

# Inspection Report

26 January 2023



## Inspire Millburn Close

Type of service: Domiciliary Care Agency  
Address: 20 Millburn Close, Mill Road, Belfast, BT8 8FJ  
Telephone number: 028 9079 3388

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Inspire Wellbeing	<b>Registered Manager:</b> Mrs Celine Vance
<b>Responsible Individual:</b> Ms Kerry Anthony	<b>Date registered:</b> 21 September 2022
<b>Person in charge at the time of inspection:</b> Adele Ward (Assistant Director)	
<b>Brief description of the accommodation/how the service operates:</b>  Millburn Close is a domiciliary care agency, supported living type which provided 24 hour care and support to service users with enduring mental health needs. The agency is situated in a residential area on the outskirts of Belfast. The registered premises are located in a bungalow situated beside the service users' individual homes.	

## 2.0 Inspection summary

An unannounced inspection took place on 26 January 2023 between 11.30 a.m. and 3 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.

Area for improvement identified related to staff training.

Good practice was identified in relation to service user involvement, safeguarding processes and the monitoring of staffs' registration with the Northern Ireland Social Care Council (NISCC).

## 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.

#### 4.0 What did people tell us about the service?

During the inspection we spoke with a service user and staff members.

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

Comments received included:

##### **Service users' comments:**

- "The staff are not bad. They help me with some cleaning. If I had any concerns I would go to the staff. I was part of the decision making about my support. I go out into the town myself."

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

- "The manager is amazing; they explain everything and point you in the right direction. The manager is hands on and approachable. The training is good; we do a lot of training. We recently completed training in support planning. The service users have input into their support. The staff are involved in the care review alongside the service user, family and statutory team. Different groups are run which include music, bingo and gardening."

A number of staff responded to the electronic survey. The respondents indicated that they were 'satisfied/very satisfied' that care provided was safe, effective and compassionate and that the service was well led.

No questionnaires were returned.

## **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 28 February 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 person in charge 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 two years 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 Health and Social Care (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.

The person in charge was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

The person in charge 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.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

It was identified that three newly appointed staff had not complete medication management training. The person in charge gave assurance that this training will be completed as part of their induction. All other staff had received up to date medication management training. The person in charge advised that no service users required their medicine to be administered with a syringe. The person in charge 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 MCA.

The person in charge 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.

A review of the training records identified that not all staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. An area for improvement has been identified in this regard.

### **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. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

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.

### **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). The person in charge advised that no service users had swallow difficulties.

A review of training records confirmed that the majority of staff had not completed training in Dysphagia. An area for improvement has been identified and is subsumed into the area for improvement identified in 5.2.1.

#### **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); there was a robust 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 structured induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

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 person in charge 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?**

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

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 along with current certificates of public and employers’ liability insurance.

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

**6.0 Quality Improvement Plan (QIP)/Areas for Improvement**

An area for improvement has been identified where action is required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	1

The area for improvement and details of the QIP were discussed with person in charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that all staff are trained for their roles and responsibilities.</p> <p>This relates specifically to DoLS and Dysphagia training.</p> <p>Ref: 5.2.1 and 5.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The Registered Person will ensure training required for the service to be compliant with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 Regulation 16 (2) and Domiciliary Care Agencies Minimum Standards Standard 12 will be completed by those working at the service by 16/03/23.</p>

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