



The Regulation and
Quality Improvement
Authority

Inspection Report

Name of Service: Inspire Newhaven

Provider: Inspire Wellbeing

Date of Inspection: 12 November 2024

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

1.0 Service information

Organisation/Registered Provider:	Inspire Newhaven
Responsible Individual:	Ms Kerry Anthony
Registered Manager:	Mrs. Dorothy Neeson
<p>Service Profile: Newhaven is a domiciliary care agency that offers domiciliary care and housing support to up to six service users with enduring mental health.</p> <p>Community outreach is also provided to service users who live in the community. RQIA does not regulate these elements of support.</p>	

2.0 Inspection summary

An unannounced inspection took place on 12 November 2024, between 10.15 a.m. and 1.50 p.m. by a care Inspector.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards. The inspection also determined if the agency is delivering safe, effective and compassionate care and if the agency is well led.

The inspection established that safe, effective and compassionate care was delivered to service users and that the agency was well led. However, improvements were required to ensure the effectiveness and oversight of certain aspects of the agency's quality systems; such as the staff induction and the annual quality report.

Service users were observed to be relaxed and comfortable in their interactions with staff and spoke positively about the care and support they receive. Refer to Section 3.2 for more details.

Inspire Newhaven uses the term 'residents' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

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 service 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 the service. This included 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 service; and review/examine a sample of records to evidence how the service is performing in relation to the regulations and standards.

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

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

We spoke with the service users and staff to seek their opinions on the quality of the care and support, their experiences of living, or working in Inspire Newhaven.

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

Service users spoke positively about their experience of the support they received from staff. They described being 'very happy' and that all the staff were 'dead on'. Staff said the induction and training they received was 'very good' and they described how they felt they had a 'great rapport' with the service users.

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

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. Written comments included:

- "I would like staff to get Christmas day off."
- "I have no complaints about my care."
- "I am happy enough with my care."

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 the last inspection?

The last care inspection of the agency was undertaken on 30 August 2023 by a care inspector. No areas for improvement were identified.

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 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.

Advice was given in relation to further developing the recruitment checklist, to ensure that it reflected more detail regarding employment histories, specifically that reasons for leaving previous posts had been provided; and that the employment history commenced at school leaving age. Advice was also given regarding the need for the declaration of physical and mental fitness to be more explicit on the checklist. Following the inspection, it was confirmed to RQIA that these matters had been addressed.

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.

Newly appointed staff had completed a structured orientation and induction, to ensure they were competent to carry out the duties of their job. Whilst the induction booklet included a section on Positive Risk taking, the discussion undertaken with new staff members in relation to this relied very much on the quality of the person providing the induction. It was noted that the induction process required to be developed to include information for staff on mental health awareness. Whilst it was good to note that this area of work is being developed at an operational level, an area for improvement has been identified to ensure that this is implemented and embedded into practice.

Written records were retained by the agency of the person's capability and competency in relation to their job role.

Records of all staff training were retained. Additionally, it was identified that a new training programme on mental health awareness is being developed. This training should be added to the staff training records (matrix), when provided.

There were good systems in place to manage staffing. There were enough staff on duty to help the service users.

Staff said there was good teamwork and that they felt well supported in their role and that they were satisfied with the staffing levels. Staff were seen supporting service users in a caring and compassionate manner.

Regular staff meetings were held and minutes maintained of the meetings for staff, unable to attend, to read for information sharing.

3.4.2 Care Delivery

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

It was good to note that the service users contributed towards the agenda of meetings and plans were in place for them to lead their meetings, rather than the meetings being led by staff members.

Staff were also observed encouraging service users regarding structuring their day and the activities they wanted to engage in. However, observation of the administration of medicines, identified that the medicines were stored in a Medicines Room which meant that the service users had to go there for their medicines. This would not be in keeping with the ethos of supported living. Given that this had been identified through the agency's auditing processes, it was agreed that time would be afforded to the agency to implement a new system, whereby service users would be supported to manage the safe storage and administration of their medicines, as appropriate to their individual needs. This will be followed up at future inspection.

Service user meetings were held on a regular basis which enabled the service users to discuss any activities they would like to become involved in and also any other matters relating to their home. Some of the matters discussed included the recent trip to Portrush, the cooking schedule, changes in keyworkers, college prospectus, Halloween and Christmas parties.

There was also a communication book in place which staff were required to read every day. The communication book included important information about the service users, especially changes to care, that they needed to assist them in their roles.

3.4.3 Management of Care Records

Service users' needs were assessed. Safety Management; Support Plans; and Recovery Plans were developed to direct staff on how to meet the service users' needs. The support plans were person centred, detailing the service users' likes and dislikes and had been updated when there had been any changes to the service users' needs.

Service users, were involved in planning their own care and the details of the support plans were shared with their relatives, if this was appropriate.

There was evidence of family members being involved in the Recovery Outcome Review process.

There was also evidence of regular contact with service users and their representatives.

3.4.4 Quality of Management Systems

Mrs Dorothy Neeson has been the Registered Manager since 29 March 2023. Staff commented positively about the manager and described them as supportive, approachable and always available to provide guidance.

Review of a sample of records evidenced that there was a system in place for reviewing the quality of care and staff practice; however, advice was given in relation to the monthly quality monitoring reports, specifically in relation to the recording of stakeholders' views. The person designated with the responsibility of undertaking the visits should make contact with the stakeholders, rather than referencing the complaints records. It is also advised that the time and duration of the visits are recorded, in effort to ensure the visits are undertaken at a time when most service users are home. Advice was also given in relation to ensuring the monthly quality monitoring reports are available at all times, for inspection purposes and for the purposes of the person undertaking the quality monitoring visits.

There was an Adult Safeguarding Champion who completed an Annual Safeguarding Position report every year; advice was given in relation to the need for the report to have an addendum affixed that would detail the data specific to Inspire Newhaven.

The annual quality report was viewed. It was noted that this included a section on service user feedback that was generic in nature; and it was not reflective of the views of the service users residing in Inspire Newhaven. The report also did not include the views of staff or Trust' representatives. An area for improvement has been identified.

It was established that all staff members were registered with the relevant professional body; however, staff' registrations were subject to randomised checks, rather than being checked on a monthly basis. Checking the NISCC and NMC register on a monthly basis is good practice and reduces the risk of staff members being removed from the register due to non-payment of fees; or for any other reason that may be related to another (second) employer. This will be followed up at future inspection.

4.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	0	2

The areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Dorothy Neeson, 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 Minimum Standards (revised) 2021	
Area for improvement 1 Ref: Standard 8.12 Stated: First time To be completed by: 30 March 2025	<p>The Registered Person shall ensure that the annual quality report includes the views of service users, relatives, staff and Trust' representatives.</p> <p>Ref: 3.4.4</p> <p>Response by registered person detailing the actions taken: The Registered Manager shall ensure that all relevant feedback received from stakeholders is included in the annual quality report.</p>
Area for improvement 2 Ref: Standard 12.4 Stated: First time To be completed by: 30 March 2025	<p>The Registered Person shall ensure that the induction process is further developed to include information for staff on mental health awareness.</p> <p>Ref: 3.4.1</p> <p>Response by registered person detailing the actions taken: The Registered Person has made additional Mental Health Awareness eLearning available to all new staff during their induction period as of 12/12/24.</p>

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