

# Inspection Report

## 15 November 2021



## Beechway Houses

**Type of Service: Domiciliary Care Agency**  
**Address: Shepherds Way, Dungiven Road,**  
**Londonderry, BT47 5GW**  
**Tel No: 028 7131 2627**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Apex Housing Association	<b>Registered Manager:</b> Mrs Delma Lorraine McCurry
<b>Responsible Individual:</b> Miss Sheena McCallion	<b>Date registered:</b> 15 June 2017
<b>Person in charge at the time of inspection:</b> Mrs Delma Lorraine McCurry	
<b>Brief description of the accommodation/how the service operates:</b>  Beechway Houses is a domiciliary care agency (supported living type) located in Londonderry, which supports up to 16 service users, whose care is commissioned by the Western Health and Social Care Trust.  Service users reside in two bungalows; the agency's office is situated adjacent to the homes of the service users and accessed from a separate entrance. Staff are available 24 hours per day to provide care and support to service users to assist them in maintaining their tenancy, live as independently as possible and be involved in the local community.	

## 2.0 Inspection summary

The care inspector undertook an announced inspection on 15 November 2021 between 10 am and 2 pm.

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) and the Nursing and Midwifery Council (NMC), 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 said that they were 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.

Based on the inspection finding two areas for improvement were identified. These related to the standard of information available for employment agency staff.

### 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 and 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 NISCC and the NMC 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, service users and their relatives to request feedback on the quality of service provided. This included an electronic survey to enable them to provide feedback to the 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 supported to comment on the following areas of service quality:



- 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. A small number of service users responded that the staff did not talk to them

about their care and support or about their care plan. This was relayed to the manager, for review and action as appropriate.

The information provided by service users during the inspection indicated that there were no concerns in relation to the care and support provided. The following comments were received during the inspection:

**Service users' comments:**

- "I am very happy."
- "I like it here."

Staff spoken with stated that they felt that the agency was short staffed. However, they also indicated that they were managing and the service users' needs were always met.

Service users also told us that they were very happy with the support and care provided in Beechway Houses. The following comment was received via the questionnaires:

**Service user's comments:**

- "I like living in Beechway because the staff is good and they help me."
- "I like it here."

No responses were received to the electronic survey.

## 5.0 The inspection

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

Areas for improvement from the last inspection on 8 December 2020		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 23 (1)(2)(3)(4)(5)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate from the date of the inspection	The registered person shall ensure that the current system of undertaking bi-monthly visits to the agency ceases and that monthly visits are reinstated, in keeping with regulation 23.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed that the monthly monitoring visits were being undertaken on a monthly basis.	

## 5.2 Inspection findings

### 5.2.1 Are their robust systems in place for staff recruitment?

There was a process in place to ensure that new staff are recruited in accordance with the regulations and minimum standards and this was verified in the review of records.

### 5.2.2 Are there systems in place for identifying and addressing risks?

We reviewed the agency's arrangements for ensuring that appropriate staffing numbers were in place to meet the service users' needs. Staff spoken with informed us that there were frequent changes in staff and that there had been a high level of staff turnover. The agency had relied on the use of agency staff from employment agencies. Despite comments made by staff in relation to being short staffed, we were satisfied that senior management within Apex were closely monitoring the staffing levels with Beechway Houses. We were further made aware that a formal complaint had been received in relation to the staffing levels. Given that we were unable to evidence any impact on service users' needs being met, we requested the manager to include RQIA in the response to the complainant.

Where agency staff from employment agencies are used, the employing agency should supply Beechway with information about the staff member they are supplying. The staff profile should include sufficient information, to enable the manager of Beechway, to assess that the agency worker has been recruited, trained, inducted and supervised, in keeping with the domiciliary care agencies regulations. Review of the agency profiles identified a number that fell short of the required standard. Two areas for improvement have been made in this regard.

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 had been completed.

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. Review of incidents identified that they had been referred appropriately. There was one safeguarding incident which was noted to be still ongoing. This will be followed up at the next inspection.

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.

Staff were provided with training appropriate to the requirements of their role. This included DoLS training. However, a review of the records identified a number of staff who had yet to complete the training. This was discussed with the manager who agreed to address this. Confirmation was received by email on 22 November 2021 which indicated that the outstanding training had been completed. We were satisfied that this had been addressed.

There were no service users subject to DoLS on the day of the inspection. Advice was given in relation to developing a resource folder for staff to access information pertaining to DoLS. The manager welcomed this and agreed to develop same.

No restrictive practices were used.

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

### **5.2.3 Is there a system in place for identifying care partners who visit the service users to promote their mental health and wellbeing during Covid-19 restrictions?**

The manager advised us that there were no restrictions on visiting service users at the time of the inspection. Visiting was facilitated in the service users' individual rooms. The manager was aware of the Care Partner approach, should there be a return to visiting restrictions in the future.

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

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). Discussion with the manager confirmed that staff were in the process of enrolling to undertake training in dysphagia. All staff had undertaken training in First Aid, which includes how to respond to any incidents of choking.

We shared information leaflets pertaining to safe eating and drinking, with the manager. This was welcomed by the manager, who agreed to develop a resource folder for ease of staff reference.

### **5.2.5 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.

Review of the records confirmed that all support workers are appropriately registered with NISCC and the NMC. Information regarding registration details and renewal dates for staff are monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs)/Significant Event Analyses (SEAs) or Early Alerts (EAs). Safeguarding incident records were reviewed and it was noted that they had been reported and managed 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 finding two areas for improvement were identified. These related to the standard of information available for employment agency staff. We were satisfied that the service users were getting the right care at the right time. There was evidence of compassionate care and there were good governance and management systems in place.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Domiciliary Care Agencies Regulations (Northern Ireland) 2005.

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Delma McCurry, registered manager, 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 Domiciliary Care Agencies Regulations (Northern Ireland) 2005</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (d)(e)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately, from the date of the inspection</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless-</p> <p>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>(e) subject to sub-paragraphs (f) and (g), he is registered in the relevant part of the register.</p> <p><b>This refers to the information provided on agency staff profiles.</b></p> <p>Ref: 5.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Agency suppliers will be advised that any profiles shared with managers must be up to date and include all information as per Schedule 3 of the Domiciliary Care Regulations NI 2005.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 16 (5)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately, from the date of the inspection</p>	<p>The registered person shall ensure that staff are provided with an appropriately structured induction training lasting a minimum of three full working days.</p> <p><b>This refers to the induction of all staff regardless of how they have been recruited.</b></p> <p>Ref: 5.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Agency suppliers will be advised that any profiles shared with managers must be up to date and include all information as per Schedule 3 of the Domiciliary Care Regulations NI 2005.</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)

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