

Inspection Report

11 May 2023



Beechway Houses

Type of service: Domiciliary Care Agency
Address: Shepherds Way, Dungiven Road, Londonderry, BT47 5GW
Telephone number: 02871312627

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Apex Housing Association Responsible Individual: Ms Sheena McCallion	Registered Manager: Shauna McGaghran (Acting)
Person in charge at the time of inspection: Shauna McGaghran	
Brief description of the accommodation/how the service operates: Beechway Houses is a domiciliary care agency, supported living type which provides 24 hour care and support for up to 16 service users, whose care is commissioned by the Western Health and Social Care Trust.	

2.0 Inspection summary

An unannounced inspection took place on 11 May 2023 between 9.35 a.m. and 3.15 p.m. The inspection was conducted by a care inspector.

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, restrictive practices and Dysphagia management was also reviewed.

Good practice was identified in relation to service user involvement, staff training and the monitoring of staffs' registration with the Northern Ireland Social Care Council (NISCC). There were good governance and management arrangements in place.

Beechway Houses uses the term 'tenants' 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 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 and staff members.

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

Comments received included:

Service users' comments:

- "I enjoy living here. The staff are good. They look after me well. I would go to the staff if I had any concerns. The food is great. I get to choose what I eat. The manager is good. I have no concerns."

Staff comments:

- "The manager is approachable and the service is well led. The manager always shares information with us. I get a lot of support from the manager. The manager is very approachable and is always available if contacted when she is on call. The service is fantastic and all the staff know all the services users and their likes and dislikes. They choose what activities they want to do. They often go to the shops and cinema. We receive a lot of training and I recently had the opportunity to completed leadership and management training."
- "I enjoy attending the training; I have never worked in a place that has as much training as here. We get online and face to face training and we are required to complete a knowledge test at the end of the training session. The manager has been brilliant and is approachable. The manager spends time with the service users and staff every day and has an open door policy. The tenants are given choice as to what activities they want to do. I love this job."

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

A number of staff responded to the electronic survey. The respondents indicated that they were 'satisfied' that care provided was safe, effective and compassionate and that the service was well led. Written comments included:

- "I recently returned ... and I'm so impressed with how Beechway has improved and how well the tenants are being looked after. The staff are all lovely and very professional at their job."
- "I am very happy in my workplace and the way the service users are looked after."
- "Over the past few months working in Beechway House has been an absolute joy. The staff team are great and the tenants are very content and well looked after."

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 18 October 2022 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 18 October 2022		
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)(e) Stated: Second time	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless- (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3. (e) subject to sub-paragraphs (f) and (g), he is registered in the relevant part of the register. This refers to the information provided on agency staff profiles.	Met
	Action taken as confirmed during the inspection: Following a review of the agency staff profiles, the inspector confirmed compliance with Regulation 13 (d)(e).	

<p>Area for Improvement 2</p> <p>Ref: Regulation 16 (5) (a)</p> <p>Stated: Second time</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>This refers to the induction of all staff regardless of how they have been recruited.</p> <p>Action taken as confirmed during the inspection: Following a review of the induction records, the inspector confirmed compliance with Regulation 16 (5) (a).</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 16 (1)(a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that there is at all times an appropriate number of suitably skilled and experienced staff.</p> <p>Action taken as confirmed during the inspection: Following a review of the staff Rota and staffing levels on the day of the inspection, the inspector confirmed compliance with Regulation 16 (1)(a).</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (d)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all staff are appropriately registered within the timescale provided by NISCC.</p> <p>Action taken as confirmed during the inspection: Following a review of the records relating to staffs' registration with NISCC, the inspector confirmed compliance with Regulation 13 (d).</p>	<p>Met</p>

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 manager 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. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency retained records of any referrals made to the Health and Social Care (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.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately.

Staff were provided with training appropriate to the requirements of their role. The manager 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 manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their 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 MCA.

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

There was a system in place for notifying RQIA if the agency was managing individual service users' monies in accordance with the guidance.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users, 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 regular basis which enabled the service users to discuss the provisions of their care.

5.2.3 What are the systems 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). One service user was assessed by SALT staff with recommendations provided, requiring their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to 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 NISCC; there was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

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 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.

A review of the records relating to staff that were provided from recruitment agencies also identified that they had been recruited, inducted and trained in line with the regulations.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; this included staff that were supplied by recruitment agencies.

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. The manager was advised to discuss the post registration training requirement with staff to ensure that all staff are compliant with the requirements.

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 (SAIs) or Significant Event Audits (SEAs) procedures.

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 staff could access the service users' bedrooms in case of emergency.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Shauna McGaghan, Acting Manager, as part of the inspection process and can be found in the main body of the report.



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