

Unannounced Care Inspection Report 3 June 2019



Inspire Moylena Court

Type of Service: Supported Living.

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Inspector: Jim McBride

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Assurance, Challenge and Improvement in Health and Social Care

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 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

Organisation/Registered Provider: Inspire Wellbeing	Registered Manager: Sarah Taggart - awaiting registration
Responsible Individual: William Henry Murphy	
Person in charge at the time of inspection: Sarah Taggart. Awaiting registration.	Date manager registered: Awaiting Application for registration.

4.0 Inspection summary

An unannounced inspection took place on 3 June 2019 from 09.10 to 12.30.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011. The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

The inspection assessed progress since the last care inspection to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

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 choices and freedoms associated with any person living in their own home.

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development, adult safeguarding and risk management. The care records were well maintained and there was evidence of good communication with relevant stakeholders. Care and support was provided in an individualised manner. The agency promoted the involvement of service users. There were good governance and management arrangements in place, which focused on quality improvement initiatives and maintaining good working relationships.

It was evident in all four domains that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement.

Staff interactions observed by the inspector were noted to be warm and caring. Service users consulted with also spoke positively in relation to the care and support they received.

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

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

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report
- all correspondence received by RQIA since the previous inspection

A range of documents, policies and procedures relating to the service were reviewed during the inspection and are referred to within the report.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Three responses were received highlighting general satisfaction levels.

Comments:

- "I am a senior support worker and have only been here a few months. The staff are very dedicated in supporting the service users' needs and supporting their recovery. The scheme is one of the best I have worked in and is very person centred which is individualised to each service user."

Ten questionnaires were also provided to the manager for distribution to the service users and their representatives; no questionnaires were returned.

The inspector spoke with three service users and four staff members. Comments received are included within the report. Staff spoken with gave a comprehensive overview of the service.

Staff comments:

- "The manager is very supportive."
- "Continuity and support are both important."
- "We provide support to help with individual's stability and mental health."
- "Good individual opportunities for staff development."
- "Training is relevant to your role."
- "Good supervision and appraisal."
- "Good management support."
- "Staff communicate well with each other."

- “Staff focus is on outcomes for service users.”
- “Staff support independence and service users’ aspirations.”

Service user’s comments:

- “I have always been treated with dignity and respect.”
- “Staff are excellent.”
- “This is a much better place than living alone with your thoughts.”
- “I have no complaints here.”
- “I’m hoping this will help me to be more independent and plan for the future.”
- “Staff always give me privacy and help me with my recovery and my outcomes.”

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

6.0 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The agency’s arrangements for ensuring the service users were safe and protected from harm were examined during the inspection.

The agency’s staff recruitment processes were noted to be managed in conjunction with the organisation’s human resources department, located at the organisation’s head office. Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices. Staffing levels were consistently maintained and there were no concerns raised by service users and staff with the inspector in relation to the service users’ needs not being met.

New employees are required to go through an induction which included training identified as necessary, for the service and familiarisation with the service and the organisation’s policies and procedures. Induction has been developed to include the Northern Ireland Social Care Council (NISCC) Induction Standards. The induction was in line with regulation timeframes.

There was a rolling programme of training, supervision and appraisals and these areas were routinely monitored as part of the monthly quality monitoring processes a senior manager. It was noted that additional training had been provided to staff in areas such as suicide and self-harm, breakaway training, lone working, dignity and equality of opportunity.

Arrangements were in place to embed the regional operational safeguarding policy and procedure into practice, to ensure that the service users were safe and protected from harm. The review of records confirmed that any potential safeguarding incidents had been managed appropriately. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that a senior director within the organisation holds this

responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures.

Discussion with staff confirmed that they were they were aware of what action to take if they had concerns regarding a service user being safeguarded and that they had been empowered to do so. The Annual Position Report will be completed in 2020.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. Records confirmed that comprehensive risk assessments had been completed in conjunction with service users and their representatives. This was verified by records and during discussions.

Care records and information related to service users were stored securely and accessible by staff when needed. Staff spoken with described the importance of storing confidential information in accordance with GDPR guidelines. It was noted that General Data Protection Regulations (GDPR) training had been completed by all staff recently.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development, adult safeguarding and risk management.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

The agency's arrangements for responding appropriately to and meeting the assessed needs of service users were examined during the inspection.

The full nature and range of service provision is detailed in the Statement of Purpose (2019) and Service User Guide (2019).

The review of the care records identified that they were comprehensive, person-centred and maintained in an organised manner. The care records evidenced referral information, risk assessments, care/recovery plans and annual care reviews with the relevant Trust representative. This supported the service user and agency to review and measure outcomes for the service users. It was good to note that recovery plans are regularly audited by staff and reviewed in conjunction with service users and key stakeholders.

Care plans/recovery plans were noted to be comprehensive and person-centred while clearly and concisely describing service users' needs. Care records did show that service users were central to the process. Care review records were reviewed and it was noted that follow up action had been taken in response to identified actions.

Where trust professionals had made recommendations in relation to service users' care plan e.g. risk assessments, there was a good system in place.

There were arrangements in place to obtain, and act in accordance with the consent of people using the service. Care and support plans had been signed by service users or their representatives to indicate that they had been involved in their care and had agreed to it. It was noted that where care support plans had been reviewed, the updated documents had been signed.

No concerns were raised during the inspection with regards to communication between service users, staff and other key stakeholders. Review of service user care records evidenced that collaborative working arrangements were in place with and were applicable other key stakeholders were involved.

Service user/partnership meetings and staff meetings were held on a regular basis and minutes were available for those who were unable to attend. The staff and service users had the opportunity to discuss the following agenda items during meetings:

Service users:

- Activities
- Fire safety
- Complaints
- Health and safety
- New residents
- Staffing.

Staff:

- Service user updates/issues
- Medication
- GDPR
- Training
- Complaints
- Staffing
- Safety management plans
- Reviews.

The agency had robust quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the service users. Quality monitoring reports indicated consultation with a range of service users, staff, HSC Trust representatives and relatives. The inspector noted some of the comments made by individuals:

Service users:

- "I have settled well and have been made very welcome."
- "This is a great place, the staff are very good."
- "My health and my independence have improved here."
- "I prefer here, I feel secure."

Staff:

- “There’s strength and a focus on individual outcomes.”
- “I enjoy the opportunity for learning.”
- “A great person centred approach.”
- “The team are good at promoting peoples dignity.”

Relatives:

- “Very positive * has done well and I hope it continues.”
- “The staff are very good and care for **** well.”
- “**** is very happy there and the family are pleased.”

HSC Trust Staff:

- “The staff team are excellent.”
- “Good partnership working.”
- “Excellent communication.”
- “I’m happy with Moylena and know I can rely on staff.”
- “The team are flexible and helped **** to settle in well.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the quality of the care records and the agency’s engagement with the service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspector sought to assess the agency’s ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

The inspector discussed arrangements in place relating to the equality of opportunity for service users and the need for staff to be aware of equality legislation whilst also recognising and responding to the diverse needs of service users in a safe and effective manner. It was identified that staff had completed training on equality and diversity.

Discussions with the service users, staff and the manager provided evidence that supports service users' equal opportunities, regardless of their abilities, their background, choices or their lifestyle.

Some of the other areas of equality awareness identified during the inspection include:

- Effective communication
- Service user involvement
- Adult safeguarding
- Advocacy
- Equity of care and support
- Individualised person-centred care
- Individualised risk assessment
- Disability awareness.

Records of service user /partnership meetings and reports of quality monitoring visits indicated the agency's systems for regularly engaging with service users and where appropriate relevant stakeholders.

The inspector noted that the agency had completed their annual quality survey with positive results. The service users and other stakeholders had the opportunity to comment on the following:

- People are able to access support when I need it
- The care and support received is safe and is of a high standard
- People are treated with dignity and respect by all who support them
- People are supported by people who know and understand them
- People receive explanations about the outcome of any discussions, assessments or reviews that they are involved in
- People are actively involved in decisions and are supported to take control of their own life
- People feel confident that what they say will be listened to and will be used to help them to make decisions about service delivery
- People understand how they can make a complaint if they are unhappy with the service that they receive
- The service environment is safe, well maintained and fit for purpose
- The support received promotes their mental wellbeing
- The support received has a positive impact on their life.

The inspector noted some of the comments received from service users and other stakeholders:

- "Over all the support that is given has helped my mental health as I have 24 hour support and can talk openly about any concerns I may have without being let down."
- "I like here, its ok."
- "I like it here, I feel safe and I am getting support, I would not be able to manage on my own."
- "Very happy with the service provided."

- “The staff operate a very professional service, they maintain excellent links with the (CMHT) Community mental health team. And provide very supportive appropriate interventions for clients.”

Staff spoken with were aware of issues relating to consent. Staff members gave examples of the importance of involving service users in making decisions about their own care. They spoke about respecting service users’ rights to decline care and support and in recognising the best times for service users to make certain decisions. It was good to note that staff were promoting the autonomy of service users.

Service users consulted with during the inspection gave good examples of the different ways the staff treated them with respect and dignity, whilst promoting their independence. Staff interactions observed by the inspector were noted to be warm and caring.

Areas of good practice

The agency promoted the involvement of service users within the service. There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care and engagement with service users and other relevant stakeholders with the aim of promoting the safety of service users and improving the quality of the service provided.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspector reviewed the management and governance systems in place within the agency to meet the needs of the service users; the agency is managed on a day to day basis by the manager, with the support of senior project workers and, project workers. It was identified that the agency has effective systems of management and governance in place.

The manager arrangements have been in place within the agency since October 2018. The manager has provided assurances to RQIA that they will be in the position to make application to be registered as the manager of the agency within the next month.

The staff members spoken with confirmed that there were good working relationships and that the manager was responsive to any suggestions or concerns raised.

All staff providing care and support to service users are required to be registered with the Northern Ireland Social Care Council (NISCC). The manager confirmed that information regarding registration and renewal dates were maintained by the agency.

A review of NISCC records confirmed that all staff are currently registered. The manager described the system in place for monitoring renewal of NISCC registrations and confirmed that all staff are aware that they are not permitted to work if their NISCC registration has lapsed.

There had been no complaints received from the date of the last inspection. All those consulted with were confident that staff/management would manage any concern raised by them appropriately.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. 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.

The inspector was advised that systems were in place to monitor and report on the quality of care and support provided. For example, the following audits were completed in accordance with the agency's policies and procedures:

- Care and support records
- Accidents and incidents
- Complaints
- NISCC registrations
- Training and supervision

Processes for engaging with and responding to the comments of service users and their representatives were also evident within the agency's annual quality service user survey.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years. Policies were held online and were accessible to staff.

There was evidence of effective collaborative working relationships with key stakeholders, including the HSC Trust, families of the service users and staff. The agency had received positive feedback through the quality monitoring report from HSC trust' representatives regarding the ability of the agency staff to work in partnership to meet the needs of the service users.

The registered person and manager have worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards.

On the date of inspection the certificate of registration was on display and reflective of the service provided.

Areas of good practice

There were good governance and management arrangements in place, which focused on quality improvement initiatives and maintaining good working relationships. It was evident in all four domains that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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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