

# Unannounced Care Inspection Report 10 January 2019



**Type of Service: Domiciliary Care Agency**  
**Address: 15 Enterprise Court, Enterprise Road, Bangor, BT19 7TU**  
**Tel No: 02891452608**  
**Inspector: Jim McBride**

[www.rqia.org.uk](http://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 located on the outskirts of Bangor. The agency provides domiciliary care and housing support to service users with enduring mental health issues. 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. The agency staff are available to support tenants 24 hours per day and each service user has an identified 'key worker.'

### 3.0 Service details

|   |   |
|---|---|
| <b>Organisation/Registered Provider:</b><br>Inspire Wellbeing<br><br><b>Responsible Individual:</b><br>William Henry Murphy | <b>Registered Manager:</b><br>Biju Thomas       |
| <b>Person in charge at the time of inspection:</b><br>Biju Thomas   | <b>Date manager registered:</b><br>9 March 2009 |

### 4.0 Inspection summary

An unannounced inspection took place on 10 January 2019 from 09.00 to 12.45.

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

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. Evidence of good practice was found in relation to:

- staff training
- staff recruitment
- service user consultation
- the provision of compassionate care and governance arrangements.

#### Staff comments:

- “Staff communicate well with each other.”
- “Training is excellent and keeps you refreshed.”
- “The manager is very approachable.”
- “My induction was comprehensive and prepared me for the role.”
- “Service user independence is always encouraged and supported.”

#### Service users’ comments:

- “Staff are good.”
- “I’m well supported here.”
- “I know how to complain if I have to.”
- “Staff treat me with respect and support me with my life.”
- “I feel safe and secure here.”
- “I have a great keyworker.”

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 |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Biju Thomas, 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.

## 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
- 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 April 2018
- staff meeting minutes
- service user meeting records
- staff induction records
- staff training records pertaining to:
  - safeguarding
  - medication
  - GDPR
  - moving and handling
  - infection control
- quality and governance
- six records relating to staff supervision
- staff rota information

- safeguarding policy (2017)
- whistleblowing policy (2017)
- complaints policy (2018)
- statement of purpose (2017)
- service user guide (2017)

During the inspection the inspector met with the manager a project worker and two care workers and had the opportunity meet with two service users. Their comments 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 no staff responses had been returned to RQIA via Survey Monkey.

The inspector also asked the manager to distribute seven questionnaires to tenant's. No service user questionnaires were returned.

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 registered manager at the conclusion of the inspection.

## 6.0 The inspection

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

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

## 6.1 Inspection findings

### 6.2 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 interviewed. 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: 30 December 2018, 6 January 2019 and 13 January 2019 the records in place were satisfactory.

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 training additional to that stated in the Minimum Standards e.g. Dignity at work and quality of opportunity.

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 is 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.

### **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 |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |

### **6.3 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 and data protection. 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 the findings during the visit. The inspector noted some of the comments from service users, staff and relatives:

**Service user comments:**

- “I’m happy with the service staff provide.”
- “I love my home and the staff.”

**Staff comments:**

- “The manager is supportive.”
- “Training is good.”
- “Staff communicate well with each other.”

**Relatives’ comments:**

- “I’m happy with the service.”
- “Staff provide a high level of care.”

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:**

- boundaries
- medication
- GDPR
- training
- staffing
- risk assessment



- rotas
- positive attitudes

#### Tenants meetings:

- staffing
- health and safety
- complaints
- menus
- goal setting

#### 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 |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |

#### 6.4 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. 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 where 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.

### 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 |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |

### 6.5 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 has 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.

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 2017. 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.

### **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 |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 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.



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care