

Inspection Report

7 February 2023



Inspire – Moylena Court

Type of service Domiciliary Care

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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	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 up to 12 service users with enduring mental health; service users have their care and support commissioned by the Northern Health and Social Care Trust (NHSCT) and Supporting People.	

2.0 Inspection summary

An unannounced inspection took place on 7 February 2023 between 9.15 a.m. and 1.35 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), restrictive practices, Dysphagia management and Covid-19 guidance was also reviewed.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

Moylena Court uses the term 'residents' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

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 any previous areas for improvement identified, 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.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, 'We want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community'.

RQIA shares this vision and want to review the support individuals are offered to make choices and decisions in their life that enable them to develop and to live a safe, active and valued life. RQIA will review how service users who have a learning disability are respected and empowered to lead a full and healthy life in the community and are supported to make choices and decisions that enables them to develop and live safe, active and valued lives.

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 and staff members.

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

Comments received included:

Service users' comments:

- "It is super-duper, I couldn't fault them."
- "They are very good to me."

Positive comments were also noted in the monthly quality monitoring reports. Examples of what service users said included:

- "I love it here."
- "I have no problem telling anyone how good the staff are."

- “We are one big family and that is just how I feel about it.”
- “Staff couldn’t do enough for me.”
- “I want to stay here and that says everything.”

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. Written comments included:

- “The staff are brilliant, couldn’t get a better staff team.”
- “I would like the toilets and showers to be cleaned.”

One response was received to the electronic survey. The respondent indicated that they were ‘satisfied’ that care provided was safe, effective and compassionate and that the service was well led. No written comments were received.

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 6 January 2022 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 had been completed.

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.

Discussion with the manager and review of records confirmed that any referrals made to the Adult Protection Gateway Service had been managed appropriately. Review of records identified an incident where the risk of abuse was highlighted. It was identified that the support plan had not been updated to reflect this. This was discussed with the manager who took immediate action to address this.

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 equipment but they were aware of how to source relevant 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 medicines to be administered with a syringe. The manager was aware that should this be required, a competency assessment would be undertaken before staff undertake this task.

Staff had completed appropriate DoLS training appropriate to their job roles. A resource folder containing information on DoLS was available for staff to reference.

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. The manager advised that none of the service users were subject to DoLS.

The manager was aware of the need to notify RQIA if the agency was managing individual service users' monies in accordance with the guidance.

5.2.2 What are the arrangements for promoting service user involvement?

Inspire Wellbeing have a Service User Engagement Framework in place which aims to provide a supportive environment to empower and upskill the people who use their services to share their unique lived experience across four areas of involvement within Inspire and across the wider community:

- Individual support planning
- Information sharing on their experience
- Contributing to service improvement
- Strategic Involvement.

From reviewing care records, it was evident that service users had an input into devising their own plan of care. The care plans reflected a very person-centred approach to care delivery. The service users' care plans contained details about their likes and dislikes and the level of support they may require.

Service users' meetings were held on a regular basis which enabled the service users to discuss the provisions of their care and support. Items discussed included:

- Arts and Crafts Club
- Card making class
- Breakfast club
- Armchair aerobics
- Cinema

- Shopping trips
- Celebrating Womens' Day
- Christmas Day celebrations
- Menu choices
- Fire Safety
- Ladies Shed
- Slimming World

Service users' consent was sought in relation to whether or not they wanted:

- information about them shared with other professionals, including RQIA
- Their photograph to be used in various organisational documents

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

Whilst none of the service users had swallowing difficulties, all staff had undertaken training in Dysphagia. Staff had also undertaken First Aid training which included direction on how they should respond to any choking incidents.

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 all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. The manager was advised to retain written communication from Inspire's Human Resource Department within the staff member's personnel file, that all pre-employment checks had been undertaken.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) and the British Association of Occupational Therapists. Professional registrations were monitored on a regular basis.

There were no volunteers currently working in the agency. However, the manager advised that Inspire Wellbeing have a policy in place for the use of volunteers which clearly specifies their role and responsibilities. The manager also confirmed her understanding that volunteers do not undertake any personal care duties and that AccessNI checks would be completed.

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.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; this included staff that were supplied by recruitment agencies.

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing 90 hours of Post Registration Training & Learning. Review of training identified that all mandatory elements of training were up to date.

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.

Advice was given in relation to the benefits of developing a training matrix; this would give the manager and the person undertaking the monthly quality monitoring visits a higher level oversight of staff compliance with training requirements.

The Annual Quality Report was reviewed and included stakeholder feedback. Advice was given in relation to including feedback from the staff working in Moylena Court.

We discussed a specific incident with the manager that related to staff needing to be made aware of the potential risks of certain medicines. The manager agreed to have this specific area included within Inspire's medicines training content.

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

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Any complaints received were reviewed as part of the agency's quality monitoring process.

There was a system in place which enable staff to access service users' accommodation in the event of an emergency.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

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



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