

Inspection Report

16 October 2023



House 10

Type of Service: Domiciliary Care Agency
Address: Enterprise Court, 8 Enterprise Road, Bangor,
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Applicant Organisation/Registered Provider: Inspire Wellbeing Applicant Responsible Individual: Ms Kerry Anthony	Applicant Registered Manager: Mrs Brenda McCoy (Acting)
Person in charge at the time of inspection: Mrs Brenda McCoy	
Brief description of the accommodation/how the service operates: This is a domiciliary care agency which provides care and support to a maximum of six individuals experiencing mental health difficulties to enable them to live as independently as possible in the community.	

2.0 Inspection summary

An unannounced inspection took place on 16 October 2023 between 8.45 a.m. and 1.30 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and Dysphagia management was also reviewed.

An area for improvement in relation to recruitment was identified.

Good practice was identified in relation to service user involvement.

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.

In preparation for this inspection, a range of information about the service was reviewed. This included registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users, relatives and staff members.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "I feel safe here."
- "I like living here."
- "The staff are great."
- "I can speak to anyone if I had any worries."

Service users' relative's comments:

- "in my experience the staff have been friendly efficient and always helpful."
- "The house is spotless warm and welcoming, I couldn't ask for a better accommodation."
"One negative, I have is the lack of registered mental health nursing staff."
- "More mental health nursing staff would be of great benefit and helpful in providing care for the needs of the clients."

Staff comments:

- "I love working here, the staff genuinely care for the service users and show such compassion towards them, they will do anything and go out of their way to meet the service user's needs."
- "I am confident to raise any concerns."
- "The service users are very well cared for."
- "Supervision is very helpful."

- “I am very well supported in my role, the deputy manager is approachable, reliable and cares for the staff.”
- “The service users get a great standard of care, they have a voice and are listened to.”
- “This is not just a service, it’s a really lovely home.”

HSC Staff comments:

- “The guys in House 10 now enjoy an improved quality of life. They have their own bedrooms and ensembles rather than hospital dorms which offer no privacy or dignity.”
- “They have increased disposable income which enables greater choice and pride in their appearance.”
- “They facially appear happier, have increased spontaneity and reactivity.”
- “They are out and about in the community and all getting along well / co-operative with one and other.”
- “They are all managing really well and the staff are very caring, promote their safety and independence with the just right challenge and advocate strongly on each of their behalf’s.”
- “I see the guys almost every week after having worked with some of them for 20 years and they tell me they are happy and even refer to House 10 as “Home”.”
- “When I helped set-up the service and got the environment ready for their arrival I hoped it would be this successful and now it is actually a reality.”
- “It is so satisfying for me to see how happy they are to be out of hospital and receiving such person centred empathetic care, as well as the level of controls in place to safeguard and mitigate each one against possible harm, while practicing positive risk taking and facilitating further development/progress. “
- “Each client I speak to –on a weekly basis usually; report that they are happy there some quotes I’ve heard; ‘love my room’ ‘staff are good to me’ ‘like making my own cuppa’ etc. so that is so satisfying to hear. I notice they smile more which is so satisfying to see.”
- “They have excellent care provision as well as a very good team which actively promotes and facilitates social inclusion.”

There were no returned questionnaires or responses to the electronic staff questionnaire.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

The last care inspection of the agency was undertaken on 27 February 2023 by a care inspector. No areas for improvement were identified.

5.2 Inspection findings

5.2.1 What are the 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 adult safeguarding policy and procedures were reflective of the Department of

Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to raising concerns.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

The manager reported that none of the service users currently required the use of specialised mobility equipment. They were aware of how to source such training should it be required in the future.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) (2016) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had 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.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require.

It was also good to note that the agency had service users' meetings on a regular basis which enabled the service users to discuss the provisions of their care.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the agency's staff recruitment records confirmed that criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. The pre-employment checks undertaken did not consistently include full employment histories and appropriate references. An area for improvement has been made.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) there was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, three- day induction programme which also

included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

As the service has been operational for less than a year, the Annual Quality Report has not as yet been compiled, this will be reviewed at a future inspection.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. No complaints were received since the last inspection.

The manager had submitted an application to RQIA for registration as manager; this will be reviewed in due course.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

	Regulations	Standards
Total number of Areas for Improvement	1	0

The area for improvement and details of the QIP were discussed with Mrs Brenda McCoy, Acting 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 13 Stated: First time To be completed by:	The registered person shall ensure that no domiciliary care worker including those seconded to the agency is supplied by the agency unless— (a) he is of integrity and good character; (b) he has the experience and skills necessary for the work that he is to perform;

Immediately from the date of inspection	<p>(c)he is physically and mentally fit for the purposes of the work which he is to perform; and</p> <p>(d)full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>Ref: 5.2.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Provider has reviewed the process for checks and vetting of prospective workers against the requirements of Regulation 13 and Regulation 13, schedule 3. A revised file audit to record the completion and detail of these checks is used to ensure all appropriate actions are complete and signed off by the Registered Manager prior to commencement of the worker. Where gaps with this process were identified at inspection, corrective actions have been undertaken to obtain documentation and information. The effective completion of recruitment checks will be further monitored by a senior manager within the HR team, Registered Managers and Quality Monitoring.</p>

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