

# Inspection Report

**Name of Service:** Inspire House

**Provider:** Northern Health and Social Care Trust

**Date of Inspection:** 31 October 2024

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Northern Health and Social Care Trust (NHSCT)
<b>Responsible Individual/Responsible Person:</b>	Ms Jennifer Welsh
<b>Registered Manager:</b>	Mrs Amanda Matthew
<b>Service Profile</b> Inspire House is a day care setting that is registered to provide care and day time activities for up to 20 people with learning disabilities. The day care setting is open Monday to Friday and is managed by the NHSCT.	

## 2.0 Inspection summary

An unannounced inspection took place on 31 October 2024, from 9.25 a.m. to 3.15 p.m. by a care Inspector.

The inspection was undertaken to evidence how the day care setting is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 23 November 2023; and to determine if the day care setting is delivering safe, effective and compassionate care and if the service is well led.

The inspection evidenced that effective and compassionate care was delivered to service users and that the day care setting was well led. Details and examples of the inspection findings can be found in the main body of the report. Areas for improvement identified related to the induction process and the fire risk assessment. One area for improvement has been stated for a second time in relation to risk assessments.

It was evident that staff promoted independence, the dignity and well-being of service users with kind, caring interactions. It was also evident that staff were knowledgeable and well trained to deliver safe and effective care.

## **3.0 The inspection**

### **3.1 How we Inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the day care setting was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this day care setting. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the day care setting; and review/examine a sample of records to evidence how the day care setting is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

### **3.2 What people told us about the service and their quality of life**

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

Service users spoke very positively about their experience of attending the day care setting; they said they liked attending and staff were respectful and always took time to listen to their views. Discussion with service users confirmed that they were able to choose how they spent their day including the provision of social activities.

Service users told us that they were encouraged to participate in regular service users' meetings which provided an opportunity for them to comment on aspects of the running of the day care setting. For example, planning activities and outings.

The information provided indicated that they had no concerns in relation to the day care setting.

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided.

Staff said that management were approachable, teamwork was good and they felt well supported in their role. We did not receive any responses from the staff online survey.

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

The last care inspection of the day care setting was undertaken on 23 November 2023 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

<b>Areas for improvement from the last inspection on 23 November 2023</b>		
<b>Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b> <b>Ref:</b> Regulation 20 (1) (a) <b>Stated:</b> First time	The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and review of staff duty rosters evidenced that this area for improvement had been addressed.	
<b>Area for Improvement 2</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The registered person shall make suitable arrangements where necessary for the handling, safe keeping, safe administration and disposal of medicines used in the day care setting to ensure that any medicine which is kept in a day care setting is stored in a secure place.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and a tour of the environment evidenced that medicines were stored securely.	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 14 (1) (a)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure as far as reasonably practicable that all parts of the day care setting to which service users have access are free from hazards to their safety.</p> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the manager and a tour of the environment evidenced that this area for improvement had been addressed.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 16 (1) (2)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure:</p> <p>(1) That robust and effective arrangements are in place in relation to the management of diabetes; this includes but is not necessarily limited to a person centred and detailed care plan and risk assessment record.</p> <p>(2) That the risk assessments are reflective of the International Dysphagia Diet Standardisation Initiative, as indicated on the Speech and Language Therapist care plan.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>(1) Review of care records evidenced that a person centred and detailed care plan and risk assessment had been developed in relation to the management of diabetes.</p> <p>(2) Review evidenced that risk assessments had not been developed. This area for improvement will be stated for a second time.</p>	<p><b>Partially met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 19 (2) &amp; (3)</p> <p><b>Stated:</b> First time</p>	<p>The registered person must ensure records are available, in the day care setting, as described in Schedule 5 of the Day Care Setting Regulations.</p> <p><b>Action taken as confirmed during the inspection:</b> On the day of inspection all records outlined in Schedule 5 were available to the inspector.</p>	<p><b>Met</b></p>

<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 17 (1) &amp; Schedule 3</p> <p><b>Stated:</b> First time</p>	<p>The registered person must make arrangements for the completion of the Annual Quality Review Report for this service. This should be submitted to RQIA with the returned QIP.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The Annual Quality Review Report was submitted with the returned QIP.</p>	<p><b>Met</b></p>
<p><b>Action required to ensure compliance with the Day Care Settings Minimum Standards (revised), 2021</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 23.7</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the staff duty roster clearly indicates the staff rostered on duty on a daily basis and the time that each shift commences and concludes.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of staff duty rosters clearly indicated the staff rostered on duty on a daily basis and the time that each shift commenced and concluded.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 23.3</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should put appropriate arrangements in place to review the competency of staff in the manager's absence. This review should evidence there is a competent and capable person in charge of the day care setting at all times.</p> <hr/> <p>A competency assessment had been completed for all staff left in charge of the day care setting in the manager's absence.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 5.3</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the care plan is signed and dated by the service user, the member of staff responsible for drawing it up and the registered manager. Where the service user is unable or chooses not to sign any document, this should be recorded and the basis of his or her agreement to participate noted.</p>	<p><b>Met</b></p>

	Review of care plans evidenced that these records were signed and dated by the service user, the member of staff responsible for drawing them up and the registered manager.	
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### 3.4 Inspection findings

#### 3.4.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users.

A review of the day care setting'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.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken. It was identified that the proforma used for the Senior Day Care Worker's induction was the same as used by Support Workers. The induction process should be further developed for those in more senior roles. An area for improvement has been identified.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC); there was a system in place for professional registrations to be monitored by the manager and a record of checks retained. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

Service users said that there was enough staff on duty to support them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

#### 3.4.2 Care Delivery

Staff interactions with service users were observed to be polite, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual service users' needs, their daily routine, wishes and preferences.

