

Inspection Report

26 October 2023



Rosewood Court

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: Inspire Wellbeing	Registered Manager: Mr. Michael Hutchinson
Responsible Individual: Ms. Kerry Anthony	Date registered: 12 May 2022
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 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 took place on 26 October 2023 between 10.30 a.m. and 4 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and Dysphagia management was also reviewed.

Good practice was identified in relation to service user involvement and notification of incidents. There were good governance and management arrangements in place.

Further good practice was noted in the notification of incidents and the management of adult safeguarding referrals.

Areas for improvement identified related to the use of equipment and service user privacy,

The inspector would like to thank the manager, service users and staff for their support and assistance in completion of the inspection.

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.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, 'We want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community'.

RQIA shares this vision and want to review the support individuals are offered to make choices and decisions in their life that enable them to develop and to live a safe, active and valued life. RQIA will review how service users who have a learning disability are respected and empowered to lead a full and healthy life in the community and are supported to make choices and decisions that enables them to develop and live safe, active and valued lives.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read questionnaires and an electronic survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users and two staff members.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

Service users' comments:

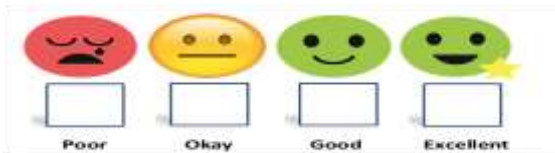
- "I know who my key worker is."
- "We have service user meetings."
- "I'm happy here."
- "The manager is good."
- "I go to see my relatives."
- "We're going out to the shopping centre now."

- “We’re going across to the supermarket to get something for lunch.”

Staff comments:

- “I enjoy working here. It is a challenging job. We’ve done a lot of good work recently. We are a good, cohesive staff team. The managers are present and very focused. The service users are great to work with. The care is safe. Our office space is very poor and facilities for staff aren’t good.”
- “We are a great team. I enjoy my job. We get good support. I am never shamed or judged for asking a question. My training and NISCC registration are up to date.”

During 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?**

Returned questionnaires show that those supported thought care and support was either excellent or good. We have noted some of the comments received:

- “I’m happy with the care and support I receive.”
- “I’m not sure how to make a complaint.”

No responses were received to the electronic survey.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

The last care inspection of the agency was undertaken on 27 October 2022 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 27 October 2022		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for Improvement 1 Ref: Regulation 15 (3) (b) Stated: First time	The registered person shall ensure that every service users' care plan is kept under review. This should be completed on an annual basis or if the service users' needs change. Ref: 5.2.2	Met
	Action taken as confirmed during the inspection: Inspector confirmed that all annual reviews were up to date at the time of inspection.	
Area for Improvement 2 Ref: Regulation 15 (2) (b) Stated: First time	The registered person shall ensure that the risk assessments and care plans are reflective of the International Dysphagia Diet Standardisation Initiative (IDDSI), as indicated on the Speech and Language Therapist (SALT) care plan.	Met
	Action taken as confirmed during the inspection: A review of a sample of care plans by the inspector identified that these had been updated to reflect SALT recommendations.	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021		Validation of compliance
Area for Improvement 1 Ref: Standard 8.12 Stated: First time	The registered person shall ensure that the quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process. This report should be in a format which is suitable for the service users to understand.	Met
	Action taken as confirmed during the inspection: Inspector confirmed the Annual Quality Report was available and up to date at the time of inspection.	

5.2 Inspection findings

5.2.1 What are the 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 adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately.

Staff were provided with training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, this was included within the agency's mandatory training programme.

A review of care records identified that moving and handling risk assessments and care plans were up to date.

One service user's care and support plan indicated they were transported regularly by agency staff in their wheelchair accessible vehicle. RQIA noted the absence of written guidance for staff on the use of the appropriate wheelchair tie down and occupant restraint system. This has been identified as an area for improvement.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning Trust's requirements.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves.

The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed.

Where a service user was experiencing a deprivation of liberty, full details of DoLS assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative had not been supplied to the agency. The manager was requested to source these from the HSC Trust. This will be reviewed at the next inspection.

The agency's Restrictive Practice register was reviewed and was satisfactory.

There was a system in place for notifying RQIA if the agency was managing individual service users' monies in accordance with the guidance.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care. Service users were provided with easy read reports which supported them to fully participate in all aspects of their care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was also good to note that the agency had service users' meetings on a regular basis which enabled the service users to discuss the provisions of their care.

Review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. Service users appeared at ease interacting with staff.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

The specific recommendations of the SALT were recorded within care plans along with associated SALT dietary requirements.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There were no volunteers working in the agency.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, three-day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

A review of the records relating to staff that were provided from recruitment agencies also identified that they had been recruited, inducted and trained in line with the regulations.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

RQIA noted a high proportion of staff were provided from recruitment agencies. These staff had been inducted into the agency and most had been working there for a significant time period. The agency's ongoing efforts to recruit into vacancies is acknowledged. RQIA has asked the manager to provide an update on staff recruitment by 31 January 2024.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory. RQIA noted several comments from relatives

- “Rosewood provides wonderful care and support to my relative and support to me.”
- “I have seen my relative develop valuable life skills.”

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) procedures.

The agency’s registration certificate was up to date and displayed appropriately along with current certificates of public and employers’ liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency’s policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency’s quality monitoring process.

Where staff are unable to gain access to a service users home, there is a procedure in place that clearly directs staff from the agency as to what actions they should take to manage and report such situations in a timely manner.

There is a lack of dedicated catering and laundry facilities for staff working in the agency. This results in the kitchen of one of the service users’ homes being used daily by staff to prepare meals, hot drinks and launder sheets used exclusively by care staff. The inspector highlighted this to the manager and stressed the need for the affected service user’s privacy to be maintained at all times. An area for improvement was made in this regard.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

	Regulations	Standards
Total number of Areas for Improvement	2	0

The areas for improvement and details of the QIP were discussed with Mr. Michael Hutchinson, Registered 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 15 (8)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall make suitable arrangements, including training, to ensure domiciliary care workers operate a safe system of working. This includes the operation of any special equipment.</p> <p>This refers to the safe use of wheelchair tie downs and occupant restraint systems (WTORS)</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager has initiated a safe system of work for the use of WTORS. The issue has been included in the workplace risk assessment with the following mitigation actions being initiated. Provision of information through a step by step guide available in the persons on home and vehicle and a Motability produced video on the use of the system has been made available. In addition, Motability have been requested to provide a demonstration. The instruction and understating of the safe use of the WTORS is being recorded and monitored through a record being maintained by the Registered Manager.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (e)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall make suitable arrangements to ensure that the agency is conducted in a manner which respects the privacy of service users.</p> <p>This relates to the lack of dedicated catering and laundry facilities for staff</p> <p>Ref: 5.2.6</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager has confirmed financial compensation has been provided to service users affected. Alternative catering and laundry arrangements have been introduced for the office based staff, effective 19/12/23.</p>

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