

Inspection Report

7 July 2023



Braidwater Quay

Type of service: Domiciliary Care Agency
Address: 2-8 Waveney Road, Ballymena, BT43 5FA
Telephone number: 028 2565 3755

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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: Northern Health and Social Care Trust	Registered Manager: Mr. Alan Mc Ninch.
Responsible Individual: Ms. Jennifer Welsh	Date registered: 18/11/2015
Person in charge at the time of inspection: Mr. Alan Mc Ninch	
Brief description of the accommodation/how the service operates: This is a supported living type domiciliary care agency based in Ballymena. The service is managed by the Northern Health and Social Care Trust (NHSCT) and is designed to provide care and support to 21 individuals.	

2.0 Inspection summary

An unannounced inspection took place on 7 July 2023 between 08.50 a.m. and 11.00 a.m. 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, Dysphagia management.

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

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 any 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, relatives, 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 provided a number of questionnaires for service users to comment on areas of service quality and their lived experiences. We also had discussions with staff and a service user.

Service user comments:

- "I like it here."
- "Staff are helpful and supportive."
- "My home is excellent."
- "Staff listen to me and my view."
- "Staff are always available."
- "I feel safe and secure."
-

Staff comments:

- "I received a good comprehensive induction that prepared me for the role."
- "I have one to one supervision."
- "All my training is up to date."
- "I'm aware on my responsibilities as a care worker to NISCC."
- "The service is very person centred."
- "The staff communicate well with each other."
- "We have a good relationship with relatives."
- "The manager has an open door policy to all."

No service users or staff returned their questionnaires prior to the issue of this report.

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 12 September 2022 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).

Discussions with the manager 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.

Staff were required to complete adult safeguarding training during induction and every two years thereafter, all staff had undertaken training in relation to adult safeguarding. Following review of incident records, it was evident that staff understood their role in relation to reporting poor practice and the agency's policy and procedure with regard to whistleblowing.

The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

Staff were provided with training appropriate to the requirements of their role. The manager advised that there were no service users requiring the use of specialised equipment to assist them with moving.

A review of care records identified that 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. We noted some of the comments from recent reviews:

- "I get on well with everyone."
- "I'm happy living in Braidwater."
- "My mental health is brilliant."
- "I get on well and have no problems."
- "Staff and friends are very supportive."
- "My mental state is great at present."

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that competency assessments need to be undertaken before staff undertook this task in the future.

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 had completed appropriate Deprivation of Liberty Safeguards DoLS training appropriate to their job roles. No 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 had an input into devising their own plan of care. The service users' care plans were person-centred and contained details about their likes, dislikes and preferences. Care and support plans were 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.

The review of the care records identified that the agency focused on the service users' human rights. It was good to note the service users' consent was sought and that they had a choice.

Review of service users' meetings notes identified that service users were involved and were able to feedback to each other.

We noted that the agency completed a quality questionnaire with service users and relatives this year to ascertain information in order to assess the quality of the service and to be able to identify and rectify any deficits while also being able to highlight good practice within supported living. We reviewed some of the comments received from service users and relatives:

Service users:

- "I get the support I need."
- "It has given me gratitude and support."
- "I can raise any problems with them."
- "Staff support me well."
- "I feel safe."
- "It's all good."
- "Good care."

Relatives:

- "Thank you to all the staff."
- "I'm happy with the processes."
- "Very good care."
- "It's good to see my relative improving."
- "I feel comfortable talking to staff."

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 as being at risk when they were eating and drinking.

5.2.4 What systems are in place for staff recruitment and are they robust?

There was a robust recruitment procedure in place which ensured that all pre-employment checks, including criminal record checks (Access NI), were completed and verified before staff members commenced employment and had direct engagement with service users. There were no volunteers working in the agency.

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. Written records were retained by the agency of the person's capability and competency in relation to their job role.

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

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, 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. We noted some of the comments received during quality monitoring:

Service users:

- "Staff are nice and friendly."
- "I'm provided with great help and support."
- "I'm doing well and I love it here."
- "Staff are supportive with all their help."

Staff:

- "The care and support is excellent."
- "We all work well as a team."
- "We are supportive to each other."
- "Staff coordinate well to give good quality care."

Relatives:

- “I’m glad my relative has settled in.”
- “It’s great to see my relative happy.”
- “My relative is improving daily.”
- “The family are grateful for all the care and support.”

HSC Staff:

- “Staff provide excellent care in the unit.”
- “I’m happy with the care and support.”
- “Brilliant care and standards upheld.”
- “The care is good quality and communication is good.”

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

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

There was a system in place to ensure that any complaints were managed in accordance with the agency’s policy and procedure. Any complaints received were reviewed as part of the agency’s quality monitoring process. In some circumstances, complaints can be made directly to the commissioning body about agencies. No complaints had been received since the 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 Registered Manager as part of the inspection process and can be found in the main body of the report.



The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care