

# Inspection Report

## 20 December 2023



## Jean Todd Close SLS

Type of service: DCA Supported Living  
Address: 29f Randalstown Road, Antrim, BT41 4LH  
Telephone number: 028 9446 4384

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Inspire Disability Services	<b>Registered Manager:</b> Mr John Fisher
<b>Responsible Individual:</b> Ms Kerry Anthony	<b>Date registered:</b> 17 July 2015
<b>Person in charge at the time of inspection:</b> Mr John Fisher	
<b>Brief description of the accommodation/how the service operates:</b> Jean Todd Close is a supported living type domiciliary care agency based in Antrim. The agency provides a range of personal care and supported housing to up to 30 individuals with a learning disability; service users have their care commissioned by the Northern Health and Social Care Trust (NHSCT) and the Belfast Health and Social Care Trust (BHSCT). A number of service users make a small contribution towards their care and support.	

## 2.0 Inspection summary

An unannounced inspection took place on 20 December 2023 between 9.30 a.m. and 1.45 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. There were good governance and management arrangements in place. Feedback from service users reflected their positive experience of the care and support provided.

No areas for improvement were identified.

### 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 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 indicated the service users felt the care and support they received was good or excellent. Written comments included:

- “I feel staff know my care and support plans. They are aware of my feelings and emotions, offering support where and when required. I feel safe and well cared for.”
- “I enjoy living in (Jean Todd Close). Staff are always on hand to offer support and care as I require it. I feel I can talk to staff about my feelings or if I’m worried.”
- “I enjoy going out on all the trips.”
- “Staff are always there for me.”
- “Staff show me respect and I try to earn their respect in return. I love living in Jean Todd Close.”
- “Staff make sure I’m ok. Staff are very supportive with my recent bereavement. My key worker of possible will secure a place for me with Oasis (Antrim).”
- “I love living in Jean Todd Close .... I’m getting the train to the Opera House to see an Elvis show. Staff look after you well here.”
- “It’s good living here. I’m happy here.”
- “I’m happy. I’m getting new furniture in my room.”

The information provided indicated that there were no concerns in relation to the agency. Service users spoken with were relaxed and comfortable in their interactions with staff.

It was good to note positive feedback from service users and their representatives recorded within the monthly quality monitoring processes.

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?

Areas for improvement from the last inspection on 17 November 2022		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 15(2)(a) <b>Stated:</b> First time	The registered persons shall ensure that the SALT risk assessments and care plans include the specific levels of supervision required.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (d) <b>Stated:</b> First time	The registered persons shall further develop the system for monitoring NISCC registrations, to ensure that staff have applied for registration with NISCC within the agreed timescale.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## 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 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 was satisfactory. Advice was given in relation to page 4 of the report being presented in relation to incidents which occurred in Jean Todd Close's service, as opposed to the whole organisation; this can be retained as an addendum to the report.

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.

The manager advised that no concerns had been raised under the whistleblowing procedures.

There was a system in place to record any referrals made to the HSC Trust in relation to adult safeguarding. Any referrals made had been managed appropriately.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

There was a rolling mandatory training programme in place. Review of the training matrix identified that the records were up to date. The manager was advised to add Diabetes awareness to the training matrix.

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 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, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative. Whilst the DoLS were appropriately recorded within the HSCT care plans, advice was given in relation to also incorporating this into Inspire's own care planning process.

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 care records, it was evident that service users had an input into devising their own plan of care. The support and recovery plans reflected a very person-centred approach to care delivery. Records contained details about their likes and dislikes and the level of support they may require.

Service users' meetings were held on a regular basis which enabled the service users to discuss the provisions of their care and support. Items discussed included:

- Health and Safety
- Healthy eating and personal hygiene
- Tenancy agreement including expected behaviours to support co-tenancies

- Household tasks and support with budgeting
- Places of Worship
- Personal safety

It was good to note the service users were involved in planning various activities, which included:

- Attending The Disability Pride Parade
- Learning Disability Pride Parade
- Inspire Summer-fest in Gosford Park
- Winter Wonderland at Castle Gardens
- Christmas jumper day and a Christmas party at The Ramble Inn
- Movie night
- Jack and the Beanstalk Pantomime
- Collections for charities
- Building and decorating the Welcome Tree displayed on the fence
- Jean Todd Close Fun Day, where service users enjoyed inflatables, a scavenger hunt and sponge throwing.

It was good to note that the Police Service of Northern Ireland (PSNI) had visited the agency to speak with the service users about their personal safety. Plans were also in place to arrange a visit by the Fire Brigade. It was also noted that a local elected representative had visited the service users.

Service users' consent was sought in relation to whether or not they wanted:

- Their photograph to be used in various organisational documents
- Staff to hold a key to their homes
- Information pertaining to sharing information with other professionals.

### **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.

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. These 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?**

Review of records confirmed that Appropriate checks were undertaken with AccessNI before the staff had direct engagement with service users.

However, review of records identified that the manager had not signed a declaration of physical and mental fitness in keeping with the regulations. When raised with the manager, immediate action was taken to update the recruitment checklist with the required information.

### **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 a system in place to ensure 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.

### **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. Advice was given in relation to including the survey responses from staff.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) 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. The manager advised that no complaints had been received since the date of the last inspection.

There was a system in place which enables staff to access service users' accommodation in the event of an emergency.

## **6.0 Quality Improvement Plan (QIP)/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr John Fisher, Registered Manager, as part of the inspection process and can be found in the main body of the report.





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