



Unannounced Care Inspection Report 18 February 2019



Inspire Wellbeing

Type of Service: Domiciliary Care Agency

Address: 9 Enterprise Court, Enterprise Road, Bangor, BT19 7TU

Tel No: 02891452708

Inspector: Jim McBride

www.rqia.org.uk

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

The agency is a supported living type domiciliary care agency in Bangor. The agency offers domiciliary care and housing support to service users with mental health issues. The registered office is located in the service users' home. 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. All referrals are made by the HSC Trust mental health services. The service focuses upon assessment and rehabilitation for a maximum period of two years. Staff are available to support tenants 24 hours per day and each service user has an identified 'key worker.'

3.0 Service details

Organisation/Registered Provider: Inspire Wellbeing	Registered Manager: Florence Mildred Groves
Responsible Individual: William Henry Murphy	
Person in charge at the time of inspection: Florence Mildred Groves	Date manager registered: 09/03/2009

4.0 Inspection summary

An unannounced inspection took place on 18 February 2019 from 09.00 to 13.00.

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

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

Evidence of good practice was found in relation to:

- Staff training
- Staff recruitment
- Service user consultation
- Quality audits
- The provision of compassionate care and governance arrangements.

Service user's comments:

- "Staff here have helped me well, as I struggled living alone."
- "All staff are approachable and know us well."
- "I have no complaints living here."
- "Staff treat me well and respect my privacy."
- "Staff are active listeners and support me well."
- "Staff give you time to speak and help you resolve issues."
- "I feel safe and secure here."

Staff comments:

- "The service is about and for the residents."
- "A person centred service is provided by all staff."
- "My induction was comprehensive and all the staff supported me."

- “Training is excellent and well managed.”
- “Supervision and appraisal is excellent.”
- “The manager is approachable and very supportive to us all.”

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 Mildred Groves, registered manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 9 October 2017

No further actions were required to be taken following the most recent inspection on 18 February 2019.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- previous RQIA inspection report
- records of notifiable events
- any correspondence received by RQIA since the previous inspection.

Specific methods/processes used in this inspection include the following:

- discussion with the registered manager
- discussion with staff, agency staff and one student
- discussion with service users
- examination of records.

The following records were viewed during the inspection:

- six service users’ care records
- monthly quality monitoring reports since June 2018
- staff meeting minutes
- service user meeting records
- carer meeting minutes

- staff induction records
- staff training records pertaining to:
 - safeguarding
 - medication
 - GDPR
 - moving and handling
 - service users monies
 - mindfulness
 - personality disorders
 - suicide and self-harm
 - infection control
 - quality and governance
 - six records relating to staff supervision
 - staff rota information
 - safeguarding policy (2018)
 - whistleblowing policy (2017)
 - complaints policy (2018)
 - statement of purpose (2018)
 - service user guide (2018)

During the inspection the inspector met with the manager, two care workers and one student, who all gave a comprehensive overview of the service. The inspector had the opportunity meet with three service users. Comments received have been included in this report.

At the conclusion of the inspection a poster was left with the manager to encourage staff to contact RQIA via Survey Monkey to provide their views on the quality of this service. At the time of writing this report three staff responses had been returned to RQIA via Survey Monkey.

Staff survey results show that staff members were satisfied or very satisfied when asked the following:

- Do you feel satisfied that service users, are safe and protected from harm?
- Do you feel satisfied that all service users are treated with compassion?
- Do you feel satisfied that care delivered to service users is effective?
- Do you feel the service is managed well?

Survey Comments:

Two staff members highlighted some staffing issues in their returned survey, these were discussed with the manager on the 5 March 2019, who has agreed to discuss further with the staff and to furnish RQIA with an update of any concerns.

The inspector also asked the manager to distribute ten questionnaires to tenants. One service user questionnaire was returned.

Questionnaire Comments:

“A well run service.”

The inspector requested that the registered manager place a ‘Have we missed you...?’ card in a prominent position in the agency to allow service users, relatives and families who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. At the time of writing this report no responses had been received by RQIA.

The inspector would like to thank the staff and service users for their warm welcome and full co-operation throughout the inspection process.

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

6.0 The inspection**6.1 Review of areas for improvement from the most recent inspection dated 9 October 2017**

The most recent inspection of the agency was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 9 October 2017

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings**6.4 Is care safe?**

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

Staff recruitment is co-ordinated and processed by the agency’s human resources (HR) department. Documentation viewed and discussions with the manager indicated that the agency has in place robust recruitment systems to ensure that staff are not provided for work until required pre-employment checks as outlined within the minimum standards have been satisfactorily completed and verified. The manager could describe the process for obtaining confirmation that staff are available to commence employment.

The agency’s training and development policy outlines the induction programme lasting at least three days, which is in accordance with the regulations. Records viewed and discussions with the manager and staff indicated how staff are required to attend corporate induction training and are required to complete an induction competency workbook. Staff are required to shadow other experienced staff employed by the agency for approximately two weeks during induction.

