

# Inspection Report

14 October 2021



## Annadale Avenue

Type of service: DCA Supported Living  
Address: 29a Annadale Avenue, Belfast, Antrim, BT7 3JJ  
Telephone number: 028 950 43760

[www.rqia.org.uk](http://www.rqia.org.uk)

---

Assurance, Challenge and Improvement in Health and Social Care

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> BHSCT	<b>Registered Manager:</b> Mrs Renee Stewart
<b>Responsible Individual:</b> Dr Catherine Jack	<b>Date registered:</b> 13/04/2015
<b>Person in charge at the time of inspection:</b> Mrs Renee Stewart	
<b>Brief description of the accommodation/how the service operates:</b> Annadale Avenue is a domiciliary care agency supported living type service operated by the Belfast Health and Social Care Trust (BHSCT) which currently provides care and support to 14 adults with a learning disability. The agency's staffing arrangements consist of the registered manager, a deputy manager and a number of senior care and support workers. Service users receive care and support in their own individual apartments and staff are available to respond to the needs of service users 24 hours per day.	

## 2.0 Inspection summary

An unannounced inspection was undertaken on 14 October 2021 between 09.00 a.m. and 12.45 p.m. by the care inspector.

The inspection focused on the agency's governance and management arrangements as well as staff recruitment, staff registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguarding (DoLS) including money and valuables, restrictive practices, monthly quality monitoring, Dysphagia and Covid-19 guidance.

Service users spoken with said that they were very satisfied with the standard of care and support provided.

Good practice was identified in relation to appropriate checks being undertaken before staff started to provide care and support to the service users. Good practice was found in relation to the system in place for disseminating Covid-19 related information to staff.

A number of areas for improvement were identified and are outlined in the Quality Improvement Plan (QIP).

### 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 guidance, 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, quality improvement plan (QIP) records of Notifiable incidents, written and verbal communication received since the last care inspection.

The inspection focused on reviewing relevant documents relating to the agency's governance and management arrangements. This included checking how support workers' registrations with the (Northern Ireland Social Care Council) NISCC were monitored by the agency.

During the inspection, we discussed any complaints that had been received and any incidents that had occurred, with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 23.

Information was provided to staff and service users to request feedback on the quality of service provided. This included a staff electronic survey to enable them to provide feedback to RQIA.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

### 4.0 What people told us about the service

Prior to the inspection we provided a number of easy read questionnaires for those people supported to comment on the following areas of service quality and their lived experience:



- 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 show that those supported thought care and support was either excellent or good. However, a number of concerns were raised and passed to the BHSCT adult safeguarding team and these were actioned to a satisfactory conclusion at this time. The review of the records evidenced that the recommendations made by the Belfast Health and social Care Trust, in relation to the outcome had been embedded into practice.

We spoke with two service users and two staff. In addition, we provided an electronic survey for staff to complete assessing the quality of the service provided.

#### **Service users' comments:**

- "Staff are excellent."
- "Manager is good."
- "I have no complaints."
- "I love it here."
- "My keyworker is very good."
- "You can rely on staff."
- "We are happy here."
- "It's home from home."
- "You can see the changes."

#### **Staff comments**

- "I had good induction it prepared me for the role."
- "I had the opportunity shadow other staff."
- "I have no concerns or issues."
- "The manager has an open door policy."
- "My supervision is one to one and you have you have the opportunity discuss any concerns."
- "We try to keep promoting independence."
- "It's important to build up relationships."
- "I know how to make a complaint or to use whistleblowing if I have concerns."

No staff responded to the electronic survey were received prior to the issue of this report.

## **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 Annadale Avenue was undertaken on 18 August 2020 by a care inspector.

<b>Areas for improvement from the last inspection on 18 August 2020</b>		
<b>Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 <b>(b) Stated:</b> First time	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless: (b) He has the experience and skills necessary for the work that he is to perform. Ref: 6.1	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector noted the BHSCT ongoing developments in specific areas. These were completed prior to the issue of this report.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 14 (a) <b>Stated:</b> First time	Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided so as to ensure the safety and well-being of service users. Ref:6.1	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A number of care plans reviewed show that this regulation was met.	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 15 (8)(9) & (10) <b>Stated:</b> First time	The registered person shall make suitable arrangements, including training, to ensure that domiciliary care workers operate a safe system of working with service users.	<b>Met</b>
	The registered person shall make arrangements, by training or by other measures, to prevent service users being harmed or suffering abuse or neglect or being placed at risk of harm, abuse or neglect. The registered person shall ensure that no service user is subject to physical restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.  Ref: 6.1	

	<p><b>Action taken as confirmed during the inspection:</b> A number of care plans reviewed show that this regulation was met.</p>	
<p><b>Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b>   <b>Ref:</b> Standard 8.2   <b>Stated:</b> First time</p>	<p>The registered manager ensures the agency delivers services effectively on a day-to-day basis with good professional relationships in accordance with legislative requirements, DHSSPS Minimum Standards and other standards set by professional regulatory bodies and standard setting organisations. Issues arising are reported to the registered person.</p> <p>Ref:6.1</p> <p><b>Action taken as confirmed during the inspection:</b> Review of current documentation and staff discussions show that this standard is being met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 2</b>   <b>Ref:</b> Standard 16.3   <b>Stated:</b> First time</p>	<p>The registered person promotes safe and healthy working practices through the provision of information, training, supervision and monitoring of staff in the following areas: A safe and healthy work environment and safe systems of work.</p> <p>Ref:6.1</p> <p><b>Action taken as confirmed during the inspection:</b> The inspector confirmed the standard was being met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 3</b>   <b>Ref:</b> Standard 16.5   <b>Stated:</b> First time</p>	<p>The registered manager ensures that the agency staff are provided with appropriate protective clothing and equipment suitable for the job, to prevent risk of harm, injury or infection to themselves or others.</p> <p>Ref: 6.1</p>	<p><b>Met</b></p>

	<p><b>Action taken as confirmed during the inspection:</b> The inspector confirmed PPE arrangements and noted the staff use of PPE.</p>	
--	---	--

## 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).

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff had undertaken training in relation to adult safeguarding. Review of incidents identified that they had been referred appropriately.

