

Inspection Report

27 September 2021



Braidwater Quay

Type of service: Domiciliary Care Agency
Address: 2-8 Waveney Road, Ballymena, BT43 5FA
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Northern HSC Trust	Registered Manager: Mr Alan John McNinch
Responsible Individual: Mrs Jennifer Welsh	Date registered: 18 November 2015
Person in charge at the time of inspection: Mr Alan John McNinch	
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, who have enduring mental health needs. The accommodation consists of shared and single dwellings. The service aims to provide a complete integrated package of support and housing that is flexible, responsive and innovative to the needs of the individual service users.	

2.0 Inspection summary

An announced inspection took place on 27 September 2021, between 9.50am and 1.00pm by the care inspector.

The inspection focused on the review of staff recruitment and the agency's governance and management arrangements, as well as registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS) including money and valuables, restrictive practices, monthly quality monitoring, Dysphagia and Covid-19 guidance.

Good practice was identified in relation to appropriate pre-employment checks being undertaken before staff started to provide care and support to the service users. Good practice was also found in relation to systems in place for disseminating Covid-19 related information to staff.

One area for improvement was identified in relation to the monthly quality monitoring processes.

Information was provided to staff, service users and/or their relatives on how feedback could be provided to RQIA about the quality of the services being provided by the agency. This included service user/relative questionnaires and a staff poster.

RQIA were assured that this agency supplies support workers who are providing safe, effective and compassionate care; and that the agency is well led.

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.

The inspection focused on:

- contacting the service users, their relatives, HSCT representatives and staff to find out their views on the service.
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

4.0 What people told us about the service

We spoke with two service users and three members of staff. No questionnaires were returned and there were no responses to the staff poster.

Comments received during the inspection process-

Service users' comments

- "Staff help me with what I need."
- "Everything is good."
- "We need people to look after us."
- "Here is a family place."
- "I am on my own but I have a very busy life."

Staff comments

- "I enjoy my job."
- "I changed careers and have never looked back."
- "The manager makes sure our training is up to date. I find the training very beneficial."
- "The manager is brilliant and very supportive."
- "We have a good, long standing team."
- "Supported living is the way forward."

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Braidwater Quay was undertaken on 18 February 2020 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Are there 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 reflect information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC).

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns, including out of hours arrangements.

It was noted that staff are required to complete adult safeguarding training during their induction programme and required updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could 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 referrals made in relation to adult safeguarding matters. No safeguarding referrals had been made since the last inspection. It was noted that all previous referrals had been managed in accordance with the agency's policy and procedures.

There were systems in place to ensure that complaints and notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that complaints and incidents had been managed in accordance with the agency's policy and procedures.

The manager and staff were provided with training appropriate to the requirements of their role; this included DoLS training. Those spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

There is a system in place for notifying RQIA if the agency is managing individual service users' monies in accordance with the guidance.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

5.2.2 Is there a system in place for identifying care partners who visit the people supported to promote their mental health and wellbeing during Covid-19 restrictions?

The manager advised that there were no care partners visiting service users during the Covid-19 pandemic restrictions.

5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

The manager confirmed that they did not have any service users with Dysphagia needs. However it was positive to note that there was evidence that staff had completed training in relation to Dysphagia and were aware of how to make referrals to the multi-disciplinary team.

5.2.4 Are their robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, and that pre-employment checks were completed before staff members commence employment and engage with service users. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff.

A review of the records confirmed that all staff provided were appropriately registered with NISCC. Information regarding registration details and renewal dates were monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities for ensuring their registrations were up to date.

5.2.5 Are there robust governance processes in place?

The monthly monitoring arrangements were reviewed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. The reports reviewed were robust and provided a full analysis of the service, including details of the review of service users' care records, staffing arrangements including recruitment and training and it was noted that an action plan was generated to address any identified areas for improvement. However a number of reports were not available and discussions with the manager indicated that a number of quality monitoring visits had not been completed. An area for improvement was identified in this regard.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs)/Significant Event Analyses (SEAs) or Early Alerts (EAs).

There was a system in place to ensure that support workers received supervision and training in accordance with the agency's policies and procedures.

6.0 Conclusion

Based on the inspection finding one area for improvement was identified in relation to the monthly quality monitoring processes. Despite this RQIA is satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager/management team.

7.0 Quality Improvement Plan/Areas for Improvement

One area for improvement has been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

	Regulations	Standards
Total number of Areas for Improvement	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Alan McNinch, registered 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 23(1) Stated: First time	<p>The registered person shall establish and maintain a system for evaluating the quality of the service which the agency arranges to be provided.</p> <p>Ref: 5.2.5</p>
To be completed by: Immediately from the date of inspection	Response by registered person detailing the actions taken: All monthly monitoring forms now printed off and placed in file for both Carniny Court and BWQ. The system is now maintained for evaluating quality of the service which the agency arranges to be provided.

Please ensure this document is completed in full and returned via Web Portal



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