

Inspection Report

27 August 2021



Spelga Mews

Type of Service: Domiciliary Care Agency
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Radius Housing Association	Registered Manager: Mrs Olive Jones
Responsible Individual: Mrs Fiona McAnespie	Date registered: Acting – no application required
Person in charge at the time of inspection: Mrs Olive Jones	
Brief description of the accommodation/how the service operates: Spelga Mews is a supported living type domiciliary care agency which provides personal care and housing support for 10 residents aged over 65 living with dementia. The agency is owned and operated by Radius Housing and the service is commissioned by the Southern Health and Social Care Trust (SHSCT).	

2.0 Inspection summary

An announced inspection took place on 27 August 2021 between 10.30am and 3.00pm by the care inspector.

The inspection focused on staff recruitment and the agency's governance and management arrangements as well as registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS) including money and valuables, restrictive practices, monthly quality monitoring, Dysphagia and Covid-19 guidance.

Good practice was identified in relation to appropriate checks being undertaken before staff started to provide care and support to the residents. Good practice was also found in relation to systems in place for disseminating Covid-19 related information to staff. There were good governance and management oversight systems in place.

RQIA were assured that this agency supplies support workers who are providing safe, effective and compassionate care; and that the agency is well led.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the service was 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.

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

The inspection focused on reviewing relevant documents relating to the agency's governance and management arrangements. This included checking how support workers' registrations with NISCC were monitored by the agency.

We discussed any complaints and incidents during the inspection with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 23.

Information was provided to staff, residents and their relatives, to request feedback on the quality of service provided. This included an electronic survey and resident/relative questionnaires to enable them to provide feedback to the RQIA.

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

4.0 What people told us about the service

We spoke with three residents and two staff members. Six questionnaires were received from residents and their relatives and six staff members responded to the electronic survey. In addition we received feedback from one HSCT representative.

Comments received during inspection process:

Residents' comments

- "It's great and the food is lovely."
- "The girls are great and very well dressed."
- "I would like a dog in here."
- "I like living here."
- "The girls are friendly and respectful."
- "The girls don't walk by you."

Staff comments

- "Brilliant place to work in."
- "Spelga Mews is a great facility where residents are treated with the upmost respect. Spelga's staff go way above what is expected from them always placing residents' needs first."

- “I have worked in Spelga Mews for several years, the residents are extremely well cared for and a lot of different activities go on each day to accommodate everyone. It’s the next best thing to home for the residents and staff care for them as if they are family.”
- “It’s a lovely place to work, very relaxed.”
- “Training is fantastic, you do learn from it.”
- “I’ve made lifelong friends.”
- “The manager is fantastic and easy to go to.”
- “I have knowledge of SALT and we were given advice from the SALT therapist regarding the residents’ needs.”
- “I have been given a lot of encouragement to progress my career.”
- “I enjoy spending time with the residents and will do anything to protect them.”
- “We are one big extended family.”
- “I spend more time with the residents than my own family.”
- “Every day is a learning day.”
- “Working with residents with dementia is hard but if I didn’t love it, I wouldn’t be here.”

Residents’ representatives’ comments:

- “xxxx is very happy with their care.”
- “Happy with everything.”

HSCT representatives’ comments

- “Very homely atmosphere and the staff are very professional.”

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 residents was reviewed. The organisation’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 organisation 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 could describe the process for reporting concerns, including out of hours arrangements.

It was noted that staff are required to complete adult safeguarding training during their induction programme and required 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 in relation to adult safeguarding matters. No safeguarding referrals had been made since the last inspection.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures.

The manager and staff were provided with training appropriate to the requirements of their role. This included DoLS training. Those spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

The manager confirmed the agency does not manage individual monies belonging to the residents.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

5.2.2 Is there a system in place for identifying care partners who visit the people supported to promote their mental health and wellbeing during Covid-19 restrictions?

The manager advised that there were two care partners visiting one resident during the Covid-19 pandemic restrictions to oversee health issues. The resident has their own front door, therefore the care partners do not come in to contact with other residents. They are aware of the infection prevention and control (IPC) procedures within the service and wear full personal protective equipment (PPE). The care partners do not undertake any personal care with the residents and are only permitted in certain areas of the service.

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

The manager confirmed that one resident had Dysphagia needs. The discussions with the manager and review of resident care records identified that specific modified diets were included in the risk assessments and care plans. There was evidence that staff were respectful of the resident's preferences in relation to the level of supervision required. Staff had implemented the specific recommendations of SALT to ensure the care provided was safe and effective. It was good to note that lesser restrictive options were used in order to maintain the resident's dignity when eating.

5.2.4 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 residents. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff.

A review of the records confirmed that all staff provided were appropriately registered with NISCC. Information regarding registration details and renewal dates were 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 for ensuring their registrations were up to date.

5.2.5 Are there robust governance processes in place?

The quality monitoring processes were reviewed, to ensure that complaints and any incidents were routinely monitored as part of the monthly checks in line with Regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

The reports included details of the review of residents' care records; accident/incidents; safeguarding matters; complaints; and staffing arrangements including recruitment and training. 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 addressed.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs)/Significant Event Analyses (SEAs) or Early Alerts (EAs).

There was a system in place to ensure that support workers received supervision and training in accordance with the agency's policies and procedures.

6.0 Conclusion

Based on the inspection findings and discussions held we are satisfied that this agency was providing safe and effective care in a caring and compassionate manner; and that the agency was well led by the manager/management team.

7.0 Quality Improvement Plan/Areas for Improvement

	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 Mrs Olive Jones, manager, as part of the inspection process and can be found in the main body of the report.



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