

Inspection Report

Name of Service: Annadale Avenue

Provider: Belfast HSC Trust

Date of Inspection: 25 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:	Belfast HSC Trust
Responsible Individual:	Mrs Maureen Edwards
Registered Manager:	Mrs Renee Stewart
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 adults with a learning disability. 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 took place on 25 November 2024, between 8.45 a.m. and 3:00 p.m. This 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. It also looked at the reporting and recording of accidents and incidents, complaints, whistleblowing, service user involvement, and Dysphagia management.

An area for improvement was identified, this related to care records.

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 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 registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

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

During the inspection the RQIA inspector sought to speak with service users, their relatives or visitors and staff for their opinions on the quality of the care and support, their experiences of living, visiting or working in Annadale Avenue.

Service users spoke positively about their experience of the agency; they said the staff were great, they had enjoyed going to Lapland and on a cruise and that they felt safe.

Staff spoke very positively in regard to the care delivery and management support in the agency. They said that they love working here, the management team are superb, I am very well supported, the service users are cared for extremely well, I have no concerns about this service."

One relative contacted the inspector and shared their concerns about the service.

A number of staff responded to the electronic survey. The respondents indicated that they were very satisfied that care provided was safe, effective and compassionate and that the service was well led. Written comments included: "Very happy in Annadale with the care for the service users and staff." "Feel very supportive and supported within my role." Could not ask for a better team." "I am very happy with the care our service users receive and I am happy at Annadale."

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 5 December 2023 by a care inspector. No areas for improvement were identified.

3.4 Inspection findings

3.4.1 Staffing Arrangements

A review of the agency's staff recruitment records confirmed 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. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

Whilst there had been no new staff recently commenced employment in Annadale Avenue, a review of the records relating to staff provided from recruitment agencies confirmed that they had been recruited, inducted and trained in line with the regulations. Advice was given to the manager regarding creating a system to alert when an updated profile was required from the recruitment agency.

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

There was evidence that 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.

3.4.2 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).

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 HSC Trust in relation to adult safeguarding. 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 confirmed that no service users required the use of specialised equipment to assist them with moving.

All staff had been provided with training in relation to medicines management. A review of medication errors found that appropriate action was undertaken. The manager advised that no service users required their medicine to be administered with a syringe. Medication training and competency assessments includes the use of syringes for oral medication.

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 had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles.

Care files contained rich information relating to the service user's support needs and their likes and dislikes. However, a number of care and support plans were found to have key signatures omitted and risk assessments that were not reviewed. An area for improvement has been identified.

A number of service users were assessed by SALT with recommendations provided and some required 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.

3.4.3 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 agency had undertaken an evaluation of the service and produced a report which included feedback from service users with recommendations and actions.

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.

3.4.4 The arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place. 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.

The agency's registration certificate was up to date and displayed appropriately.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure.

The process and training in relation to non-access to service users was reviewed. Expected actions both in and outside of normal business hours was clear and communicated with staff.

4.0 Quality Improvement Plan/Areas for Improvement

An area for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	1	0

The areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Renee Stewart, 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 Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 15 (3)(b) Stated: First time To be completed by: Immediately from the date of inspection	<p>The Registered Person shall ensure that the service user care plans are kept under review, this relates specifically to the omission of signatures and review of risk assessments.</p> <p>Ref: 3.4.2</p> <p>Response by registered person detailing the actions taken: All service users care plans/ risk assessments have been reviewed, updated and signed appropriately. A file auditing system has been put in place to ensure all risk assessments are reviewed as required.</p>

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



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews