

Inspection Report

3 March 2022



Mallusk Supported Living Service

Type of service: Domiciliary Care Agency (DCA)
Address: 3 St Andrews Bungalows, 11 Hyde Park Road,
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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 Wellbeing	Registered Manager: Mrs Marta Kukuryk
Responsible Individual: Ms Kerry Anthony awaiting registration.	Date registered: Acting manager
Person in charge at the time of inspection: Mrs Marta Kukuryk	
Brief description of the accommodation/how the service operates: This is a domiciliary care agency that provides a variety of services in peoples own homes. St. Andrew Bungalows, Mallusk Supported Living Services is a purpose built building comprising of self-contained flats. The agency office is situated in the main building. The scheme provides service for people who we support with either a learning disability and or autism. The scheme provides opportunities to the people who we support based on their assessed needs.	

2.0 Inspection summary

An unannounced inspection was undertaken on 3 March 2022 between 08.45 a.m. and 11.30 a.m. by the care inspector. This inspection focused on recruitment, Northern Ireland Social Care Council (NISCC) 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.

There was a clear management structure in place, with defined roles and responsibilities. The governance and management arrangements were ensuring effective oversight of the quality and safety of the care delivered to service users. The inspector found that the systems in place facilitated good quality, safe and person centred care and support.

Staff consulted with on the day of inspection spoke positively about the training they receive and confirmed that they received sufficient training to enable them to fulfil the duties and responsibilities of their role and that training was of a good standard. The review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the pre-registration care inspection.

It was good to note a number of compliments received by the agency and we have highlighted a selection:

- “Great outings for *** we could not have asked for a better day.”
- “A huge well done to everyone.”
- “Good quality actions for **** and *** family.”
- “Good examples of the teams work and effort’s.

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:

- Communicating with 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 the manager and one staff member during the inspection. No service users were available during this inspection. We provided a number of questionnaires to service users and or relatives to facilitate comments on the quality of service provision. Three questionnaires were returned prior to the issue of this report.

Comments received:

- "We are very happy with the care and support provided in Mallusk."
- "We are very happy with the care my ***** is given."
- "**** is very happy."

In addition we provided an electronic survey feedback form for staff. Feedback shows that staff were satisfied or very satisfied with the service. One comment from a staff member was discussed with the manager who will action this via staff supervision.

Comments from staff in their returned questionnaires:

- "I have worked for Inspire for 4 years and have found them to be a very good employer but also the people we support are very well cared for and supported to fulfil everything they take an interest in and are encouraged to completed goals & dreams they might have"
- "Being a unique service which is bespoke to persons we support needs is fantastic and expand the service to new PWS. I feel we will grow from strength to strength. The manager, deputy and activity coordinator have been fundamental in supporting staff in their new job roles."

Comments received during the inspection process:

Staff comments:

- "A good comprehensive induction was provided to me and it prepared me for the role."
- "Good training."
- "A good person centred care provided."
- "Staff communicate well with each other."
- "The manager has an open door policy and is available to all staff."
- "The promotion of independence and social outreach is important."
- "One to one supervision is effective and important for on-going discussions."

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 the service was undertaken on the 7 May 2021, this was the Pre-Registration inspection and was completed 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 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. 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 HSCT in relation to adult safeguarding. Records viewed and discussions with the manager indicated that no adult safeguarding referral had been made since the last inspection.

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 one incident had been reported since the last inspection. Review of the incident evidenced that it had been actioned in line with policy and procedure.

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. DoLS documentation in place for two individuals was up to date with evidence of review.

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 not received any specific recommendations from Speech and Language Therapy (SALT) in relation to current service users.

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.

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. It was identified that the process included engagement with service users, staff, relatives 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 get good support from staff."
- "I like my own space."
- "I'm so pleased I have my own bungalow."

Staff:

- "The standard of care provided is very good."
- "Good positive support from the manager."
- "I enjoy my role we work together and communicate well."

Relatives:

- "I'm happy enough with the service, ***** has settled well."
- "The staff are very good."

- “I’m happy with *** placement in Mallusk.”

HSC Trust Staff:

- “The communication is very good.”
- “My client has responded well to the consistent approach.”
- “A good multi-disciplinary approach.”

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.

It was positive to note that a number of care reviews had been completed in line with current Covid restricted services and the agency must be commended for their actions.

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).

5.2.5 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.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Marta Kukuryk manager as part of the inspection process and can be found in the main body of the report.



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