

# Inspection Report

6 December 2021



## Inspire Shiels Court

Type of service: Domiciliary Care Agency

Address: 39 - 41 Shiels Court, Castle Street, Ballymoney, BT53 6JT

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

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| <b>Organisation/Registered Provider:</b><br>Inspire Wellbeing<br><br><b>Responsible Individual:</b><br>Ms Kerry Anthony                                                                                                                                                                                                                                                                                                                                                 | <b>Registered Manager:</b><br>Mrs Lesley Beckett<br>.<br><br><b>Date registered:</b><br>Registration pending |
| <b>Person in charge at the time of inspection:</b><br>Mrs Lesley Beckett                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                              |
| <b>Brief description of the accommodation/how the service operates:</b><br>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'. |                                                                                                              |

## 2.0 Inspection summary

An unannounced inspection was undertaken on 6 December 2021 between 09-15 a.m. and 12.00am. 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 and two staff during the inspection.

We provided a number of questionnaires to service users and or relatives to facilitate comments on the quality of service provision.

The returned questionnaires show good satisfaction levels. We noted some of the comments reviewed:

Comments:

- “Staff are very nice and treat me well, I get all the support I need.”
- “I’m very happy here.”
- “Staff are great I get a lot of support.”
- “I like living at Shiels Court it has helped me.”
- “I like Shiels Court I would like to get help singing and dancing.”
- “I feel safe, supported and happy here.”
- “I get a lot of support with my family as this is important to me.”
- “The houses need updated but the staff are fantastic.”
- “I like that staff are putting in more activities on the dark nights.”
- “I like living here I feel safe and happy.”

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:

- “Thankful for a brilliant manager Lesley Ann becket & her vision & direction for the scheme & all the hard work she does”
- “Shiels Court I feel has provided a high standard of service especially throughout Covid when resources were not available and staff were under a great deal of pressure.”

Comments received during the inspection process:

### Service users’ comments:

- “Good staff.”
- “My keyworker \*\*\*\* is great.”
- “I have no complaints.”
- “Staff are good listeners.”
- “I feel safe with the masks.”
- “The manager is very approachable.”
- “I’m offered choice at all times.”

### Staff comments:

- “The manager is great and very approachable.”
- “There is an open door policy.”
- “I had a good comprehensive induction.”

- “I feel safe and secure with Covid guidance and PPE.”
- “My supervision is one to one and confidential.”
- “I have completed all my training.”
- “We offer choice and promote independence at all times.”

## **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 Shields Court was undertaken on 24 November 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 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 NHSCT in relation to adult safeguarding. Records viewed and discussions with the manager indicated that no adult safeguarding referrals 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 Question with regards care- Dysphagia.**

The manager confirmed that the agency had not received any specific recommendations from Speech and Language Therapy (SALT) in relation to service users' dysphagia needs to ensure the care received in the setting was safe and effective.

### **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, however the reports did not allow for the full review of the quality of care provided. One area for improvement has been issued 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 Covid restricted services and the agency must be commended for their actions. We noted some of the comments from service users during this review:

- “I’m happy with the level of support.”
- “Good care and practice in place.”
- “A good level of support.”
- “I’m happy with the activities.”

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). The manager spoke about one Serious Adverse Incident (SAI), however this related to a service user within the hospital setting rather than within the supported living agency.

## 6.0 Conclusion

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

## 7.0 Quality Improvement Plan/Areas for Improvement

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

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Lesley Ann Beckett manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## Quality Improvement Plan

### Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

#### 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

(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 stakeholders feedback.

#### Response by registered person detailing the actions taken:

The first Quality Monitoring Report has been completed, following the Annual inspection. This report covers the month of Nov 2021, and has been forwarded to the Inspector. As the Registered Manager of Shiels Court, I will continue to forward the report, when I receive it monthly, until I am no longer required to do so.

Lesley-Ann Beckett





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