

Announced Care Inspection Report 24 November 2020



Inspire – Shiels Court

Type of Service: Supported Living

Address: 39 - 41 Shiels Court, Castle Street,

Ballymoney, BT53 6JT

Tel No: 028- 2766- 8975

Inspector: Jim McBride

www.rqia.org.uk

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Shiels Court is a supported living type domiciliary care agency, located in Ballymoney. The agency offers domiciliary care and housing support to service users with enduring mental health needs in a number of properties situated in close proximity to the agency's office staff are available to support tenants 24 hours per day and each service user has an identified 'key worker'.

3.0 Service details

Organisation/Registered Provider: Inspire Wellbeing Responsible Individual: Mr William Henry Murphy	Registered Manager: Mrs Lesley Ann Beckett (Acting)
Person in charge at the time of inspection: Mrs Lesley Ann Beckett	Date manager registered: Awaiting registration

4.0 Inspection summary

An announced inspection took place on 24 November 2020 from 09.15 to 12.30.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

RQIA have reviewed correspondence and other contacts related to the agency, since the last inspection on the 30 May 2019. Whilst RQIA was not aware that there was any specific risk to the service users, a decision was made to undertake an on-site inspection adhering to social distancing guidance.

Evidence of good practice was found in relation to Access NI and staff registrations with the Northern Ireland Social Care Council (NISCC). Good practice was also found in relation to all current Covid-19 guidance and the use of PPE guidelines. Covid-19 education and management including: infection prevention and control were found to be in line with latest guideline measures.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017 and the Domiciliary Care Agencies Minimum Standards, 2011.

The findings of this report will provide the manager with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Lesley Ann Beckett manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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

During our inspection we focused on contacting the service users and staff to find out their views on the service.

We ensured that the appropriate staff checks were in place before staff visited service users and reviewed the following:

- Recruitment records specifically relating to Access NI and NISCC registration.
- Covid-19: guidance for domiciliary care providers in Northern Ireland Updated 16 June 2020

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery. This included 'Tell us' cards, Service user's questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA.

The information received from service users and relatives shows that people were satisfied with the current care and support. Comments received are included below:

Questionnaire Comments:

- "I feel safe and content here. I get a lot of support when I need it."
- "As a family we are satisfied."
- "My ***** is so happy in Shields Court, and we think very highly of the staff, there is always support if needed."
- "I am safe and happy living here."
- "First class place."
- "I feel safe in my home, I feel supported and valued. I'm included in all decisions about my care. I feel happy here."
- "I feel supported by the staff. I like it here and feel safe."
- "I'm glad my ***** is here and treated extremely well."

RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately.

During the inspection we communicated with the manager and staff and had the opportunity to meet two service users.

Service user comments during inspection:

- "Staff are very supportive."
- "Staff have helped me cope and have been very caring."
- "My keyworker is so helpful and very helpful."
- "The manager is so helpful and approachable."
- "Staff have helped us through Covid-19 and have supported us with the guidance."
- "Staff always support my choices and encourage m independence."

- “Staff always take time to talk and to guide you.”
- “This is such a different place from where I lived previously. I feel like a person and can rely on staff.”

Staff comments during inspection:

- “A good supportive and compassionate manager.”
- “We always have a good supply of PPE.”
- “Staff induction is comprehensive and you are supported by experienced staff.”
- “We have supported and guided service users through the Covid-19 procedures.”
- “The manager has an open door policy for all staff.”
- “Good supervision and the staff team work well together.”
- “We feel safe and secure here with all Covid-19 guidance in place.”

We would like to thank the service users and staff for their support and co-operation throughout the inspection process

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

There were no areas for improvement made as a result of the last care inspection.

6.1 Inspection findings

Recruitment:

The agency’s staff recruitment processes were noted to be managed in conjunction with the organisation’s Human Resources (HR) Department, located at the organisation’s head office. Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 and Standard 11 relating to Access NI. We reviewed documentation in staff files in relation to pre-employment checks which provided assurances that Access NI checks were completed before commencement of employment.

Staff spoken with said that training was valuable and gave them the skills to undertake their role. New staff received a comprehensive induction which included regular meetings and the opportunity to shadow experienced staff. This was confirmed by the staff spoken with.

Staff were supported by supervisions and appraisals. It was noted that these had been consistent with the agency’s policy and procedure and helped to enable them to review their practice. From review of records, we could see the formats gave staff the opportunity to raise any concerns and discuss their own personal development.

The agency’s provision for the welfare, care and protection of service users was reviewed. We viewed the procedures maintained by the agency in relation to the regional guidance ‘Adult Safeguarding Prevention and Protection in Partnership’ July 2015.

