

# Inspection Report

30 October 2023



## Learning Disability Supported Housing

Type of service: Domiciliary Care Agency  
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[www.rqia.org.uk](http://www.rqia.org.uk)

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Belfast Health and Social Care Trust	<b>Registered Manager:</b> Mrs Maureen Hunter
<b>Responsible Individual:</b> Dr Catherine Jack	<b>Date registered:</b> 27 August 2009
<b>Person in charge at the time of inspection:</b> Mrs. Geraldine Flynn	
<b>Brief description of the accommodation/how the service operates:</b> 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 took place on 30 October 2023 between 09.00 a.m. and 11.15 am. 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.

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

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

- "The service workers have been an immense help to XXXX."
- "Staff are caring and friendly, with a high standard of care and support."

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

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, we want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community.

Information was provided to service users, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read questionnaires and an electronic staff survey.

### 4.0 What did people tell us about the service?

During the inspection we spoke with staff. No service users were available at the registered offices. However, we did leave a number of questionnaires to be completed by them and return to RQIA.

#### Staff comments:

- "NISCC registration are up to date."
- "All training has been completed."
- "A number of reviews have been actioned."
- "Staff training on Dysphagia has been completed."
- "Swallowing awareness records of assessments are included in care plans."

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



- Do you feel your care is safe?
- Is the care and support you get effective?
- Do you feel staff treat you with compassion?
- How do you feel your care is managed?

Returned questionnaires show that those supported thought care and support was either excellent or good. We have noted some of the comments received:

- “Staff are all very good to me and do things I want them to do and take where I want to go.”
- “Staff are all very good and help me with things.”
- “I’m very happy with the care and support given by all staff.”
- “I like all the staff and the trips out.”

A number of staff responses were received prior to the issue of this report and shows that staff were very satisfied with the service. We noted the comments received:

- “I feel that the service users I work for needs are very well met and that the management are very approachable when it comes to any changes that need addressed The service users speak very highly of the support they receive from their staff.”
- “I have worked for supported housing for 20+ years, I love my job. Our service provides great opportunities for our service users to develop skills and live independently in community, I enjoy supporting them to develop new skills and avail of new opportunities and life experiences.
- “The management team are always very supportive, and encouraging. Most of the staff team have been working for many years and I feel that is a reflection on the management and the wonderful service we provide to our service users.”

## **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 23 March 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:

- "I am happy with the support I receive."
- "Good care and support."
- "A good relationship with staff."
- "I enjoy my home and the support."

All staff had been provided with training in relation to medicines management. The manager advised that one service user required their medicine to be administered with a syringe. The manager stated that a competency assessment had been 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 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 services 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. We noted some of the areas discussed:

- Social and recreational /holidays
- House issues
- Food and cooking
- Staffing and allocation of hours
- Relationships behaviours/peers
- Keeping safe
- Complaints and advocacy services
- Other issues

We noted some of the comments received:

- “We are happy content and comfortable.”
- “We can make our own choices.”
- “Happy with the level of staff and support received.”

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 we could make better. The survey was very positive and we noted some of the comments received:

- “Very good staff and service.”
- “Treated very well.”
- “They are very helpful.”
- “I’m very happy and comfortable with my staff.”
- “Super staff.”
- “I get on well with staff.”
- “I’m happy in my home.”
- “Staff always make sure I’m alright.”
- “Happy with what staff do for me.”
- “100% happy.”
- “I have my life in the flat, it’s great living on your own.”

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

A number of service users were assessed by SALT and the documents in place were satisfactory. 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:**

- "I'm happy and enjoy my home."
- "I've known the staff for years."
- "My home is brilliant."

##### **Staff:**

- "Care and support is excellent."
- "Staff support helps people."
- "The service users receive a person centred service."

**Relatives:**

- “Staff are very supportive.”
- “I’m happy with the care my relative receives.”
- “Communication is good.”

**HSC Trust representatives:**

- “Service users always speak highly of the support they receive.”
- “Good communication between me and the management team.”
- “The service is very bespoke with a high standard of care and support.”

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 made 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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