Inspection Report

28 November 2022

Inspire Altigarron Court

Type of service: Domiciliary Care Agency
Address: 6 Westrock Gardens, Belfast, BT12 7RF
Telephone number: 028 9030 9529

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Inspire Wellbeing **Responsible Individual:** Ms Kerry Anthony	**Registered Manager:** Ms Isobel Weir **Date registered:** 4 May 2022
Person in charge at the time of inspection: Ms Isobel Weir	
Brief description of the accommodation/how the service operates: Altigarron Court 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 service users 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 took place on 28 November 2022 between 10.00 a.m. and 3.00 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), service user involvement, restrictive practices, Dysphagia management and Covid-19 guidance was also reviewed.

Areas for improvement were identified which related to the annual update of care plans, the inclusion of accurate Speech and Language Therapist (SALT) recommendations within care plans and the monthly quality monitoring reports.

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

Inspire Altigarron Court uses the term tenants 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.

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 for staff.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users, relatives and staff members.

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

Comments received included:

Service users' comments:

- "Staff are amazing."
- "I like living here."
- "My keyworker is one of the best."
- "I am involved in my care plan."
- "I feel secure and protected here."
- "Living here is amazing. You have freedom to be responsible for your own life."
- "Staff won't judge me or put pressure on me."
- "It's good for the mind knowing there is someone to talk to about anything."

- "Staff need more knowledge about mental health and each illness."

Service users' relatives/representatives' comments:

- "This is ideal for him."
- "There is always someone here when he needs it. It gives us peace of mind."
- "Staff have been very nice and helpful."
- "He could make this a home."

Staff comments:

- "The manager sends us reminders about our training."
- "The manager is very supportive."
- "I have done Dysphagia training through my agency."

No questionnaires were returned.

No staff responded to the electronic survey.

The issue raised in relation to staff being more knowledgeable about mental health was discussed with the manager who provided assurances that this will be raised with senior management and would be taken forward.

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 1 March 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 was reviewed and found to be satisfactory.

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 year thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also 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 retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately.

The manager reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such 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 medicine to be administered with a syringe. The manager was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental MCA.

Staff had completed appropriate DoLS training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS. A resource folder was available for staff to reference.

There was a system in place for notifying 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?

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. It was noted that the care plans had not been updated on an annual basis, or when changes had occurred. An area for improvement has been identified in this regard.

It was also good to note that the agency had service users' meetings on a regular basis which enabled the service users to discuss the provisions of their care. Some matters discussed included:

- Ideas for activities
- Health and safety
- Community grants
- TV licence payment
- Advocacy service
- Good relationships.

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

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). One service user was assessed by SALT with recommendations provided and required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had not completed training in Dysphagia; however had undertaken training in relation to how to respond to choking incidents. The manager gave assurances that Dysphagia training would be completed by all staff within two weeks of the inspection. The manager provided the training dates of all staff following the inspection.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. A review of the service user's care plan evidenced that the SALT recommendations were not included in their care plan. An area for improvement has been identified in this regard.

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.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) and the Nursing and Midwifery Council (NMC). There was an appropriate system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There were no volunteers working in the agency.

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 induction programme which also included shadowing of a more experienced staff member. The staff members remain on probation for a six month period and, if appropriate, are then are signed off by the manager as competent. Written records were retained by the agency of the person's capability and competency in relation to their job role.

A review of the records relating to staff that were provided from recruitment agencies also identified that they had been recruited, inducted and trained in line with the regulations.

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 Post Registration Training and Learning. The manager was advised to discuss the post registration training requirement with staff to ensure that all staff are compliant with the requirements.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

We reviewed a sample of the monthly quality monitoring reports which are designed to ensure that the service is providing a good quality of care and drive improvement. The reports should identify any deficits in staff records, service user records and provide an analysis of any patterns or trends contained within the information.

It was noted that the reports lacked sufficient detail in relation to the quality of the service being delivered. Where action plans which required to be addressed by the manager there was no evidence that these were being reviewed during the next monitoring visit. These action plans were also kept in a separate folder from the quality monitoring report. An area for improvement has been identified in this regard.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

The agency's registration certificate was up to date and displayed appropriately. Following the inspection, the certificate of public and employers' liability insurance was submitted to RQIA. The manager agreed to display this certificate in future.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. No complaints had been received since the last inspection.

The Statement of Purpose required updating with RQIA's contact details and those of the Patient Client Council and the Northern Ireland Public Ombudsman's Office. The manager was also signposted to Part 2 of the Minimum Standards, to ensure the Statement of Purpose included all the relevant information. The manager agreed to submit the revised Statement of Purpose to RQIA within two weeks of the inspection. This was received and was satisfactory.

Where staff are unable to gain access to a service user's home, there is a system in place that clearly directs staff from the agency as to what actions they should take to manage and report such situations in a timely manner. It is essential that all staff (including management) are fully trained and competent in this area. Following discussions with the manager it was reported that there is a clear system in place which all staff are aware of and adhere to. The manager advised that all staff were aware of this system and agreed to include this in the work place assessment.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

	Regulations	Standards
Total number of Areas for Improvement	3	0

Areas for improvement and details of the QIP were discussed with Ms Isobel Weir, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

Area for improvement 1 **Ref:** Regulation 15(3)(b) **Stated:** First time **To be completed by:** Immediately from the date of inspection	The registered person shall ensure that every service user's care plan is kept under review. This should be completed on an annual basis or if the service users' needs change. Ref: 5.2.2
	Response by registered person detailing the actions taken: The Registered Manager will complete a full audit of service user files. They will ensure that any care plans not reviewed in the past twelve months are identified, reviewed and updated no later than 27/01/23. The Registered Manager will repeat the file audit every six months on an ongoing basis.
Area for improvement 2 **Ref:** Regulation 15(2)(a) **Stated:** First time **To be completed by:** Immediately from the date of inspection and ongoing	The registered person shall ensure that the risk assessments and care plans are reflective of the International Dysphagia Diet Standardisation Initiative (IDDSI), as indicated on the Speech and Language Therapist (SALT) care plan. Ref: 5.2.3
	Response by registered person detailing the actions taken: The Registered Manager has completed a full audit of care plans and risk assessment in relation to dysphagia. Where a person has been identified as not complying with IDDSI guidance the Registered Manager has established if an updated SALT assessment is required and ensured the persons care plans and risk assessments have been updated to accurately reflect the care plan and IDDSI guidance.
Area for improvement 3 **Ref:** Regulation 23(2)(a)(4) **Stated:** First time **To be completed by:** Immediately from the date of inspection and ongoing	The registered person shall ensure that the monthly quality monitoring reports detail measures that they consider necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided. These actions are to be reviewed at every monitoring visit to drive improvement. The reports should also contain a review of NISCC and NMC registrations, agency staff recruitment and training and information relating to the MCA. Ref: 5.2.6
	Response by registered person detailing the actions taken: The Registered Person has completed a review of the organisations arrangements for quality monitoring. A revised monitoring form that includes the areas identified on inspection as required has been introduced for any monitoring activity taking place from 01/12/22 onwards.

Please ensure this document is completed in full and returned via Web Portal

The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

Assurance, Challenge and Improvement in Health and Social Care