On the day of the inspection it was noted that three incidents had taken place since the previous inspection 30 May 2019. We examined the records and found that the agency had dealt with the incidents in accordance with the required regulations and their own policy and procedures.

The agency maintains and implements a policy relating to complaints. On the day of the inspection it was noted that the agency had received one complaint since their previous inspection 30 May 2019. The manager was dealing with this through their own procedures.

A review of records confirmed that all staff are currently registered with The Northern Ireland Social Care Council (NISCC). We noted that the manager had a system in place each month for monitoring registration status of all staff with NISCC and confirmed that all staff are aware that they are not permitted to work if their NISCC registration had lapsed.

Service quality:

We reviewed a number of monthly quality monitoring reports that show good satisfaction levels in place for service users, staff and other stakeholders. We noted some of the comments received from service users, staff, relatives and HSC staff:

Service users:

- “Any issues I can talk to staff.”
- “Staff are good at keeping me safe.”
- “Staff have helped tenants with Covid-19 Issues.”

Staff:

- “Good support from management during the pandemic.”
- “Staff are very committed.”
- “Staff have helped tenants with Covid-19 issues.”

Relatives:

- “My ***** is happy so we are happy.”
- “Staff have encouraged my ***** to exercise and go walking.”
- “My ***** has settled well.”

HSC Staff:

- “Staff always strive to meet needs.”
- “The scheme has done well to address any issues.”
- “Staff are helpful and supportive.”

Care planning and review:

We reviewed care plans in place for individual service users. These fully described the care and support required for individuals and included:

- Referral information
- Care plan
- Individual action plans
- Risk assessments
- Reviews

We noted some of the comments provided during annual reviews:

- “I am happy with the level of care.”
- “I feel happy and safe.”
- “My placement is very positive.”
- “I’m happy with my review.”

Staff we spoke with demonstrated good caring values and a desire to provide service users with high quality personalised care. They knew service users well including their choices and preferences. This was evidenced when speaking with service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

Covid-19:

We spoke with the manager and two staff members, who were knowledgeable in relation to their responsibility in relation to covid-19. Staff stated they were aware of the guidance on the use of PPE for activities that brought them within two metres of service users. Staff were also aware of the need to replace PPE between service users and how to appropriately dispose of used PPE.

We reviewed the current practices relating to the following areas of guidance and good practice relating to Covid-19.

- Dissemination of information to staff
- Monitor staff practice
- IPC policies and procedures
- Infection prevention and control policies and procedures have been updated to address all current guidance in relation to Covid-19.
- Temperature monitored twice daily In line with guidance
- Used PPE storage and disposal
- Staff training and guidance on: a. infection prevention and control and b. the use of PPE equipment, in line with the current guidance.

We reviewed records relating to Infection prevention and control policies which were in-line with the current guidance. The policies and procedures had been updated to include Covid-19 guidance. Policies and guidance were available to all staff in hard copy within the agency office.

We reviewed records indicating that service users, staff and visitors had their temperatures monitored twice daily in accordance with the guidance.

Monitoring records also involved asking about and looking out for the following symptoms, fever of 37.8C or above, cough, loss of or change in sense of smell or taste.

Hand sanitisers were placed in different areas throughout the agency for service users, staff and visitors to use to ensure and promote good hand hygiene.

There was evidence that clear guidance with regards to IPC, donning (putting on) and doffing (taking off) of PPE. There was evidence that staff had completed training with regards to IPC.

The staff on duty demonstrated that they had a good understanding of the donning and doffing procedures and were observed to be using PPE appropriately. The manager discussed the procedures that both she and staff spot check the use of PPE during shifts. Spot checks on staff practice are undertaken to ensure they are fully compliant with the guidance.

The procedure and guidance in place show that:

- Robust systems are in place to ensure that current infection prevention and control guidance is available and accessible to staff.
- There are effective systems in place to monitor staff compliance with good infection prevention and control practices.
- All staff working in the service are able to demonstrate their knowledge of infection prevention and control practice commensurate to their role and function in the service.

It was good to note that staff were working well together to support the best outcomes for service users, in a sensitive manner, whilst being caring and compassionate.

It was noted that staff were committed to working in line with Covid-19 guidance to ensure that the impact of current measures, strikes the correct balance between keeping people safe and promoting a good quality of life. Staff are being vigilant in terms of monitoring tenants for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19 within the agency.

Areas of good practice

Compliance with the Covid-19 guidance relating to IPC and PPE, easy read covid guidance document available to all staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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