

Inspection Report

1 March 2022



Inspire – Altigarron Court

Type of service: DCA/SL
6 Westrock Gardens
BT12 7RF
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Inspire Wellbeing	Registered Manager: Ms Isobel Weir
Responsible Individual: Ms Kerry Anthony (Registration pending)	Date registered: Registration pending
Person in charge at the time of inspection: Ms Isobel Weir	
Brief description of the accommodation/how the service operates: Altigarron is a supported living type domiciliary care agency. The agency offers domiciliary care and housing support to thirteen service users with enduring mental health needs; the registered office is located within the same building as the service users' homes. The agency's aim is to provide care and support to service users; this includes helping service users with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of promoting good mental health and maximising quality of life. Staff are available to support tenants 24 hours a day and each service user has an identified 'key worker.' All referrals are made by the Belfast Health and Social Care Trust (BHSCT) mental health services.	

2.0 Inspection summary

An unannounced inspection was undertaken on the 1 March 2022 between 09.00 a.m. and 11.15 a.m. by the care inspector. This inspection focused on recruitment, Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS) including money and valuables, restrictive practices, monthly quality monitoring, Dysphasia and Covid-19 guidance.

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.

The inspection focused on:

- Discussions with the service users and staff to obtain their views of 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 one service user, the manager and one staff member during the inspection.

We provided a number of questionnaires to service users and or relatives to facilitate comments on the quality of service provision. No questionnaires were returned prior to the issue of this report.

In addition we provided an electronic survey feedback form for staff. No responses were returned by staff prior to the issue of this report.

Comments received during the inspection process:

Service users' comments:

- "Good staff."
- "An excellent service."
- "I'm treated with dignity and respect."
- "I have a great keyworker."
- "All staff and the manager are very approachable."
- "My new home is lovely."

Staff comments:

- "A good comprehensive induction was provided to me and it prepared me for the role."
- "My supervision is one to one and is a space to discuss any issues."
- "Service users are unique so we provide a person centred service."
- "Staff communicate well with each other."
- "All my training is up to date."
- "A very approachable and effective manager who has an open door policy."
- "We promote independence daily."
- "Staff are supportive of each other."

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 Altigarron Court was undertaken on 11 February 2020 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 agency'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 agency has an identified Adult Safeguarding Champion (ASC).

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. Staff were aware of the ASC and the procedure to follow if they have any concerns. The ASC annual report had been completed and available for review which was satisfactory. It was noted that staff are required to complete adult safeguarding training during their induction programme and annual updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents 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 HSCT in relation to adult safeguarding. Records viewed and discussions with the manager indicated that no adult safeguarding referrals had been made since the last inspection.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided. The agency has provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted a number of incidents had been reported since the last inspection. Review of the incidents show that they had been actioned in line with policy and procedure.

Staff have undertaken DoLS training appropriate to their job roles. Staff demonstrated that they have an understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. It was discussed that the service users currently residing in the service all have capacity and are independent in respect of all matters, including finances.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices. It was noted that staff were complying with PPE guidance during the inspection. The manager had in place a comprehensive Covid-19 risk assessment.

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 manager confirmed that the agency had not received any specific recommendations from Speech and Language Therapy (SALT) in relation to 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 had been completed for staff. Recruitment is undertaken by the agency's Human Resources (HR) Department.

A review of the records confirmed that all staff are appropriately registered with NISCC. Information regarding registration details and renewal dates is 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. The agency currently use the services of another RQIA registered care agency. Records reviewed evidenced the required information was in place including NISCC registrations. The records reviewed were satisfactory.

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:

- "This is the happiest I have been for a long time."
- "I get support to structure my day."
- "Staff listen if I'm upset."

Staff:

- "I enjoy supervision with my manager."
- "Communication is excellent."
- "Staff are very good and very helpful."

Relatives:

- “A good homely and welcoming atmosphere.”
- “**** has always got on well with staff.”
- “***** is well looked after.”

HSC Trust Staff:

- “Attitude and approach are excellent.”
- “A good professional manner of staff and quick to respond.”
- “This is the perfect environment for ***** the move has been successful.”

There is a process for recording complaints in accordance with the agency’s policy and procedures. It was noted that no complaints had been received since the last inspection. It was positive to note that a number of care reviews had been completed in line with current Covid restricted services and the agency must be commended for their actions. We noted some of the comments from service users during their review:

- “I’m happy with the support and I get on well with the staff.”
- “I love my new flat.”
- “I receive a lot of support from staff.”
- “I’m settling in well to my new flat.”
- “The staff are helpful.”

It was established during discussions with the manager that the agency had not been involved in any Significant Event Analysis (SEAs) or Early Alerts (EAs).

5.2.5 Conclusion

Based on the inspection findings and discussions held RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the Manager/management team.

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 Ms Isobel Weir manager, as part of the inspection process and can be found in the main body of the report.



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