

Inspection Report

10 January 2022



Rosewood Court

Type of service: Domiciliary Care Agency – Supported Living
Address: Trinity Methodist Church, Knockmore Road, Lisburn, BT28 2YQ
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Inspire Disability Services	Registered Manager: Mr Michael Hutchinson
Responsible Individual Ms Kerry Anthony Awaiting Registration	Date registered: Registration pending
Person in charge at the time of inspection: Mr. Michael Hutchinson	
Brief description of the accommodation/how the service operates: Rosewood Court is a supported living type domiciliary care agency, located within the Lisburn area. The agency offers domiciliary care and housing support to adults with a learning disability. Staff are available to provide support 24 hours per day and each service user has an identified 'key worker.'	

2.0 Inspection summary

An unannounced inspection was undertaken on the 10 January 2022 between 09.50am and 11.45am, by the care inspector. This inspection focused on recruitment, Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, notifications, complaints, and whistleblowing, Deprivation of Liberty safeguarding (DoLS) including money and valuables, restrictive practice, dysphagia, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to recruitment and appropriate checks being undertaken before staff were supplied to service user's homes. There were good governance and management oversight systems in place. Good practice was also found in relation to system in place of disseminating Covid-19 related information to staff and others.

One area of improvement was identified relating to the review and update of the current:

- Statement of purpose
- Service user guide

It was good to note a number of compliments received by the agency from relatives. We have noted some received:

- "***** is very caring, kind and compassionate staff member."
- "**** is very appreciative of all staff members."
- "I would like to praise the staff during Covid, they have worked amazingly well."

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

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.

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

The inspection focused on:

- communicating with the service users and staff to find out their views on 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 the manager and one member of agency staff who provided a comprehensive overview of the current service. No service users were available for discussion due to the latest Covid status. An electronic survey was also provided to enable staff to feedback to the RQIA.

No electronic feedback from staff was received prior to the issue of this report.

Comments received from staff during inspection process-

- "Great service."
- "I had a comprehensive induction."
- "I have no problem or issues here."
- "We support each other well."
- "A good person centred service."
- "A very approachable manager."
- "Good staff communication."
- "We have been trying to keep activities going."

Prior to the inspection we provided a number of easy read questionnaires for those supported to comment on the following areas of service quality and their lived experiences:

- Do you feel your care is safe?

- Is the care and support you get effective?
- Do you feel staff treat you with compassion?
- How do you feel your care is managed?



What you said in your questionnaire:

- “I am very happy In Rosewood. I moved house and get on better with people I live with. We are good friends.”
- “I get on well with everyone. I like visiting family in XXXXXXXX, but can't go now because of the virus. I look forward to going back. Staff help me plan trips and get help at airports so I can travel by myself.”
- “I know who to speak to if I am worried (I go to the Team Leader). We have meetings in my house about being kind to each other.”
- “I am very happy in my home and with all the staff.”

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 Rosewood court was undertaken on 21 January 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 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). The Adult Safeguarding Position report for the agency has been formulated this was reviewed and was satisfactory.

Discussions with the Manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns.

It was noted that staff are required to complete adult safeguarding training during their induction programme and two yearly updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences 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 HSC Trust 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. This was actioned in line with policies and procedures and was satisfactory.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted one incident had been reported since the last inspection.

Staff had undertaken DoLS training appropriate to their job roles.

Examination of service users care records confirmed that all current DoLS practices were in place and the agency has in place a log of the required details.

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 service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

A number of SALT recommendations and referrals were reviewed and were satisfactory.

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 (Access NI) had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with NISCC. Information regarding registration details and renewal dates are 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.

The agency currently use the services of other agency staff from registered domiciliary care agencies, records' reviewed were satisfactory with the required information including induction records and NISCC registration details.

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 Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with service users, staff and HSC Trust representatives. The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, and staffing arrangements.

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 actioned.

We noted some of the comments received during monthly quality monitoring:

Service users:

- "Staff are great."
- "I enjoy the house and the people I live with."
- "Everything is good."
- "I enjoy living here and have good interactions."

Staff:

- "I enjoy the job and supporting service users."
- "A high quality of care and support provided."
- "It's great working in Rosewood."
- "Good support and care plans."

Relatives:

- "I am happy with the care and support ***** receives."
- "The staff are very good and keep me informed."
- "I'm happy and have no concerns."
- "I'm very happy with Rosewood Court."

HSC Trust Staff:

- "The communication with the service is very good."
- "The team leaders are very responsive."
- "The quality of care is very good."
- "Staff are doing an excellent job and always keep in contact."

There is a process for recording complaints in accordance with the agency's policy and procedure, It was noted that no complaints had been received since the last inspection.

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.

It was established during discussions with the Manager that the agency had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analysis's (SEAs) or Early Alert's (EAs).

6.0 Conclusion

Based on the inspection findings and discussions held RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the Manager/management team.

6.1 Quality Improvement Plan/Areas for Improvement

One area 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 Mr M Hutchinson. 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 Day Care Setting Regulations (Northern Ireland) 2007	
<p>Area for improvement 1</p> <p>Ref: Regulation 7 (a) & (b)</p> <p>Stated: First time</p> <p>To be completed by: From the inspection date</p>	<p>Review of statement of purpose and service user’s guide</p> <p>7. The registered person shall—</p> <ul style="list-style-type: none"> (a) Keep under review and, where appropriate, revise the statement of purpose and the service user’s guide; and (b) Notify the Regulation and Improvement Authority and service users or their representatives of any material revision within 28 days. <p>Response by registered person detailing the actions taken:</p> <ul style="list-style-type: none"> (a) The statement of purpose and service user guide have both been updated to reflect the most up to date information including manager details. Additionally, the statement of purpose has been updated to reflect the changes required by RQIA. Going forward the registered manager will ensure that these documents are reviewed annually to ensure that they are up to date. (b) RQIA notified through this QIP of the changes having been made to both documents. Updated copy of both service user guide and statement of purpose now in place in the office, and all service users made aware. Where appropriate, service users’ next of kin has been made of the update to both documents.

Please ensure this document is completed in full and returned via Web Portal



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