

Inspection Report

Name of Service: Gnangara

Provider: Radius Housing Association

Date of Inspection: 7 January 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:	Radius Housing Association
Responsible Individual/Responsible Person:	Mrs Fiona McAnespie
Registered Manager:	Mr Seamus McHugh (Acting)
Service Profile Gngangara is a supported living type domiciliary care agency which supports service users who require assistance with tasks of everyday living, emotional support and assistance with accessing community services. Services are commissioned by the Western Health and Social Care Trust (WHSCT).	

2.0 Inspection summary

An unannounced inspection took place on 7 January 2025 between 10.15 a.m. and 4.15 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. 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 reviewed.

Areas for improvement identified related to the monitoring of recruitment agencies staffs' professional registrations and medicine management.

Service users spoke positively about their experience of the care and support they received from staff and that they enjoyed living in the supported living service. Refer to Section 3.2 for more details.

It was evident that staff promoted the dignity, independence and well-being of service users.

No areas for improvement were identified in the previous inspection.

We would like to thank the manager, service users, relative and staff team for their support and co-operation during the inspection.

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 service 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 this agency. 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 staff survey.

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

Throughout the inspection the RQIA inspector will seek to speak with service users, and where appropriate their relatives and staff, to obtain their opinions on the quality of care and support, their experiences of working or living in this agency.

We spoke to a range of service users, a relative and staff to seek their views of this agency.

Service users said that they were happy with the care and support provided and that staff were kind and helpful. Two comments included the following statements; "Staff treat me well and I can choose how I spend my day" and "I could not speak highly enough of the staff and the support I get".

The relative was keen to express praise and gratitude for the care and support provided and the kindness received from staff.

Staff spoke positively in regard to care delivery, training and managerial support.

The information provided indicated that those who engaged with us had no concerns in relation to the agency.

We did not receive any responses from the questionnaires or staff electronic survey.

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 20 July 2023 by a care inspector. No areas for improvement were identified.

3.4 Inspection findings

3.4.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the skill of staff meets the needs of service users.

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). There was a system in place for professional registrations, of staff employed by the agency, to be monitored by the agency's personnel department and the manager on a monthly basis. However, there was a small number of staff who had worked in the service that had been supplied by a recruitment agency. Discussion with the manager and review of records identified that a system was not in place to review the professional registrations of these staff. An area for improvement has been identified.

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 agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

3.3.2 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 policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The safeguarding champion was known to the staff team. The agency's annual Adult Safeguarding Position Report was reviewed and found to be satisfactory.

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. 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.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Staff were provided with Moving and Handling training appropriate to the requirements of their role. Where service users required the use of specialist equipment to assist them with moving, this was included within the agency's mandatory training programme. A review of care records identified that moving and handling risk assessments and care plans were up to date.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their liquid medicine to be administered orally with a syringe. The manager was aware that should this be required; a competency assessment would be undertaken before staff undertook this task.

Discussion with the manager and review of records relating to the administration of medicines evidenced that medicines were not always administered in line with good practice guidelines. On a small number of occasions medicines were dispensed and signed by the staff member dispensing these medicines however, the staff member did not witness the service user taking the medicines. We discussed with the manager the need to review this practice, immediately, to ensure a person centred approach to safe and effective medicine administration practise. The manager agreed to address immediately. An area for improvement has been identified.

A number of service users had been assessed by the Speech and Language Therapist (SALT) with recommendations provided. Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

A review of training records confirmed that staff had completed training in dysphagia and in relation to responding to choking incidents.

3.3.3 The arrangements for promoting service user involvement

Service users, where possible, were encouraged and supported to be involved in their own care and the details of care and support plans were shared with relatives, where appropriate.

Care and support plans were person centred and are kept under regular review. There was evidence that staff record regularly the details of care and support provided or any changes to the service users' needs and regularly reviewed and updated to ensure they continued to meet the service users' needs. Services users and/or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

The agency does not currently facilitate service user engagement meetings due to the needs and wishes of service users. However, it was identified that staff meet with service users individually to discuss the provision of their care.

3.3.4 The arrangements to ensure robust managerial oversight and governance

We discussed the acting management arrangements which commenced on 7 January 2025; RQIA will keep this matter under review.

Staff commented positively about the manager and described them as supportive, approachable and always available to provide guidance.

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 and staff. The reports included details of a review of service user care records; accident/incidents; safeguarding matters and staff recruitment and training.

The Annual Quality Report was reviewed and was satisfactory.

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

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

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 were recorded since the previous care inspection. Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager or the person in charge.

Discussions with service users concluded they are aware of the agency's complaints process. The service user said they would have no difficulty raising any areas of dissatisfaction, concern or complaint with staff or the manager.

Our discussion with staff revealed they had a clear view about their role and responsibility to meet service user's individual needs and promote their rights, choices, independence and future outcomes. They identified staff training, policies and procedures, staff support mechanisms and the management team supported them to provide safe, effective and compassionate care in this setting.

4.0 Quality Improvement Plan/Areas for Improvement

Areas 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	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Seamus McHugh, 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 (7) Stated: First time To be completed by: Immediate and ongoing from the date of inspection	<p>The registered person shall make arrangements for the recording, handling, safe keeping, safe administration and disposal of medicines used in the course of the provision of prescribed services to service users</p> <p>This relates specially to ensuring that the current arrangements for the administration of medicines is reviewed to ensure the practice is person centred and in keeping with good practice guidelines.</p> <p>Ref: 3.4.2</p>
	<p>Response by registered person detailing the actions taken: Arrangements for the recording, handling, safe keeping, safe administration and disposal of medicines are in place. Following a review of the arrangements, medication recording sheets are updated to reflect more accurately where medication is dispensed and where medications are administered, on an individual basis to ensure practice is person centred. All individual care plans have been updated and will be reviewed on a continual basis to ensure keeping with good practice guidelines.</p>
Action required to ensure compliance with Domiciliary Care Agencies Minimum Standards (updated August 2011)	
Area for improvement 1 Ref: Standard 12.6 Stated: First time To be completed by: Immediately from the date of inspection and ongoing	<p>The registered person shall ensure that a robust system is implemented to include the monitoring of staffs' professional registrations for any staff member supplied by a recruitment agency.</p> <p>Ref: 3.4.1</p>
	<p>Response by registered person detailing the actions taken: Robust systems are being implemented within the service and across all services, including the monitoring of staffs' professional registrations for staff members supplied by a recruitment agency. This will fall in line with the current robust systems used for staff employed by the provider. Currently there are no agency staff used within this service.</p>

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