

Inspection Report

20 December 2021



Peter's Hill

Type of service: Domiciliary Care Agency
Address: 28 Lime Court, Peter's Hill, Belfast, BT13 1BA
Telephone number: 028 9031 5829

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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 Disability Services Responsible Individual: Ms Kerry Anthony (Acting)	Registered Manager: Miss Deborah-Ann Gower (Acting)
Person in charge at the time of inspection:	Miss Deborah-Ann Gower
Brief description of the accommodation/how the service operates: Peter's Hill is a domiciliary care agency (supported living type) provided by Inspire Wellbeing Limited. The supported living service has been developed in partnership with the Belfast Health and Social Care Trust, Choice Housing Association and the Northern Ireland Housing Executive's Supporting People Programme. The supported living service is provided to individuals with learning disability, mental health needs and some with a physical disability. At the time of the inspection there were 12 individuals in receipt of a service. Care and support is provided by 24 staff.	

2.0 Inspection summary

An unannounced inspection was undertaken on 20 December 2021 between 11.10a.m and 13.20 p.m. by the care inspector. This inspection focused on: staff recruitment, Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, notifications, complaints, and whistleblowing. We also reviewed 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 the system in place for disseminating Covid-19 related information to staff and others.

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.

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:

- discussions 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.

An electronic survey was provided to enable staff to feedback to the RQIA.

4.0 What people told us about the service?

We spoke with the manager and one member of staff who provided a comprehensive overview of the current service. One service user was also available for discussion.

Staff feedback received prior to the issue of this report shows that staff were satisfied or very satisfied with the quality of service.

No questionnaires were received from service users prior to the issue of this report.

Comments received during inspection process:

Service Users:

- "All staff are good."
- "I have an excellent keyworker."
- "Good Christmas gifts and activities."
- "We are well cared for."
- "I feel safe and secure here."
- "I love my home."
- "The manager always makes time of all of us."

Staff comments:

- "I have received a good comprehensive induction and all staff were very helpful."
- "My supervision is one to one and a good safe space for discussions."
- "All my training has been completed."
- "Good effective staff communication."
- "Good Covid guidance and PPE in place."
- "We promote choice and independence."

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 Peter's Hill was undertaken on 5 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 two adult safeguarding referrals had been made since the last inspection. Upon review it was appropriately actioned in accordance with the agency's policies and procedures.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA and/or other relevant bodies appropriately. No incidents were reported since the last inspection.

It was noted that staff had undertaken DoLS training appropriate to their job roles.

Examination of service users care records confirmed that current DoLS practices were in place and a log was in place available for review.

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)?

The discussions with the manager, staff and review of service user 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 domiciliary care agency. There was evidence that agency staff had made a referral to the multi-disciplinary team for specific SALT recommendations to ensure the care received in the service user's home was safe and effective. It was noted that staff had undertaken dysphagia awareness training.

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 a number of staff from another domiciliary care agency; records reviewed were noted to be up to date and satisfactory.

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. It was identified that the process included engagement with service users, staff, relatives 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:

- "The staff are all very nice to me."
- "I can call for help at any time."
- "I'm happy here in Petershill."
- "Staff are all very good and helpful."

Staff:

- "I'm well supported by management."
- "All care is individualised."

- “A good friendly working environment.”
- “The quality of care is very high.”

Relatives:

- “My *** is well looked after.”
- “It’s a fantastic service and***** is very happy there.”
- “I could not fault Petershill.”
- “I’m very happy with the support ***** gets.”

HSC Trust Staff:

- “They keep me well informed.”
- “The service users I support appear to have an excellent quality of life.”
- “Communication between us is excellent.”
- “A good atmosphere during visits.”

There is a process for recording complaints in accordance with the agency’s policy and procedure. It was noted that one complaint had been received since the last inspection. This was actioned to the satisfaction of the complainant. In accordance with the organisation’s policy and procedures complaints are reviewed as part of the agency’s monthly quality monitoring process.

It was established during discussion 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).

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 and others during this review:

- “I like living n Petershill.”
- “I’m happy with the care and support ***** receives.”
- “I have a good relationship with staff.”
- “I’m pleased with the improvement I have made here.”
- “I’m happy living here.”

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.

7.0 Quality Improvement Plan/Areas for Improvement

No areas for improvement have been identified where action is required to ensure compliance.

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Miss Deborah Ann-Gower manager as part of the inspection process and can be found in the main body of the report.



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

Twitter @RQIANews

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