

# Inspection Report

9 August 2021



342 Ormeau Road

Type of service: DCA/SL  
Address: 342 Ormeau Road, Belfast, BT7 2GE  
Telephone number: 028 9504 2813

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Service information

<b>Organisation/Registered Provider:</b> Belfast HSC Trust	<b>Registered Manager:</b> Mr Padraic Fenlon
<b>Responsible Individual:</b> Dr Catherine Jack	<b>Date registered:</b> 3/12/2011
<b>Person in charge at the time of inspection:</b> Deputy Manager	
<b>Brief description of the accommodation/how the service operates:</b> 342 Ormeau Road is a domiciliary care agency supported living type located in the Belfast Health and Social Care Trust (BHSCT) area which provides personal care and housing support to 12 service users with mental ill health, dual diagnosis and complex needs. The service users are supported by up to 15 staff.	

## 2.0 Inspection summary

An unannounced inspection took place on 9 August 2021, at 09.00 am to 11.00am by the care inspector.

This inspection focused on recruitment, Northern Ireland Social Care Council (NISCC) and Nursing and Midwifery Council (NMC) registrations, adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS) including money and valuables, restrictive practices, monthly quality monitoring, Dysphasia and Covid-19 guidance.

One area for improvement has been identified that relates to Regulation 23 quality monitoring.

## 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.

The inspection focused on:

- contacting the service users and staff to obtain their views of the service
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

## 4.0 What people told us about the service

We spoke with one service user and two staff during the inspection.

We provided a number of questionnaires to service users and or relatives to facilitate comments on the quality of service provision.

The returned questionnaires show good satisfaction levels. We noted some of the comments reviewed:

Comments:

- “I’m very grateful and thankful for this service.”
- “\*\*\*\*\* feels this is an excellent service.”
- “All happy.”
- “I’m happy with the care.”

In addition we provided an electronic survey feedback form for staff feedback shows that staff were satisfied or very satisfied with the service.

Comments received during the inspection process:

**Service users’ comments:**

- “Good staff.”
- “I am more independent here.”
- “Staff treat me well.”
- “I have no complaints.”

**Staff comments:**

- “The manager is great and very approachable. There is an open door policy.”
- “A very comprehensive induction was provided.”
- “Staff training is good I have all my training completed.”
- “Good staff communication.”
- “Supervision is one to one an regular.”
- “We met with service users monthly to help promote independence and help with future plans.”
- “We try to always provide choice.”

## 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 342 Ormeau Road was undertaken 30 March 2021 by a care inspector.

<b>Areas for improvement from the last inspection on 30 March 2021</b>		
<b>Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</b>	<b>Validation of compliance</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13 (d) Schedule 3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of 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 to him in respect of each of the matters specified in Schedule 3.</p> <p>This refers specially to staff who were redeployed to work in the agency.</p> <p>Ref: 6.2</p> <p><b>Trust response</b></p> <p>Due to the exceptional circumstances faced by services with the Covid-19 pandemic, the recruitment process had a number of regionally agreed interim changes. As part of this Trusts sought only 1 reference and where an individual moved from one regulated post to another they did not require an Access NI check on moving to the new post.</p> <p><b>Trust Action</b></p> <p>The registered person shall now ensure that no Domiciliary Care Worker is recruited, supplied or redeployed to 342 Ormeau Road without ensuring compliance with the Domiciliary Care Agencies Regulations, Regulation 13, Schedule 3.</p> <p>The registered person will liaise with BSO, Occupational Health and HR department to verify that schedule 3 has been met. The registered person will request confirmation that an Access NI, two employment references and NISCC registration have been received prior to commencing employment.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with the manager and the review of documentation shows clear evidence that the area for improvement has been met.</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 agency'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 agency 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 were aware of the ASC and the procedure to follow if they have any concerns. It was noted that staff are required to complete adult safeguarding training during their induction programme and annual updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could 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 has a system for retaining a record of referrals made to the BHSCT in relation to adult safeguarding. Records viewed and discussions with the manager indicated that no adult safeguarding referrals had been made since the last inspection.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided. The agency has provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that a number of incidents had been managed in accordance with the agency's policy and procedures.

Staff have undertaken DoLS training appropriate to their job roles. Staff 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. It was discussed that the service users currently residing in the service all have capacity and are independent in respect of all matters, including finances.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices. It was noted that staff were complying with PPE guidance during the inspection. The manager had in place a comprehensive Covid-19 risk assessment.

**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 staff members commence employment and engage with service users. Records viewed evidenced that criminal record checks had been completed for staff. Recruitment is undertaken by the agency’s Human Resources (HR) Department within BHSCT.

A review of the records confirmed that all staff are appropriately registered with NISCC and the NMC. Information regarding registration details and renewal dates is monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

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

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007, however a number of reports were not available for review. This did not allow for the full review of the quality of care provided. One area for improvement has been issued relating to Regulation 23.

There is a process for recording complaints in accordance with the agency’s policy and procedures. It was noted that no complaints had been received since the last inspection.

The manager confirmed that the agency had not received any specific recommendations from Speech and Language Therapy (SALT) in relation to service users’ dysphagia needs to ensure the care received in the setting was safe and effective.

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

It was established during discussions with the manager that the agency had not been involved in any Significant Event Analysis (SEAs) or Early Alerts (EAs). The manager spoke about one Serious Adverse Incident (SAI), however this related to a service user within the hospital setting rather than within the supported living agency.

**6.0 Conclusion**

As a result of this inspection one area for improvement were identified in with regard to safe and effective care. Details can be found in the Quality Improvement Plan included.

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

Areas for improvement have been identified where action is required to ensure compliance with

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with the 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 23(1),  
 (2)(a), (b)(i) (ii), (c), (3)

**Stated:** First time

**To be completed by:**  
 The date of inspection

(1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.

(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-

(a) arranges the provision of good quality services for service users;

(b) takes the views of service users and their representatives into account in deciding-

(i) what services to offer to them, and

(ii) the manner in which such services are to be provided; and

(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.

(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.

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.

#### **Response by registered person detailing the actions taken:**

The monthly quality monitoring system has been reviewed and improved to ensure that it meets all aspects of Regulation 23 under the Domicilliary Care Agencies Regulations (NI) 2007. This includes a robust monitoring proforma and schedule of visits on an annual basis. A staff member is identified to conduct each visit. Any issues are shared with the Registered Manager and Assistant Services Manager.

The August quality monitoring report was emailed to the Inspector on 20 August 2021.



	<p>Quality monitoring reports will continue to be sent to the Inspector within a month of the monitoring visit taking place until otherwise advised. Reports will contain a robust analysis of the operations of the agency.</p>
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***\*Please ensure this document is completed in full and returned via Web Portal\****



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