

Inspection Report

17 November 2023



Fairholme Supported Housing

Type of service: Domiciliary Care Agency
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Belfast Health and Social Care Trust	Registered Manager: Mrs Carol Kernaghan
Responsible Individual: Dr Catherine Jack	Date registered: Acting
Person in charge at the time of inspection: Mrs Carol Kernaghan	
Brief description of the accommodation/how the service operates: Fairholme Supported Housing is a domiciliary care agency supported living type located in the Belfast Health and Social Care Trust area. It provides personal care and housing support to service users who are elderly with enduring mental health problems. The service users are supported by a number of staff.	

2.0 Inspection summary

An unannounced inspection took place on 17 November 2023 between 09.00 a.m. and 12.00 p.m.

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.

Good practice was identified in relation to ongoing care planning, quality monitoring, service user involvement, staff training and NISCC records.

We noted a number of compliments received by the agency from a number of various sources:

- "All staff are really helpful."
- "Fairholme is a lovely place for my relative, the staff are very kind."
- "I have not seen my relative happy and settled in a long time as in here."
- "I could not praise the staff enough."
- "Staff are friendly and welcoming."

The inspector would like to thank the service users and staff for their support, cooperation and flexibility during this inspection it was appreciated.

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 the 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, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic staff survey.

4.0 What did people tell us about the service?

During the inspection we spoke with staff and service users. The feedback was positive and highlighted the care provided.

Service user comments:

- "I really love living here."
- "Staff are excellent."
- "The manager is brilliant."
- "They treat me with dignity and respect."
- "No complaints or concerns."
- "I feel safe and secure here."
- "I live in a lovely atmosphere."

Staff comments:

- "I am a member of NISCC and I'm aware of my responsibilities as a care worker."
- "I had a comprehensive induction and the opportunity to shadow more experienced staff."
- "Staff communicate well with each other."
- "All my training is currently up to date."
- "The manager has an open door policy to all."

- “The manager is excellent and approachable.”
- “A great staff team that are supportive to each other.”

During the inspection we provided a number of questionnaires for those supported to comment on the service quality and their lived experiences:

Returned questionnaires show that those supported were either satisfied or very satisfied with the service provided. We have noted some of the comments received:

- “Yes I’m happy here.”
- “I have no complaints.”
- “I’m quite happy here.”
- “Care is A1!”
- “Everything is very good.”

A number of staff responses were received prior to the issue of this report and we noted some of the positive comments received:

- “Fairholme is a very good place to work in and I would recommend it to anyone.”
- “Tenants are very happy living in Fairhome good atmosphere for staff and tenants alike.”
- “Fairholme is a great place to work. Seniors and management are very helpful and supportive.”
- “Happy working at Fairholme.”
- “Fairholme is a nice place to work with a good team.”
- “A great unit with great staff.”
- “I feel that Fairholme provides an excellent service, the staff provide excellent support to the tenants and they have a great rapport with them.”
- “Any problems or concerns are dealt with professionally and promptly.”

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 10 January 2023 by a care inspector. No areas for improvement were identified.

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).

Staff were required to complete adult safeguarding training during induction and every two years thereafter. The agency has a system for retaining a record of any referrals made in relation to adult safeguarding.

There was evidence of regular contact with service users and their representatives. A number of service user reviews had been undertaken in keeping with the agency's policies and procedures. We noted some of the comments received during reviews:

- "Brilliant, could not be in a better place."
- "Staff are helpful and make me feel safe."
- "Staff are very nice. I have no complaints."
- "I'm happy with the social support on offer."
- "I'm very happy with my care and support."
- "I have a good rapport with the staff and have no concerns."

All staff had been provided with training in relation to medicines management.

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 have completed Deprivation of Liberty Safeguards (DoLS) training relevant to their job roles. The manager reported that none of the current service users were subject to DoLS arrangements.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records, it was good to note that service users and families had an input into devising the individual care plans. 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 service users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

Care plans promoted people's independence as far as possible. Staff were encouraged to prompt people to be independent to help them maintain control. Service users and families are involved in providing their feedback through regular reviews. This helps to ensure service users preferences and views were known.

It was also positive to note that the agency had service user meetings which supported the service users to discuss what they wanted to achieve from the service and any activities they would like to become involved in. The records show regularity and good open discussions.

The agency had also completed their annual satisfaction survey asking questions about the care and support received and if service users are happy, or are there things they could make better. The survey feedback was very positive and we noted some of the comments received from service users, relatives and HSC staff:

Service user comments:

- “Nice staff brilliant place.”
- “I love living here.”
- “My family are made feel welcome.”
- “Fairholme is very good.”
- “I’m treated with respect.”
- “I get on well with staff.”

Relatives:

- “I find the service to be excellent.”
- “You all do an amazing job, thank you so much.”

HSC Staff:

- “Staff engage in a friendly manner.”
- “Positive interactions from keyworkers.”
- “Always a warm and friendly welcome.”
- “Staff are excellent at keeping information up to date.”
- “Staff are always polite and communicate effectively.”

5.2.3 What are the systems in place for identifying service users’ Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

No service users were assessed by SALT. 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?

The agency’s staff recruitment records identified the recruitment process. Confirmation including criminal record checks (Access NI) 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 Northern Ireland Social Care Council (NISCC). There was a system in place for professional registrations to be monitored by the manager.

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. This was confirmed by staff during the inspection. Written records were retained by the agency of the person's capability and competency in relation to their job role.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; the records included the names of those attending the training event, the dates of the training.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were comprehensive 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, 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 and activities.

Comments received during quality monitoring:

Service users:

- "Staff are brilliant and give me extra support."
- "Staff are very good at their job and take good care of me."
- "I enjoy living here and have no issues."

Staff:

- "Staff really care for tenants."
- "The manager is nice and approachable."
- "A good team and environment."

Relatives:

- "The staff could not do enough for my relative."
- "Staff are always pleasant and welcoming."
- "Staff provide a high standard of care."

HSC Trust representatives:

- "Staff communicate effectively."
- "Staff are very knowledgeable about tenants."
- "Staff are very approachable."

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's registration certificate was up to date.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Records reviewed and discussion with the manager indicated that no complaints had been received since last inspection.

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 the Manager as part of the inspection process and can be found in the main body of the report.



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