

Inspection Report

19 July 2021



N.I. Inspire Wellbeing House 9 Enterprise Court

Type of service: Domiciliary Care Agency (DCA)
Address: 9 Enterprise Court, Enterprise Road, Bangor, BT19 7TU
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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 Responsible Individual: Mr Cormac Coyle	Registered Manager: Ms Karen Mc Caul (Registration pending)
Person in charge at the time of inspection: Ms Karen Mc Caul	
Brief description of the accommodation/how the service operates: The agency is a supported living type domiciliary care agency. The agency offers domiciliary care and housing support to service users with mental health issues. All referrals are made by the Health and Social Care Trust (HSCT) mental health services. Staff are available to support tenants 24 hours per day and each service user has an identified 'key worker.'	

2.0 Inspection summary

An announced inspection took place on 19 July 2021 at 0900 am to 1130 am by the care inspector. This inspection focused on recruitment, Northern Ireland Social Care Council (NISCC) and Nursing and Midwifery Council (NMC) 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:

- contacting 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

No service user returned questionnaires were received prior to the issue of this report

We also provided an electronic questionnaire for staff to complete. A number of questionnaires were received and staff were either satisfied or very satisfied with the care and support provided. We noted some of the comments received:

- “Thankyou Inspire is a brilliant company.”
- “Staff ensure that service user needs are met.”

During the inspection we spoke with one service user, one member of staff and the manager.

Comments received during the inspection process -

Service users’ comments:

- “Good supportive staff.”
- “I’m treated well.”
- “I can approach any staff member for advice.”
- “I like the community setting.”
- “I have been made feel at home.”

Staff comments:

- “Training is good and regular.”
- “We have a good team and communicate well with eah other.”
- “A good comprehensive induction is provided.”
- “We provide person centred care.”
- “We have good relationships with service users.”
- “A good range of activities is provided.”
- “Good manager support wit and open door policy.”

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 N.I. Inspire Wellbeing 9 Enterprise Court was undertaken on 30 January 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). We noted the adult safeguarding champions report was available for review and was satisfactory.

Discussions with the manager 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. 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 in relation to adult safeguarding. Records viewed and discussions with the manager indicated that no adult safeguarding referral 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.

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.

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 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. Recruitment is undertaken by the agency's Human Resources (HR) Department.

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.

5.2.3 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. The process included engagement with service users, service user's relatives, staff and Trust representatives. The reports included details of the review of service user care records, accident/incidents, safeguarding matters, complaints, staff recruitment, 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 made during the monthly quality monitoring:

Service users:

- "Very supportive staff."
- "Staff are here for us."
- "I get help when needed."

Staff:

- "My training needs are met."
- "I have been supported throughout the pandemic."
- "Good efficient communication."

Relatives:

- "Staff members are really supporting to my loved one."
- "Communication is very good."
- "Very happy, staff are brilliant."

HSC Staff:

- "Service users are treated with dignity and respect."
- "Well done for managing the outbreak."
- "Communication is very good."

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.

The manager confirmed that the agency had not received any specific recommendations from Speech and Language Therapy (SALT) in relation to service users' dysphagia needs to ensure the care received in the setting was safe and effective.

Staff described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

It was established during discussions with the manager that the agency had not been involved in any Significant Event Analysis (SEA's) or Early Alerts (EA's). The manager spoke about one Serious Adverse Incident (SAI) however this related to a service user within the hospital setting rather than within the supported living agency. We noted that service annual reviews had been completed and noted some of the comments received from service users and carers:

- "I feel settled at the moment."
- "Things are going well."
- "I get in well with everyone."
- "I'm happy to remain here."

6.0 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 management team.

7.0 Quality Improvement Plan/Areas for Improvement

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



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