

# Announced Care Inspection Report 21 January 2021



## Inspire Moylena Court

**Type of Service: Domiciliary Care Agency**

**Address: 1 Moylena Court, Cunningham Way, Antrim, BT41 4AG**

**Tel No: 028 9446 6767**

**Inspector: Jim McBride**

[www.rqia.org.uk](http://www.rqia.org.uk)

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**

Moylena Court is a supported living type domiciliary care agency, located close to Antrim town centre. The agency offers domiciliary care and housing support to service users with enduring mental health. Agency staff are available to provide care and support 24 hours per day and each service user has an identified key worker.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Inspire Wellbeing  <b>Responsible Individual:</b> Mr Cormac Coyle (Awaiting Registration)	<b>Registered Manager:</b> Mrs Sarah Taggart
<b>Person in charge at the time of inspection:</b> Mrs Sarah Taggart	<b>Date manager registered:</b> 14 November 2019

### 4.0 Inspection summary

An announced inspection took place on 21 January 2021 from 09.00 to 11.30.

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 the 03 June 2019. Correspondence included one incident notification.

Following review of this information, we identified that the information received may show challenges within the service. The correspondence shared with RQIA indicated there may have been an impact within the service at this time. In response to this information RQIA decided to undertake an inspection of the service. To reduce any risk this inspection was carried out using an on-site inspection approach adhering to all Covid-19 socially distanced guidance.

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. The agency should also be commended for their service user quality monitoring during the year relating to covid areas.

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 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017 and the Domiciliary Care Agencies Minimum Standards, 2011.

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.

## 4.1 Inspection outcome

	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 Mrs Sarah Taggart 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 3 June 2019

No further actions were required to be taken following the most recent inspection on 3 June 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, written and verbal communication received since the previous care inspection.

During our inspection we focused on contacting the service users and staff to find out 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.

Returned comments from staff:

- "I am very happy to work here and feel that staff members and service users alike are both very well supported."

RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately.

During the inspection we communicated with the manager and staff but had no opportunity to meet service users as they were all taking part in the vaccination programme. However we provided questionnaires for them to comment on the quality of service provision. No questionnaires were received prior to the issue of this report.

Staff comments during inspection:

- “Superb training.”
- “Good staff communication.”
- “A good comprehensive and effective induction.”
- “We promote individual choice and dignity.”
- “We treat people well and promote activities.”
- “The manager is very approachable and has great empathy for us all.”
- “Senior staff are easy to talk to.”
- “I feel safe and secure.”

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

The findings of the inspection were provided to the manager at the conclusion of the inspection.

## 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. This was confirmed by the staff spoken with.

Staff are 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.

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 one incident had taken place since the previous inspection 3 June 2019. We examined the records and found that the agency had dealt with the incident in accordance with the required regulations and their own policy and procedures.

The agency maintains and implements a policy relating to complaints. On the day of the inspection it was noted that the agency had received one complaint since their previous inspection 3 June 2019. The manager dealt with this through their own procedures and is now closed.

A review of 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 all staff with NISCC and confirmed that all staff are aware that they are not permitted to work if their NISCC registration had lapsed.

## **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. We noted some of the comments received from service users, staff and HSC staff:

### **Service users**

- “The staff are very good and supportive.”
- “Staff are always around for support.”
- “I have never done as well as I do here.”

### **Staff**

- “The service has been well maintained.”
- “I enjoy the contact and find it rewarding.”
- “The residents are well cared for.”

### **HSC Staff**

- “I have no grounds for concern and only have praise for the service.”
- “An effective and safe service.”
- “Communication is good.”

## **Care planning and review**

We reviewed 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

The agency is to be commended for ensuring that all annual reviews were completed.

We noted some of the comments made by service users during their annual review:

- “I’m happy in my home and have no concerns.”
- “I’m happy and content.”
- “It’s all going well and I’m happy.”
- “I’m happy in Moylena.”

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.

## **Covid-19**

We spoke with the manager and a number of staff members, who were knowledgeable in relation to their responsibility in relation to 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, in line with the current 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 and promote 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 she 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.

We noted one of the quality monitoring surveys that was completed earlier this year that allowed the service users to comment on the following:

- How have you been managing during the corona virus pandemic?
- How have staff supported you in this time when there is social distancing?
- Are there any things that you are finding particularly difficult?
- Do you know how to keep yourself safe and others safe during this time?"

**Some of the comments received included**

- "I'm very well."
- "Staff make sure people are distanced."
- "Social distancing and hand washing are important."
- "Sometimes I'm anxious."
- "Isolation is difficult as well and staying indoors."
- "Staff are very good and do help."

**Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<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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