

# Inspection Report

## 29 November 2021



### Inspire – Ballymisert Heights

Type of service: DCA/Supported Living  
Address: 292 Hollywood Road, Belfast, BT4 1SD  
Telephone number: 028 9047 3372

[www.rqia.org.uk](http://www.rqia.org.uk)

---

Assurance, Challenge and Improvement in Health and Social Care

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b> Inspire Wellbeing	<b>Registered Manager:</b> Ms Kelley Stanfield
<b>Responsible Individual:</b> Ms Kerry Anthony ( Acting)	<b>Date registered:</b> 12 March 2020
<b>Person in charge at the time of inspection:</b> Ms Kelley Stanfield	
<b>Brief description of the accommodation/how the service operates:</b> Ballymisert Heights is a supported living type domiciliary care agency, situated in a residential area of East Belfast. The agency offers domiciliary care and housing support to 21 service users with enduring mental health needs; the registered office is located within the same building as a number of the service users' homes.	

## 2.0 Inspection summary

An announced inspection was undertaken on 29 November 2021 between 09.15 a.m. and 12.00a.m, by the care inspector and an inspection observer. This inspection focused on recruitment, Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, notifications, complaints, and whistleblowing, Deprivation of Liberty safeguarding (DoLS) including money and valuables, restrictive practice, dysphagia, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to recruitment and appropriate checks being undertaken before staff were supplied to service user's homes. There were good governance and management oversight systems in place. Good practice was also found in relation to system in place of disseminating Covid-19 related information to staff and others.

It was good to note a number of compliments received by the agency and we have included one example:

- "I have to praise the staff for their support, keeping me out of hospital and always being there for me."

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.

## 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.

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, notifications, concerns and any written and verbal communication received since the previous care inspection.

The inspection focused on:

- discussions with the service users and staff to find out their views on the service.
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Information was provided to service users, relatives and staff to request feedback on the quality of service provided. This included questionnaires for service users/relatives. An electronic survey was provided to enable staff to feedback to the RQIA.

#### **4.0 What people told us about the service?**

We spoke with the manager and one member of staff who provided a comprehensive overview of the current service. One service users was available for discussion, and we issued a number of questionnaires for service users to complete and return to RQIA.

We received no returned questionnaires from service users prior to the issue of this report.

No electronic feedback from staff was received prior to the issue of this report.

#### **Comments received during inspection process-**

##### **Service Users:**

- "All staff are good."
- "I'm very settled and enjoy living here."
- "I have a good keyworker."
- "Staff interact with me."
- "I have good PPE."
- "I get on well with everyone."
- "The managers are brilliant."

##### **Staff comments:**

- "I had a good comprehensive induction."
- "The shadowing of other staff was helpful and of benefit."
- "I have good supervision it's one to one and a good confidential space for staff."
- "The managers have an open door policy to all."
- "Good staff communication."
- "Good Covid guidance and PPE makes it safe and secure."
- "Training is excellent."

## **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 Ballymisert Heights was undertaken on 19 November 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 organisation'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 organisation has an identified Adult Safeguarding Champion (ASC). The Adult Safeguarding Position report for the agency has been formulated this was reviewed and was satisfactory.

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.

It was noted that staff are required to complete adult safeguarding training during their induction programme and two yearly updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences 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 HSC Trust 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.

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 incidents were reported since the last inspection. Upon review these were actioned via the agency's policies and procedures.

Staff had undertaken DoLS training appropriate to their job roles.

Examination of service users care records confirmed that no current DoLS practices were in place or required.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

### 5.2.2 Question with regards care- Dysphagia.

No SALT recommendations or referrals are required for the current service user group.

### 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 (Access NI) had been completed for staff.

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.

### 5.2.4 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. The process included engagement with service users, staff 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:

- "I like knowing staff are around."
- "I can talk about things to staff."
- "I value spending time with people."

#### Staff:

- "I'm enjoying my new role."
- "A good staff team and managers."
- "All service user needs are being met."

#### HSC Trust Staff:

- "Good efforts by staff team with placements."
- "Good diligence of staff with their early intervention."
- "Staff are caring and compassionate in their approach."

There is a process for recording complaints in accordance with the agency's policy and procedure. It was noted that no complaints had been received since the last inspection. In accordance with the organisation's policy and procedures complaints are reviewed as part of the agency's monthly quality monitoring process.

It was established during discussions with the Manager that the agency had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analysis's (SEAs) or Early Alert's (EAs).

It was positive to note that a number of care reviews had been completed in line with Covid restricted services and the day care setting must be commended for their actions. We noted some of the comments from service users during this review:

- "I'm very happy the way things are going."
- "I'm happy living in Ballymisert."
- "I feel very well at the moment and enjoy my time here."
- "I like being close to family."
- "Staff are always nearby and put my mind at ease."

## 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 Manager/management team.

## 7.0 Quality Improvement Plan/Areas for Improvement

No areas for improvement have been identified where action is required to ensure compliance with regulations.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	0

The outcome of the inspection was discussed with Kelly Stanfield Manager, as part of the inspection process.



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](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