.3.4 Quality of Management Systems

Mrs Rebecca Burke has been the Registered Manager since 20 June 2024. Staff commented positively about the manager.

Review of a sample of records evidenced that there was a system in place for reviewing the quality of care and staff practice. Whilst the reports noted positive interactions between service users and staff, it was identified that the monthly quality monitoring reports had not adequately addressed the ongoing reliance on recruitment agencies to provide staff, particularly because this had been ongoing for such an extended period of time. Following the inspection, RQIA met with the responsible individual to discuss this matter. RQIA intends to receive regular updates from the responsible individual in relation to the staff recruitment and retention efforts. An area for improvement has been identified to ensure this matter is specifically focused on in the monthly quality monitoring visits.

It was also identified that a tenancy agreement was required for one identified service user. This was discussed with the manager and following the inspection, RQIA were informed that this was being progressed.

There was an Adult Safeguarding Champion who completed an Annual Safeguarding Position report every year. Discussion with the manager and review of records identified that incidents were managed appropriately. Any potential safeguarding incidents were reported appropriately to the Adult Protection Gateway Service (APGS).

The annual quality report was viewed. It was noted that the report did not include the views of staff members. An area for improvement has been identified.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC); there was a system in place for professional registrations to be monitored by the manager and this included the registration status of agency staff.

The Statement of Purpose required to be updated to include the use of Closed Circuit Television (CCTV). When raised, the manager took immediate action to address this.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	1	4

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

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 15 (2)(a)(b)(c) Stated: First time To be completed by: Immediate from the date of the inspection	The Registered Person shall ensure that the service users have person centred care and support plans developed in relation to activities. Ref: 3.3.3
	Response by registered person detailing the actions taken: The Registered Manager ensured that all persons supported within Mallusk now have live individualised activities.
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021	
Area for improvement 1 Ref: Standard 11 Stated: First time To be completed by: Immediate from the date of the inspection	The Registered Person shall further develop and implement the policy on recruitment, to include the measures that are to be taken to mitigate against two factual employment references being received. Ref: 3.3.1
	Response by registered person detailing the actions taken: The Responsible Person will ensure that Inspire's Policy on Recruitment is reviewed to ensure compliance with relevant social care regulation and standards alongside employment legislation no later than 31/03/25.
Area for improvement 2 Ref: Standard 10.4 Stated: First time To be completed by: Immediate from the date of the inspection	The Registered Person shall ensure that care review notes are written in a meaningful way; this may be by way of discussion with staff and/or inclusion of this in the care records auditing process. Ref: 3.3.3
	Response by registered person detailing the actions taken: The Registered Manager and the local leadership team will, ensure through effective monitoring and auditing of daily care notes and appropriate training or coaching that records are reflective of a person centred approach. This will be discussions and use of best practice examples taken to supervision and team meetings. Quality of daily records will be further checked at quality monitoring.

<p>Area for improvement 3</p> <p>Ref: Standard 8.11</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The Registered Person shall ensure that the monthly quality monitoring reports include analysis of the agency staff usage; and efforts made to recruit and retain staff.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: The Responsible Person will ensure analysis of agency staffs included in quality monitoring. This requirement has been communicated to those undertaking monitoring at the service.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 8.12</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The Registered Person shall ensure that the annual quality report includes staff feedback.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: The Responsible Person has reviewed and updated Inspire's template for Annual reports to include inclusion of staff feedback. Registered Managers will also ensure organisational annual staff surveys are available for inspections.</p>

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