The Regulation and Quality Improvement Authority

Inspection Report

19 July 2024

Inspire University Street Supported Living Service

Type of service: Domiciliary Care Agency
Address: 104 University Street, Belfast, BT7 1HE
Telephone number: 028 9023 0411

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 Wellbeing **Responsible Individual:** Ms. Kerry Anthony	**Registered Manager:** Mrs. Celine Vance **Date registered:** 21 June 2022
Person in charge at the time of inspection: Project Worker and Senior Project Worker	
Brief description of the accommodation/how the service operates: Inspire University Street Supported Living Service is a supported living type domiciliary care agency which provides care and housing support to six adults with severe and enduring mental illness. The agency's offices are located in the same building as the service users' accommodation and are accessed from a shared entrance. Services are commissioned by the Belfast Health and Social Care Trust (BHSCT).	

2.0 Inspection summary

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 and Dysphagia management were also reviewed.

Good practice was identified in relation to service user involvement and provision of compassionate care. It was good to note the agency had implemented a more effective system regarding the staff rota since the last inspection.

Two areas for improvement were identified relating to the storage of service users' medication and staff cover in the absence of the manager.

The inspector would like to thank the staff in charge, service users, the Health and Social Care (HSC) Trust representative, staff and manager for their help and support in the 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.

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.

4.0 What did people tell us about the service?

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

The information provided indicated that they had no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "I'm supported well."
- "The staff are good to me."
- "I like it here. There are some rules but I know there has to be."

Staff comments:

- "The standard of training is good. We have good opportunity to discuss issues. I have regular supervision. I know what to do about a safeguarding concern. I have no concerns about the service."

HSC Trust representatives' comments:

- "A brilliant service. My team have no concerns."

No responses were received to the questionnaires or 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 19 September 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.

Areas for improvement from the last inspection on 19 June 2023		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		**Validation of compliance**
Area for Improvement 1 **Ref:** Regulation 13 (d) **Stated:** First time	The registered person shall ensure that a Declaration of physical and mental fitness is signed by the manager, prior to new staff being supplied into service users' homes.	**Met**
	Action taken as confirmed during the inspection: A review of recruitment records confirmed this area for improvement had been addressed.	

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 person in charge 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 person in charge advised that there had been no concerns raised under the whistleblowing procedures.

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. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

Staff were provided with training appropriate to the requirements of their role. The person in charge reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future.

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 person in charge advised that no service users required their oral medicine to be administered with a syringe. The person in charge was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The person in charge reported that none of the service users were subject to DoLS. A resource folder was available for staff to reference.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records, it was good to note that service users had an input into devising their own plan of 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 monthly basis which enabled the service users to discuss the provisions of their care. Some matters discussed included:

- New front door
- Safeguarding
- Trips
- Staffing

During the inspection it was identified that medication belonging to service users was stored in the agency's office. The person in charge stated that service users come to the office to receive their medication. The inspector discussed the advantages of safely storing the service users' medication in their own homes. An area for improvement has been identified in this regard.

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

The manager informed us that none of the service users had swallowing difficulties. All staff had been trained in Dysphagia and how to respond to choking incidents.

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.

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.

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

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.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

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. It was positive to note that the agency had a Complaints Log in place.

Where staff were unable to gain access to a service user's home, there was a procedure in place that clearly directed staff from the agency as to what actions they should take to manage such situations.

Staff required to cover in the absence of the registered manager had completed a competency assessment. There was, however, uncertainty from staff in charge on the day of inspection regarding the location of a number of documents and information requested by the inspector. This has been identified as an area for improvement.

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

Areas for improvement and details of the QIP were discussed with Mr. John Smyth, person in charge, 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	
Area for improvement 1 **Ref:** Regulation 14(c)(e) **Stated:** First time **To be completed by:** Immediate and ongoing from the date of inspection	The registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided- (c) so as to promote the independence of service users; (e) in a manner which respects the privacy, dignity and wishes of service users, and the confidentiality of information relating to them. This relates to the ensuring that service users are provided with a secure facility for the storage of medication within their individual homes. Ref: 5.2.2
	Response by registered person detailing the actions taken: Medication procedure and practice recognises the right for the person to have their medication in their own accommodation. Where possible this will be facilitated. However, where risks are identified the storage and administration of medication may be undertaken in the medication room, through consent or appropriate MCA informed care and support planning.
Area for improvement 2 **Ref:** Regulation 16(1)(d)	The registered person shall ensure that suitably qualified and competent persons are available to be consulted during any period of the day in which a person is working for the purposes of the agency. Ref: 5.2.6
	Response by registered person detailing the actions taken: All employees who have successfully completed a probation period, have undergone a competency assessment to be 'in charge' of the service in the short-term absence of the manager. This includes awareness of information required to be presented in an inspection. Following the inspection, staff were refreshed on the information and the location of all relevant documentation likely to be requested by an inspector.

Please ensure this document is completed in full and returned via Web Port

The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA