

Inspection Report

28 February 2022



Inspire Milburn Close

Type of service: DCA/SLS
Address: 20 Millburn Close, Mill Road, Belfast, BT8 8FJ
Telephone number: 02890793388

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

Organisation/Registered Provider: Inspire Wellbeing.	Registered Manager: Mr Andrew John Gowdy
Responsible Individual: Miss Kerry Anthony (Awaiting registration)	Date registered: 9 March 2009
Person in charge at the time of inspection: Mr Andrew John Gowdy	
Brief description of the accommodation/how the service operates: Millburn Close is a supported living type domiciliary care agency, situated in a quiet residential area on the outskirts of Belfast. The agency offers domiciliary care and housing support to service users with enduring mental health needs. 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 registered premises are located in a bungalow situated beside the service users' individual homes. Staff are available to support service users 24 hours per day and they each have an identified 'key worker'.	

2.0 Inspection summary

An unannounced inspection was undertaken on 28 February 2022 between 09.00am and 11.30am. By the care inspector. This inspection focused on recruitment, Northern Ireland Social Care Council (NISCC) 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:

- Discussions with 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?

We spoke with two service users, the manager and one staff member during the inspection.

We provided a number of questionnaires to service users and or relatives to facilitate comments on the quality of service provision. No questionnaires were returned prior to the issue of this report. 5 staff responded stating that they were satisfied or very satisfied.

Comments received during the inspection process:

Service users' comments:

- "A good service."
- "I feel safe and secure here and I like that."
- "I'm free to come and go as I please."
- "The staff and the manager are excellent."
- "I have no complaints."
- "I can talk to all the staff if needed."
- "I enjoy my day care."
- "I have a good keyworker here."
- "I love it here."
- "Very supportive staff."
- "I'm really independent here."

Staff comments:

- "A good comprehensive induction was provided to me and it prepared me for the role."
- "I had the opportunity to shadow other staff and it was a positive experience."
- "All my current training is up to date."
- "The manager has an open door policy to all."
- "I feel safe and secure with the current Covid guidance and PPE."
- "I have one to one supervision regularly."
- "Good staff communication."
- "A good supportive manager."
- "I would recommend Inspire to others."

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 Millburn Close was undertaken on 27 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).

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. Staff were aware of the ASC and the procedure to follow if they have any concerns. The ASC annual report had been completed and available for review which was satisfactory. 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 to the HSCT in relation to adult safeguarding. Records viewed and discussions with the manager indicated that a number of adult safeguarding referral had been made since the last inspection. These were reviewed and had been actioned in line with policy and procedure.

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. It was noted a number of incidents had been reported since the last inspection. Review of the incidents show that they had been actioned in line with policy and procedure.

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, including finances.

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.

2.2 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

The manager confirmed that the agency had not received any specific recommendations from Speech and Language Therapy (SALT) in relation to current service users.

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 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 are appropriately registered with NISCC. Information regarding registration details and renewal dates is 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. It was identified that the process included engagement with service users, staff, relatives 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:

- "The staff are great and easy to talk with."
- "I'm happy at Millburn with my own flat and my independence."
- "Staff are friendly and approachable."
- "I have help and support when needed."

Staff:

- “Communication is good.”
- “Staff are supportive.”
- “The staff and the residents are very welcoming.”
- “Staff are really helpful and helped me with my induction.”

Relatives:

- “I’m happy enough with the service, ***** has settled well.”
- “A marvellous job providing a safe and supportive environment.”
- “You have been a great support to *****.”
- “Thank you to everyone who has supported *****.”

HSC Trust Staff:

- “Staff are friendly and helpful.”
- “We have good partnership working.”
- “I have nothing but praise for the staff and manager.”
- “Staff are very knowledgeable and are understanding of complex needs.”

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.

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

- “I enjoy living in Millburn.”
- “No concerns.”
- “Some changes for the better.”
- “My mental health has been very good.”
- “I have improved with my own place.”

We noted that the agency completed a quality review with relatives during the covid period asking the following questions:

- Has Millburn been safe during this period?
- Has communication with the staff team been effective?
- Do you feel your family member has been supported appropriately during this period?
- Is there anything we could have done better?

We have noted some of the comments received:

- “Thanks for the work put in with *****.”
- “Staff have been able to speak with me if I had concerns.”
- “Thanks for the support given to my ***.”

- “***** has been at ease knowing that staff are there for help and assistance.”
- “***** feels very settled in *** home.”

It was established during discussions with the manager that the agency had not been involved in any Significant Event Analysis (SEAs) or Early Alerts (EAs).

5.2.5 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.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr A Gowdy, Registered Manager. As part of the inspection process and can be found in the main body of the report.



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
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care