

Inspection Report

Name of Service: Learning Disability Supported Housing

Provider: Belfast Health & Social Care Trust

Date of Inspection: 11 April 2025

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 Health & Social Care Trust
Responsible Individual/Responsible Person:	Mrs. Maureen Edwards
Registered Manager:	Mrs. Maureen Hunter
Service Profile Learning Disability Supported Housing is a supported living type domiciliary care agency operated by the Belfast Health and Social Care Trust. The service provides care and supported housing services to 34 service users with mild to moderate learning disability. Service users live within their own home environments in Belfast, which are owned by various housing associations and landlords. Services provided include support with shopping, laundry, social and recreational activities, budgeting, maintaining service users' tenancy, support to attend medical appointments and support with personal care, as necessary.	

2.0 Inspection summary

An unannounced inspection was undertaken on 11 April 2025 between 10.10 am and 3.15 pm 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 were also examined.

There were no areas for improvement identified during this inspection.

Good practice was identified in relation to service user involvement and care records. There were good governance and management arrangements in place.

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 the agency was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about the service. This included any previous areas for improvement issued, 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 easy read questionnaires and an electronic survey.

3.2 What people told us about the service and their quality of life

Throughout the inspection process inspectors will seek the views of those who receive support, those working within and those visiting the agency and review a sample of records to evidence how the agency is performing in relation to the regulations and standards.

We spoke to service users and relatives to seek their views of the agency. The information provided indicated that the staff were very caring and attentive to service user's needs and that they were very happy with the care and support provided. Two comments from service users who spoke with the inspector included the following statements; "I am happy. They are good and I have a good time." And; "I like it and like going on holiday with staff". We provided a number of easy read questionnaires for those supported to comment on the quality of care provided and their lived experiences. Four survey responses were returned which indicated that service users were 'very satisfied' that care provided was safe, effective and compassionate and that the service was well led.

Relatives who provided feedback on the service indicated that they were satisfied that the care provided was compassionate, effective and that the service was well led. One comment received by a relative included the following statement "I am very happy with the care my relative gets and cannot think of any areas where improvement is needed".

Staff spoke very positively in regard to the care delivery and management support in the agency. Two comments included the following statements; "I love the service users like my own family and they get good support." And; "service users are treated well and I am happy with all the training". Four staff members completed the staff electronic survey. The information provided indicated that staff had no concerns in relation to the agency and that were 'very satisfied' that care provided was safe, effective and compassionate and that the service was well led. Comments received included the following statement: "(the service) has a flexible approach when meeting service users care needs. Our service users are very much part of the community they live in".

We contacted a number of HSC staff to obtain their views on the service. The feedback received

was positive and indicated that the service provided was person centred and caring towards its service users.

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 30 October 2023 by a care inspector. No areas for improvement were identified.

3.4 Inspection findings

3.4.1 Adult Safeguarding and Incident Reporting

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).

Discussions with staff 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. A review of adult safeguarding records identified that all safeguarding concerns raised since the last inspection had been managed appropriately.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. A review of training records identified that all current staff members had completed their adult safeguarding training. Service users who spoke with the inspector 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.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

3.4.2 Mental Capacity and Restrictive Practice

The Mental Capacity Act (Northern Ireland) 2016 (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.

The manager reported that none of the service users were subject to Deprivation of Liberty Safeguards (DoLS). There was a DoLS reference file which was available for staff to refer to and included information around service users' mental capacity and whether or not any DoLS were in place for each service user. There was also a Restrictive Practice register in place to record any service users that were subject to restrictions, for example, locked medication boxes. The

manager advised that this was reviewed on a quarterly basis to ensure that all restrictions noted were proportionate and necessary for service user's safety.

On review of the training matrix, it was identified that two members of staff had not completed appropriate (DoLS) training appropriate to their job roles at the time of inspection. The manager has since confirmed that both staff members have completed this training and assurances have been given as to how all staff training would be monitored and reviewed regularly going forward to ensure staff update their training in a timely way (see section 3.4.3 below).

3.4.3 Staff Recruitment, Induction and Training

A review of training records of the most recently appointed staff concluded staff had received mandatory and other training relevant to their roles and responsibilities to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. This included shadowing of a more experienced staff member. There were no volunteers deployed within the agency.

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 Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body. There was a system in place for professional registrations to be monitored by the manager.

A review of the agency's electronic training records identified that training had lapsed for a number of staff in respect of Fire Safety Awareness, DoLS, Manual Handling training and Medication Management. Following on from this, there was discussion with the manager about the need to monitor the training records closely to ensure that all staff that are due to complete refresher training are identified at an early stage so that this can be arranged in a timely manner. The manager has since provided confirmation that training dates have been arranged for staff to update their outstanding training and that the training matrix will be reviewed regularly to ensure compliance for all staff. This will be reviewed at a future inspection.

A number of service users were assessed by a Speech And Language Therapist (SALT) with recommendations in place for some service users around food and fluids consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents. The manager advised that no service users required their medicine to be administered with an oral syringe. The person in charge was aware that should this be required, a competency assessment would be completed before staff undertook this task.

3.4.4 Care Records and Service User Input

From reviewing service users' care records and through discussions with service users, it was positive to note that service users had an input into devising their own plan of care. Service users were provided with easy read reports which supported them to fully participate in all aspects of their 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 service users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Where there was input from SALT, staff were familiar with how food and fluids should be modified as per the specific recommendations of the SALT. These were recorded within care plans along with associated SALT dietary requirements to ensure the care received in the setting was safe and effective. Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs.

It was good to note that where service users shared accommodation, the agency held service users' meetings on a regular basis which enabled service users to discuss the provisions of their care and to arrange activities of their choice. The minutes of these meetings were reviewed and included good detail around the service user's hopes around attending social events and recreational holidays. Some matters discussed included: healthy meal planning, staffing and allocation of hours, activity planning, relationships between peers and keeping their homes clean and tidy.

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 records identified that moving and handling risk assessments and care plans were up to date.

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.

3.4.5 Governance and Managerial Oversight

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.

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

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

There was a system in place to ensure that complaints and compliments were documented. The manager confirmed that no complaints had been received since the last inspection. The complaints policy was available in Easyread and kept within the service user's home.

Where staff are unable to gain access to a service users home, there is a system in place that ensures that the service has an operational policy, procedure or protocol that clearly directs staff as to what actions they should take to manage and report such situations in a timely manner.

4.0 Quality Improvement Plan/Areas for Improvement

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



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