The Regulation and Quality Improvement Authority

Inspection Report

17 January 2021

Inspire Newhaven

Type of service: Domiciliary Care
Address: 52 Burn Road, Cookstown, BT80 8DN
Telephone number: 028 8676 1099

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 Newhaven **Responsible Individual:** Ms Kerry Anthony (Acting)	**Registered Manager:** Ms Dorothy Neeson **Date registered:** Acting manager
Person in charge at the time of inspection: Ms Dorothy Neeson (Acting Manager)	
Brief description of the accommodation/how the service operates: Newhaven is a supported living type domiciliary care agency, situated close to the town centre of Cookstown. 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. All referrals are made by the Health and Social Care Trust (HSCT) trust mental health services. The service can provide for five service users at the registered address.	

2.0 Inspection summary

An unannounced inspection was undertaken on 17 January 2022 between 9.00a.m. and 11.00 a.m. by the care inspector. This inspection focused on recruitment, Northern Ireland Social Care Council (NISCC) and Nursing and Midwifery Council (NMC) 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.

One area for improvement has been identified that relates to Regulation 23 quality monitoring.

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 one service user, 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. Two questionnaires were returned prior to the issue of this report.

Comments received:

- "Maybe we could have more activities or some classes."

In addition we provided an electronic survey feedback form for staff. Feedback shows that staff were satisfied or very satisfied with the service.

Comments from staff in their returned questionnaires:

- "Newhaven is a very well-run organisation"
- "I enjoy working at Newhaven and feel the care is excellent"
- "Staff have gone over and above during past 2 years during covid"
- "Newhaven residents are all very happy and well cared for by all the staff"
- "Staff go over and above constantly especially during this past 2 years and staff shortages due to Covid"

Comments received during the inspection process:

Service users' comments:

- "I'm well looked after."
- "I feel safe and secure here."
- "Good communication with everyone."
- "Staff are excellent."
- "The manager is good and effective."
- "I had a problem and it is being dealt with by the manager."

Staff comments:

- "Good induction."
- "My supervision is one to one."
- "All my training is up to date."
- "A very supportive staff."
- "We promote independence and choice."
- "A good person centred service."
- "A good manager."

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 Newhaven was undertaken on 4 February 2021 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 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 one adult safeguarding referral had been made since the last inspection.

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 no incidents had been reported since the last inspection.

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.

5.2.2 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 and NMC. 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, however the reports did not allow for the full review of the quality of care provided. One area for improvement has been identified relating to Regulation 23.

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.

Staff described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

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'm fine and still happy living here."
- "My review went ok."
- "I was pleased with my review and thought it went well."

We noted that the agency completed and annual quality service review with both service users and relatives and have noted some of the comments received:

- "Overall the service is not too bad."
- "The service is excellent and I'm pleased with it."
- "We have never had to complain."
- "Inspire have taken a lot of stress and worry of us, we are grateful."

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).

5.4.3 Conclusion

As a result of this inspection one area for improvement were identified in with regard to safe, effective and well led care. Details can be found in the Quality Improvement Plan included.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with regulations.

	Regulations	Standards
Total number of Areas for Improvement	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Dorothy Neeson, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<table>
<tr><th colspan="2">Quality Improvement Plan</th></tr>
<tr><td colspan="2">Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.</td></tr>
<tr><td rowspan="2">Area for improvement 1
Ref: Regulation 23(1), (2)(a), (b) (i) (ii), (c), (3)

Stated: First time

To be completed by:
The date of inspection</td><td>(1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.

(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency-
(a) arranges the provision of good quality services for service users;
(b) takes the views of service users and their representatives into account in deciding-
(i) what services to offer to them, and
(ii) the manner in which such services are to be provided; and
(c) has responded to recommendations made or requirements made imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.

(3) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.

This refers to the monthly quality monitoring reports which are required to be submitted to RQIA every month until further notice. These reports are to contain a robust analysis of the operation of the agency including a range of stakeholder’s feedback.</td></tr>
<tr><td>Response of Provider:
This is acknowledged and has been addressed immediately following the inspection on 17th January 2022. Further instruction has been given on the completion of the quality monitoring reports including more detail on stakeholder feedback.

This has been monitored by the Assistant Director and reports sent to RQIA as requested.</td></tr>
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Please ensure this document is completed in full and returned via Web Portal

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

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