It was noted that incidents had been managed in accordance with the agency's policy and procedures. The manager was aware of which incidents required to be notified to RQIA. A review of the accident and incident records confirmed that there were accurate records maintained in relation to each incident.

Staff were provided with training appropriate to the requirements of their role. However, a review of the records identified a number of staff who had yet to complete the DoLS training. This was discussed with the manager who agreed to address this. Confirmation was received by email in October 21 & 26 which indicated that training had been completed. Discussions with the manager highlighted the need to review the competency and capability of senior staff responsible for the agency in the absence of a registered manager. Areas for improvement issued.

The manager demonstrated that they have an understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. RQIA were informed there was one service users who was subject to DoLS. All the required documentation was in place and reviewed.

The manager confirmed the agency does not manage individual monies belonging to the service users.

### Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

The manager advised that two of the service users had been assessed by SALT in relation to dysphagia needs. The manager advised that training on Dysphagia is available and records show that staff training had been completed.

### 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 support workers are supplied to work with the service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all support workers 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.

### 5.2.4 Are there robust governance processes in place?

The quality monitoring processes were reviewed, to ensure that complaints and any incidents were routinely monitored as part of the monthly checks in line with Regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2005. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with service users, relatives, staff, and HSCT staff. The reports included details of the review of service user care records, accident/incidents, safeguarding matters, complaints, staff training and staffing arrangements. Following discussion with manager an area for improvement was issued relating to the review of the current monitoring format to ensure more qualitative feedback.

We noted some of the comments made by service users, relatives, HSC Trust and staff during the monthly quality monitoring:

#### Service users:

- "I enjoy living in Annadale."
- "I enjoy my new home."
- "Staff are friendly and a good support."

#### Staff:

- "I'm happy with my working environment."
- "Good support within the team."
- "Good communication."

#### Relatives:

- "The team go over and beyond."



- “Staff have been supportive.”
- “\*\*\*\* enjoys Annadale and get good staff support.”

### HSC Trust Staff:

- “Staff work hard to get to know individuals.”
- “Staff are caring towards\*\*\*\*\*.”
- “Staff are helpful and knowledgeable.”

It was positive to note that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that matters had been actioned.

There was a process for recording complaints in accordance with the day care setting’s policy and procedures. It was noted that two complaints had been received since the last inspection. These were actioned by the manager to the satisfaction of the complainant.

Staff described their role in relation to reporting poor practice and their understanding of the setting’s policy and procedure on whistleblowing.

It was positive to note that a number of annual care reviews had been completed .We noted some of the comments from relatives during the reviews:

- “Happy here needs are being met.”
- “A good place to live.”
- “I’m happy at Annadale.”
- “Staff are excellent.”

It was established during discussions with the manager that the agency had been involved in a Serious Adverse Incident (SAI’s)/Significant Event Analysis’s (SEA’s) and an Early Alert’s (EA’s). Safeguarding incident records were reviewed and it was noted that they had been reported and managed appropriately. A review of the records confirmed that there were accurate records maintained in relation to each incident and that representatives were notified appropriately.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control (IPC) practices.

## 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. However a number of areas for improvement have been identified to ensure ion going safe and effective care. The areas for improvement were discussed with the manager who agreed to commence actions immediately.

**7.0 Quality Improvement Plan/Areas for Improvement**

There were a number of areas for improvement identified during this inspection, and a Quality Improvement Plan (QIP) is included, as part of this inspection report.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of Areas for Improvement</b>	2	0

Findings of the inspection were discussed with Mrs R Stewart Registered Manager, as part of the inspection process and can be found in the main body of the report.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with Regulations</b>	
<p><b>Area for improvement 1</b>  <b>Ref:</b> Regulation 23(1), (2)(a), (b) (i) (ii), (c), (3)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b>                      The date of inspection</p>	<p>(1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency-</p> <p>(a) arranges the provision of good quality services for service users;</p> <p>(b) takes the views of service users and their representatives into account in deciding-</p> <p>(i) what services to offer to them, and</p> <p>(ii) the manner in which such services are to be provided; and</p> <p>(c) has responded to recommendations made or requirements made imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.</p> <p>(3) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p> <p>This refers to the monthly quality monitoring reports which are required to be submitted to RQIA every month until further notice. These reports are to contain a robust analysis of the operation of the agency.                      Ref 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>                      The Registered Person shall ensure that the monthly monitoring reports contain a more thorough and robust analysis of the quality of the services provided by Annadale Avenue to include</p>

	<p>the views of service user and their representatives. The reports will be forwarded to the RQIA every month going forward.</p>
<p><b>Area for improvement 2</b>  <b>Ref:</b> Regulation 16(d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b>  The date of inspection</p>	<p>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</p> <p>The registered provider should ensure competency and capability assessments are completed with each senior care staff responsible for the agency in the absence of a registered manager.  Ref:5.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b></p> <p>The registered provider will ensure competency and capability assessments have been completed and reviewed with all senior staff to ensure that there is always a suitably qualified and competent person available to be consulted at any time of the day. Copies of these competencies have been forwarded to the RQIA inspector at his request.</p>

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



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](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care