

Inspection Report

6 January 2022



Inspire – Moylena Court

Type of service Domiciliary Care

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

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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 Sarah Taggart
Responsible Individual: Ms Kerry Anthony (Acting)	Date registered: 14/11/2019
Person in charge at the time of inspection: Mrs Sarah Taggart	
Brief description of the accommodation/how the service operates: 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.	

2.0 Inspection summary

An unannounced inspection was undertaken on 6 January 2021 between 09.30 a.m. and 12.00 p.m. by the care inspector. This inspection focused on staff recruitment, Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, notifications, complaints, and whistleblowing. We also reviewed Deprivation of Liberty safeguarding (DoLS) including money and valuables, restrictive practice, dysphagia, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to recruitment and appropriate checks being undertaken before staff were supplied to service user's homes. There were good governance and management oversight systems in place. Good practice was also found in relation to the system in place for disseminating Covid-19 related information to staff and others.

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.

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.

Prior to inspection we reviewed the information held by RQIA about this agency.

This included the previous inspection report, notifications, concerns and any written and verbal communication received since the previous care inspection.

The inspection focused on:

- Contact with the service users and staff to find out their views on 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 member of staff who provided a comprehensive overview of the current service. We had no opportunity to meet service users, but provided a number of questionnaires for completion. An electronic survey was provided to enable staff to feedback to the RQIA.

No staff feedback was received prior to the issue of this report.

Returned service user questionnaires show that the respondents were very satisfied with the service provided. We have noted the comments received:

Comments:

- "Staff and residents are very good, I have been here ** years and have no complaints."
- "Staff have helped and supported me, everyone is behind me to get back on track."
- "The staff and manager are kind and helpful."

Comments received during inspection process:

Staff comments:

- "I had a good effective and comprehensive induction and it prepares you for your role."
- "Good staff communication."
- "All training has been updated."
- "We offer choice on a daily basis to service users."
- "The manager is always available to both staff and service users."
- "I feel safe and secure with the PPE and Covid guidance."
- "Good training opportunities here."

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 Inspire – Moylena Court was undertaken on 21 January 2021 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 organisation'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 organisation has an identified Adult Safeguarding Champion (ASC). The Adult Safeguarding Position report for the agency has been formulated; this was reviewed and was satisfactory.

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.

It was noted that staff are required to complete adult safeguarding training during their induction programme and two yearly updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences 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 HSC Trust in relation to adult safeguarding. Records viewed and discussions with the manager indicated that required adult safeguarding referrals had been made since the last inspection.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA and/or other relevant bodies appropriately. It was noted a number of incidents and concerns were reported since the last inspection. These were actioned in line with the agency's policies and procedures.

It was noted that staff had undertaken DoLS training appropriate to their job roles.

Examination of service users care records confirmed that no current DoLS practices were in place relating to current service users.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

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 discussions with the manager, staff and review of service user care records reflected that no Dysphagia arrangements were in place or required for 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 (Access NI) had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with NISCC. Information regarding registration details and renewal dates are 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 have no issues or problems."
- "I'm settled and happy here the staff are helpful."
- "The staff are good and give me space, I have never done better."
- "It's been a lifeline for me."

Staff:

- "Service users receive a good service."
- "A good staff team working well together."
- "A good service and service users have more support."
- "A very supportive staff team."

Relatives:

- "I'm more than happy with Moylena."
- "I feel that **** has engaged well with staff."
- "I'm pleased my ***** was able to return to Moylena."
- "***** is well supported and feels at home. ***** is treated with respect and dignity."

HSC Trust Staff:

- "Staff are professional and caring."
- "Excellent communication staff are flexible and approachable."
- "I can only speak highly of the interactions observed during visits."
- "Staff are well informed and up to date with residents."

There is a process for recording complaints in accordance with the agency's policy and procedure. It was noted that two complaints had been received since the last inspection. These were actioned through the agency's policies and procedures to the satisfaction of the complainant.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analysis's (SEAs) or Early Alert's (EAs).

It was positive to note that a number of care reviews had been completed in line with Covid restricted services and the agency must be commended for their actions. We noted some of the comments from service users during this review:

- "I'm happy to continue my placement here."
- "Good help from staff."
- "No current need I'm happy."
- "I'm happy here and all things will improve."
- "I need the support here."
- "I'm happy to stay in Moylena."

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 S Taggart Registered Manager, as part of the inspection process and can be found in the main body of the report.



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