

Inspection Report

29 March 2024



Inspire Millburn Close

Type of service: Domiciliary Care Agency
Address: 20 Millburn Close, Mill Road, Belfast, BT8 8FJ
Telephone number: 02890793388

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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	Registered Manager: Mr Andrew Gowdy
Responsible Individual: Ms Kerry Anthony	Date registered: 9 March 2009
Person in charge at the time of inspection: Senior Project Worker	
Brief description of the accommodation/how the service operates: Millburn Close is a domiciliary care agency - supported living type, which provides 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 29 March 2024 between 1.30 p.m. and 5.00 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 and dysphagia management were also reviewed.

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).

Inspire Millburn Close uses the term 'people who we support' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

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.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users and staff members.

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

Comments received included:

Service users' comments:

- "Everything's good"
- "I enjoy going down to the day centre and sit and chat"
- "I can just go out when I feel like it"
- "Staff are all very good to me"

Staff comments:

- "Good communication"
- "I have one to one supervision regularly"
- "This is a very rewarding job"
- "We have good support from management"

No staff or service user questionnaires were received prior to issuing this report.

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 26 January 2023 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 26 January 2023		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021		Validation of compliance
Area for Improvement 1 Ref: Standard 12 Stated: First time	The registered person shall ensure that all staff are trained for their roles and responsibilities. This relates specifically to DoLS and Dysphagia training.	Met
	Action taken as confirmed during the inspection: The inspector confirmed that all staff had completed DOLS and dysphagia training, with the exception of one member of staff who had not completed dysphagia training. The manager confirmed that this was being followed up and assurances were provided that the training would be completed as a matter of priority.	

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 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.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately.

Staff were provided with training appropriate to the requirements of their role. The person in charge reported that none of the service users required the use of specialised moving and handling 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.

All relevant staff had been provided with training in relation to medicines management. 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.

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 service 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. Some matters discussed included:

- Keeping safe
- Staffing
- Key working arrangements
- Maintenance arrangements
- Complaints, complements and concerns

There was evidence of service user involvement within the minutes of the service user meetings.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

The person in charge confirmed that none of the service users had dysphagia and therefore no referrals had been made for SALT assessments.

A review of training records confirmed that staff had completed training in dysphagia awareness and in relation to how to respond to choking incidents. As previously discussed in section 5.1, one member of staff had not completed dysphagia awareness training and this was being followed up by the manager.

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 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 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 was a number of volunteers working within the agency. The agency had a policy and procedure for volunteers which clearly specified their role and responsibilities. Following the inspection, the manager confirmed that volunteers did not undertake any personal care duties and that AccessNI checks had been completed.

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.

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. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

Where staff are unable to gain access to a service users home in the event of an emergency/concern, there is a system in place, including a policy and procedure, that clearly directs staff as to what actions they should take to manage and report such situations in a timely manner.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the person in charge at the time of the inspection and with Mr Andrew Gowdy, Registered Manager, following the inspection, as part of the inspection process and can be found in the main body of the report.



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