This was confirmed by the staff who met with the inspector. The staff are provided with a handbook and have access to the agency's policies and procedures online and in hard copy within the agency.

The agency retains a record of the induction programme provided to staff; documentation viewed by the inspector contained details of the information provided during the induction period and learning outcomes achieved by staff. The manager is required to sign all records to confirm that the staff member has been deemed competent at the end of the probationary period.

Discussions with the manager and staff indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the individual service users.

The agency's staff rota information viewed by the inspector reflected staffing levels as described by the manager; the rotas denoted the person in charge on each shift. The inspector viewed rota information for weeks ending: 24 February 2019, 3 March 2019 and 10 March 2019 the records in place were satisfactory and staff cover was adequate.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency provides staff with a supervision contract and maintains a record of individual staff supervision and appraisal. Records viewed by the inspector indicated that staff are provided with supervision and appraisal in accordance with the agency's policies and procedures.

It was identified that the agency maintains an individual record for all staff detailing dates of competency assessments, training completed and details of registration status with relevant regulatory bodies such as Northern Ireland Social Care Council (NISCC).

The agency has an electronic system in place for managing staff training; the manager could describe the process for identifying gaps in training in conjunction with the organisations training department. Staff are required to complete mandatory training and in addition a range of training specific to the needs of individual service users. Training provided to staff is a combination of classroom based and E Learning. A system is in place to review staff mandatory training and update training as required.

It was good to note evidence that staff have attended a range of training additional to that stated in the Minimum Standards e.g. managing service user monies, GDPR, quality governance and personality disorder.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The manager could describe the agency's response to the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The agency has updated their policy and procedures to reflect information contained within the policy. The organisation has identified an Adult Safeguarding Champion (ASC); the staff could describe their key areas of responsibility. The agency's policy and procedures clearly detail the process for staff on reporting concerns.

Staff demonstrated a clear understanding of safeguarding issues; and could clearly describe the procedure to be followed which was in accordance with the agency's policy and procedures.

Training records viewed by the inspector indicated that staff had received training in relation to safeguarding. From training records viewed staff are required to complete safeguarding training during their induction programme, an online update annually and a classroom based update two yearly.

During the inspection the inspector reviewed the agency’s arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. The agency’s risk management policy outlines the procedure for assessing and reviewing risk; it details that comprehensive risk assessment and safety management plans are required to be completed in conjunction with service users. Service users are supported to participate in a six monthly review involving their HSC Trust keyworker and that care and support plans are reviewed six monthly or as required.

A number of service users have more frequent reviews in conjunction with their identified HSC Trust representative due to the nature of their individual needs. The inspector viewed a range of risk assessments in place relating to individual service users; it was identified that the monthly review arrangements include an audit of risk assessments and any practices deemed to be restrictive.

One returned questionnaires from service users indicated that safe service meant:

- There are enough staff to help you
- You feel protected and free from harm
- You can talk to staff if you have concerns

Areas of good practice:

There were examples of good practice identified throughout the inspection in relation to: Recruitment, induction, training, supervision, appraisal and adult safeguarding.

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 effective?

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

The agency’s data retention policy details the procedures for the creation, storage, retention and disposal of records. The inspector noted that records viewed during the inspection were maintained in accordance with legislation, standards and the organisational policy. It was identified that records are retained securely. Staff records indicated that they had received training relating to record keeping, confidentiality, data protection and GDPR. On the day of inspection the agency’s staff personnel and service users’ records were retained securely and in an organised manner.

The manager and staff could describe how service users are encouraged and supported to be fully involved in the completion of individual risk assessments and development of their care plans. During the inspection the inspector viewed a number of service user care records; staff record daily the care and support provided and that the views and choices of service users are reflected.

Discussions with the manager indicated that there are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The inspector identified that monthly quality monitoring visits are completed by a range of service managers and assistant directors and an action plan is developed if required.

The monitoring officers have ensured that each quality monthly monitoring report includes an effective level of detail of their findings during the visit. The inspector noted some of the comments from service users, staff, relatives and HSC trust staff:

Service user comments:

- “The service is a useful stepping stone to community living.”
- “Staff are lovely and it’s a good service.”
- “The 24 hour support is comforting.”
- “Any concerns can be discussed with staff.”

Staff comments:

- “The training helps provide an effective service.”
- “Staff pull together to ensure effective shift cover.”
- “Positive staff development.”
- “The service is very good.”

Relatives’ comments:

- “I’m delighted with the service and staff work hard.”
- “I’m very happy with the placement.”
- “I’m happy that my *** is doing well.”
- “A lovely place and a good service.”

HSC Trust staff comments:

- “Staff are effective and good communicators.”
- “Made feel welcome and pleased with the services offered.”
- “Very appreciative of the support provided that enables people to move on.”

The inspector viewed records of quality monitoring visits and noted that there is evidence that the system is effective. The records includes details of the review of accidents, incidents or safeguarding concerns and in addition details of the review of staffing arrangements, documentation, finance and training.

The manager could describe a range of ways in which the agency seeks to maintain effective working relationships with relatives, HSC Trust representatives and other stakeholders.

Discussions with the manager and staff and observations made during the inspection indicated that the agency has systems to promote effective communication between service users, staff and other key stakeholders.

Tenant and staff meetings are facilitated within the agency staff are required to sign the minutes of meetings to indicate that they have read and understood the matters discussed and the information provided.

The inspector noted some of the areas discussed during tenant and staff meetings:

Staff meetings:

- GDPR
- training
- staffing/recruitment
- health and safety
- complaints/suggestions
- service user updates
- key working
- RQIA
- Communication

Tenants meetings:

- staffing/structure
- health and safety
- activities
- GDPR
- complaints
- RQIA
- fire safety
- communication

The agency facilitates carer/relatives meetings that provide a forum for people to meet and discuss their experiences and thoughts relating to mental health. The inspector noted some of the areas discussed at recent meetings:

- stigma
- dementia
- personal experiences of mental health and family members

One returned questionnaire from service users indicated that effective service meant:

- You get the right care, at the right time in the right place
- The staff knew their care needs
- You are kept aware of your care plans
- Your care meets your expectations.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to communication between service users, agency staff and other relevant stakeholders.

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 care compassionate?

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

Discussions with the manager and staff and observations made by the inspector indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the organisation. The manager could describe examples of how staff support service users to take positive risks to enable them to live a more fulfilling life. The inspector noted that care and support plans are audited regularly by project staff to ensure continuity of records and support needs; this practice is to be commended.

Staff have been provided with training and information in relation to human rights and confidentiality during their induction programme. The agency has provided service users with information relating to human rights, advocacy and adult safeguarding.

Processes to effectively engage and respond to the comments and views of service users and were appropriate their representatives are maintained through the agency's complaints process, one to one meetings with service users, monthly quality monitoring visits, six monthly care review meetings involving HSC Trust keyworkers, stakeholder and service user meetings.

Positive feedback was received from the annual customer satisfaction survey completed by the agency. The inspector has highlighted the areas that service users had the opportunity to comment on:

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

Feedback comments:

- “All my needs are met here and my life has improved enormously.”
- “I have been shown dignity and staff are always available.”

One returned questionnaires from service users indicated that compassionate care meant:

- Staff treat you with kindness
- Staff ensure you are respected and that your privacy and dignity is maintained
- Staff inform you about your care
- Staff support you to make decisions about your care.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised compassionate care and the effective engagement of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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.

A range of policies viewed by the inspector were noted to have been reviewed and updated in accordance with timescales outlined within the minimum standards.

The agency’s complaints policy clearly outlines the procedures and timescales for managing complaints. Staff stated that they had received training in relation to complaints management during their induction; discussions with the manager indicated that staff have a clear understanding of the actions to be taken in the event of a complaint being received.

It was identified from records viewed that the agency had no complaints since the previous inspection. There are management and governance systems in place within the agency to promote and drive quality improvement.

Discussions with the manager indicated that the agency’s governance arrangements promote the identification and management of risk; these include provision of and review of relevant policies and procedures, monthly audit of compliments and complaints, accidents, safeguarding referrals, staffing arrangements and incidents notifiable to RQIA.

During the inspection the inspector viewed records that evidenced staff receive appropriate staff induction, training, supervision and appraisal.

The manager could describe the benefits of continually reviewing the quality of the services provided in identifying areas for improvement and highlighting good practice.

The inspector identified from records viewed and discussion with agency staff that the agency has processes in place to encourage and achieve effective collaborative working relationships with relevant stakeholders. Some of the comments received by the agency show different views from a range of stakeholders:

Compliments:

- “We are impressed with house 9.”
- “This is an excellent service.”
- “Good support services.”
- “I have had great support from all staff.”

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users.

The inspector noted that the agency collects equality information in relation to service users, during the referral process. The data is used effectively and with individual service user involvement when an individual person centred care and support plan is developed. The manager was able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

Discussions with the manager highlighted evidence that supports tenants’ equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- safeguarding
- advocacy
- equal care and support
- individual person centred care
- individual risk assessment
- disability awareness

The agency’s commitment to equality and individual person centred care is an area of positive practice and is to be commended.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability.

The Statement of Purpose and Service User Guide for the service were reviewed and revised by the provider in 2018. The documents clearly describe the nature and range of the services provided and address all of the matters required by regulation 5 (1) schedule (1) of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

The manager stated that all staff are required to be registered with the Northern Ireland social Care Council (NISCC) or other regulatory bodies as appropriate; it was noted that the agency's policy details the procedure for managing this process.

The agency retains a list of staff registration details and expiry dates; a record is also maintained by the human resource department. Records viewed by the inspector indicate that staff are registered appropriately.

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

One returned questionnaire from service users indicated that a well led service meant:

- You always know who is in charge at any time
- You feel the service is well managed
- Your views are sought about your care and the quality of the service
- You know how to make a complaint.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's management and governance arrangements and incidents.

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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