

# Inspection Report

## 12 September 2022



## Braidwater Quay

Type of service: Domiciliary Care Agency  
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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> Northern HSC Trust	<b>Registered Manager:</b> Mr. Alan Mc Ninch.
<b>Responsible Individual:</b> Ms. Jennifer Welsh	<b>Date registered:</b> 18/11/2015
<b>Person in charge at the time of inspection:</b> Senior Support Worker	
<b>Brief description of the accommodation/how the service operates:</b> 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 13 September 2022 between 09.00 a.m. and 11.30 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 and Covid-19 guidance was also reviewed.

Good practice was identified in relation to service user involvement. There were 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 one previous area 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 spoke with service users and staff members.

The information provided indicated that there were no concerns in relation to the agency. Comments received included:

##### **Service users' comments:**

- "I have a great keyworker."
- "I'm treated very well."
- "I feel safe and secure here."
- "Staff are excellent."
- "I'm well supported."
- "I can come to the office any time and talk to the manager."

##### **Staff comments:**

- "I'm aware of my responsibilities to NISCC as a care worker and adhere to their standards."
- "Good comprehensive induction that includes shadowing other staff."
- "My training is all up to date."
- "The manager has an open door policy."
- "My supervision is good and is one to one with the opportunity to discuss any concerns."
- "We promote independence."
- "We promote social outreach in the local community."
- "I can talk to the manager at any time."

Returned questionnaires from service users indicated that they were very satisfied with the care and support provided.

##### **Comments:**

- "Very professional from top to bottom and well-chosen staff."
- "Not only are staff good at maintaining residents but confidentiality is good."

A number of staff responded to the electronic survey. The respondents indicated that they were 'very satisfied' or 'satisfied' that care provided was safe, effective and compassionate and that the service was well led. Written comments included:

- "Tenants appear happy."

## 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 27 September 2021 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 27 September 2021		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 23(1)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately from the date of inspection	The registered person shall establish and maintain a system for evaluating the quality of the service which the agency arranges to be provided.  Ref: 5.2.5  <b>Action taken as confirmed during the inspection:</b> A number of monitoring records were reviewed and were satisfactory.	Met

## 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. 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 in normal business hours and out of hours.

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.

The agency has a system for retaining a record of any referrals made in relation to adult safeguarding. Records reviewed and discussion with the manager indicated that no safeguarding referrals had been made since last inspection.

Service users said they had no concerns regarding their safety; they described how they could speak to staff and managers 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).

Staff were provided with training appropriate to the requirements of their role.

Service 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.

All staff had been provided with training in relation to medicines management. A review of the policy relating to medicines management identified that it included direction for staff in relation to administering liquid medicines. The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required, a competency assessment would be 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 who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training relevant to their job roles. The manager reported that 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 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.

It was also good to note that the agency had service user meetings on a regular basis which enabled the service users to discuss the provision of their care. A number of varied agenda items were discussed.

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

It was good to note that the agency had completed an annual quality survey, seeking feedback on the current quality of care from both service users and relatives. Some of the comments received included:

**Service users:**

- “Very good and happy here.”
- “The staff care and support all residents.”
- “It makes me feel safer.”
- “All is very good.”
- “The staff work very hard for us.”
- “Staff are very approachable.”

**Relative's comments:**

- “Staff are amazing.”
- “Staff go over and beyond.”
- “They always do their best.”
- “I’m very satisfied.”
- “I love to hear about what’s going on.”

**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?**

A review of the agency’s staff recruitment records identified no shortfalls in 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. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

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, three day 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.

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, the name and qualification of the trainer or the training agency and the content of the training programme.

### 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.

Comments received during quality monitoring:

#### Service users:

- "I'm happy with the care and support from staff."
- "Staff are very supportive."
- "I like my wee! Flat."

#### Staff:

- "A lovely unit to work in."
- "The manager is very supportive to staff."
- "I'm doing well and enjoy my work."

#### Relatives:

- "I'm very happy with my relatives care."
- "We appreciate all the staff support."
- "Staff always keep me updated on progress."

#### HSC Trust representatives:

- "It's good getting tenants engaged in their programmes of care."
- "The staff provide great care."
- "Staff are very supportive."



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.

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.

Where staff are unable to gain access to a service users home. There is a system in place that clearly directs staff from the agency as to what actions they should take to manage and report such situations in a timely manner. In addition to written direction, it is essential that all staff (including management) are fully trained and competent in this area. Following discussions with the manager she stated that this current system is under review.

## **6.0 Conclusion**

RQIA was satisfied that this agency was providing services in a safe, effective, caring and compassionate manner and the service was well led by the manager / management team.

## **7.0 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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