It was observed that staff respected service users' privacy by their actions such as offering personal care to service users discreetly. Staff were also observed offering service users choice in how and where they spent their day or how they wanted to engage socially with others and participate in activities.

Staff had completed Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. There were arrangements in place to ensure that service users that require 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, their care records contained the appropriate authorisation forms and these were reflected within the service users' care plans.

It was also positive to note that the day care setting had service users' meetings on a regular basis which enabled the service users to discuss what they wanted from attending the day care setting and any activities they would like to become involved in.

Discussions between service users and staff were observed; staff encouraged service users to discuss their preferences and engaged with them in an effort to develop their cognitive, physical and social skills through discussion and activities.

The importance of engaging with service users was well understood and promoted by the manager and staff. Activities included baking, arts and crafts, relaxation sessions and outings. Activities for service users were provided which involved both group and one to one activities.

### **3.4.3 Management of Care Records**

The service users' care plans contained details of their likes, dislikes, preferences and the level of care and support they may require. Care staff recorded regular evaluations about the delivery of care and support. Service users, where possible, were involved in planning their own care and the details of care plans were shared with service users' relatives, if this was appropriate.

Review of two service users' care records confirmed that they had been assessed by SALT in relation to dysphagia needs and specific recommendations made with regard to their individual needs in respect of food and fluids. Staff spoken with demonstrated a good knowledge of service users' wishes, preferences and assessed needs and how to modify food and fluids. However, review of records identified that risk assessments had not been developed to address the service users' dysphagia needs in line with SALT recommendations. This was discussed with the manager and an area for improvement has been stated for a second time.

A review of training records confirmed that staff had completed training in dysphagia and in relation to how to respond to choking incidents.

Service users care records were held confidentially.

Care reviews had been undertaken in keeping with the day care setting's policies and procedures. It was positive to note that an easy read care review format had been developed to support service users to lead their care review.

### **3.4.4 Quality and Management of the Environment**

The environment was observed during a tour of the day care setting and there was evidence of Infection Prevention and Control (IPC) measures in place such as Personal Protective Equipment (PPE) which was available for staff. Other IPC measures were in place, which included seven step hand hygiene notices positioned at wash hand basins, supplies of liquid soap and hand towels mounted on the wall and foot pedal operated bins.

It was identified that items were stored in accordance with Control of Substance Hazardous to Health (COSHH) guidance.

The day care setting was found to be warm, fresh smelling and clean throughout. The day care setting was tastefully decorated for Halloween and service users' artwork was displayed.

The day care setting's fire safety precaution records were reviewed. Discussion with staff confirmed they were aware of the fire evacuation procedure. Fire exits were observed to be clear of clutter and obstruction. All staff had completed fire safety training and participated in an annual fire evacuation drill.

The day care setting's fire risk assessment was reviewed. A number of recommendations outlined in the report of 22 January 2024 had not been addressed. An area for improvement has been identified.

### 3.4.5 Quality of Management Systems

There has been no change in the management of the day care setting since the last inspection. Mrs Amanda Matthew has been the manager in this day care setting since 21 November 2023.

Service users and staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

There were monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Reports relating to the day care setting's monthly monitoring were reviewed. The process included engagement with service users, service users' relatives, staff and HSCT 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.

The Annual Quality Report was reviewed and was satisfactory.

The manager advised that no incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The day care setting's registration certificate was up to date and displayed appropriately.

There was a system in place to ensure that complaints were managed in accordance with the day care settings policy and procedure. Records reviewed and discussion with the manager indicated that no complaints had been made since the last inspection. Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager or the person in charge.

The day care setting's governance arrangements for the management of accidents/incidents were reviewed. Review confirmed that an effective incident/accident reporting policy and system was in place. Staff are required to record any incidents and accidents in a centralised electronic record, which is then reviewed and audited by the manager and the NHSCT governance department. A review of a sample of accident/incident records evidenced that these were managed appropriately.

#### 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	*2	1

\* the total number of areas for improvement includes one that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed Amanda Matthews, Registered Manager, and the Day Care Worker, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards August (revised) 2021</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 16 (1) (2)  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate from the date of inspection	The registered person shall ensure that the risk assessments are reflective of the International Dysphagia Diet Standardisation Initiative, as indicated on the Speech and Language Therapist care plan.  Ref: 3.4.3  <b>Response by registered person detailing the actions taken:</b> An individual risk assessment has been completed for each service user who has a current Speech and Language care plan and Recommendations for Eating and Drinking (REDS). These are reflective of the International Dysphagia Diet Standardisation Initiative and held in both the service users' care file and the centre Dysphagia file.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 26 (4) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> On completion of QIP	The registered person shall provide details of the action taken to address the recommendations in the fire risk assessment dated 22 January 2024.  Ref: 3.4.4  <b>Response by registered person detailing the actions taken:</b> At the manager's request, the Fire Safety Advisor liaised directly with the landlord in relation to the outstanding works. The landlord confirmed he spoke with building control to ensure procurement of the correct materials and all outstanding works as highlighted on the fire risk assessment, were completed on 29.11.2024.
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards August (revised) 2021</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 21.1  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate from the date of inspection	The registered person shall ensure that an Induction proforma is developed and implemented for new Senior Day Care Worker posts.  Ref: 3.4.1  <b>Response by registered person detailing the actions taken:</b> The Induction Proforma has been developed for new Senior Day Care Worker posts and will be implemented by 16 <sup>th</sup> December. This will then be implemented across the service.

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



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