

Inspection Report

30 March 2022



Ballyclose House

Type of service: Domiciliary
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Western Health and Social Care Trust	Registered Manager: Deirdre Mahon
Responsible Individual: Mr Neil Mc Gukian	Date registered: 1 July 2021
Person in charge at the time of inspection: Deirdre Mahon	
Brief description of the accommodation/how the service operates: Ballyclose House is a domiciliary care agency which provides personal care and housing support up to 20 individuals living in their own homes with enduring mental health needs within the Western Health and Social Care Trust (WHST) area. Service users are supported by 12 staff.	

2.0 Inspection summary

An unannounced inspection was undertaken on 30 March 2022 between 09.45 a.m. and 11.45 a.m. by the care inspector. This inspection focused on recruitment, Northern Ireland Social Care Council (NISCC) registrations, and the Nursing and Midwifery Council (NMC), adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS) including money and valuables, restrictive practices, monthly quality monitoring, Dysphasia and Covid-19 guidance.

There was a clear management structure in place, with defined roles and responsibilities. The governance and management arrangements were ensuring effective oversight of the quality and safety of the care delivered to service users. The inspector found that the systems in place facilitated good quality, safe and person centred care and support.

Staff consulted with on the day of inspection spoke positively about the training they receive and confirmed that they received sufficient training to enable them to fulfil the duties and responsibilities of their role and that training was of a good standard. The review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities.

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:

- Communicating with service users and staff to obtain their views of 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 the manager and two staff members during the inspection. No service users were available during this inspection, however were observed going about their daily routines, whilst openly communicating with staff. We provided a number of questionnaires to service users/relatives to enable feedback to RQIA. In addition we provided an electronic survey feedback form for staff. No staff feedback was received prior to the issue of this report.

Feedback from returned service user questionnaires shows that they were satisfied or very satisfied with the service.

Comments received:

- "The staff are very helpful with my needs."
- "I like living in Ballyclose."
- "It's good here and friendly."

Comments received during the inspection process:

Staff comments:

- "A good comprehensive induction that prepares you for the role."
- "Service users are free to come and go as they please and enjoy community outreach."
- "I have one to one regular supervision that allows you to discuss any areas of concern."
- "We have a good effective and supportive manager."
- "The manager has an open door policy to all."
- "All my training is up to date."

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 the service was undertaken on the 4 February 2021, and was completed by a care inspector; one area for improvement were identified. This was reviewed and assessed as met during this inspection.

Areas for improvement from the last inspection on 4 February 2021		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for Improvement 1 Ref: Regulation 23 (1) Stated: First time	The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. Ref: 6.1	Met
	Action taken as confirmed during the inspection: The inspector reviewed a number of quality reports completed monthly and was satisfied that these meet the requirement.	

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 agency'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 agency has an identified Adult Safeguarding Champion (ASC).

Discussions with the manager and staff 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 were aware of the ASC and the procedure to follow if they have any concerns. It was noted that staff are required to complete adult safeguarding training during their induction programme and annual 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 to the HSCT in relation to adult safeguarding. Records viewed and discussions with the manager indicated that no adult safeguarding referrals had been made since the last inspection.

The agency has provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

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

Staff have undertaken DoLS training appropriate to their job roles. Staff demonstrated that they have an understanding that service users who may lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. The manager confirmed that currently no service users were subject to DoLS arrangements.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices. It was noted that staff were complying with PPE guidance during the inspection. The manager had in place a comprehensive Covid-19 risk assessment.

5.2.2 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 the agency had no specific recommendations from Speech and Language Therapy (SALT) in relation to current service users.

5.2.3 Are there 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, before staff members commence employment and engage with service users. Records viewed evidenced that criminal record checks had been completed for staff. Recruitment is undertaken by the agency's Human Resources (HR) Department.

A review of the records confirmed that all staff are appropriately registered with NISCC and NMC. Information regarding registration details and renewal dates is 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 to keep their registrations up to date.

5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 23 of the Domiciliary Care Agencies Regulations, (Northern Ireland) 2007 Reports relating to the agency's monthly monitoring were reviewed. It was identified that the process included engagement with service users, staff, relatives and HSC Trust representatives. The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, and staffing arrangements. It was noted that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

We noted some of the comments received during monthly quality monitoring:

Service users:

- "I like it in Ballyclose."
- "Staff have helped me with benefits."
- "I would be lost without this place."

Staff:

- “The standard of care is very good.”
- “Service users are treated with dignity and respect.”
- “It’s good to promote tenants independence.”

Relatives:

- “***** is looked after very well.”
- “Fantastic service they do a great job.”
- “I’m confident ***** is safe.”

HSC Trust Staff:

- “Staff are very helpful.”
- “There is very good communication.”
- “A good level of support provided to service users.”

There is a process for recording complaints in accordance with the agency’s policy and procedures. It was noted that no complaints had been received since the last inspection.

It was good to note that a number of annual reviews had been completed and the agency must be commended for this during these difficult times. We noted some of the review comments:

- “I’m happy in Ballyclose.”
- “My mental state is good.”
- “I’m doing very well and I have no concerns.”
- “I’m living here a long time and have no concerns.”
- “I can always speak to staff here.”

It was good to note that the agency had completed an annual quality audit of the service and had recorded comments from service users, staff, relatives, HSC trust staff and family carers. We have noted some of the comments:

Service users:

- I’m happy here, I like the healthy food.
- I enjoy living in my flat, staff help me with my medication and I can contact them if I need anything.
- My keyworker is really good to me.
- I am happy in Balllyclose, I wouldn’t be able to cope on my own. I am better since coming here. Staff look after me.

Staff:

- Care is second to none, staff pulled together to cope and manage through the Covid 19 pandemic.
- We work well as a team, it is a good place to work, very homely.
- Tenants receive good care and support, all tenants have care/support plans and risk assessments.

- There is a good team, work well together, offer high quality care and support.

Relatives:

- I thank staff for all they do.
- I am very happy with the care provided.
- It is great we have such a great place like Ballyclose.

Family Carers:

- He is doing well, no concerns. He has his independence living in a flat but staff are nearby if he needs anything. All the staff are approachable and look after tenants well.
- My son's quality of life has improved since he moved to Ballyclose. Staff support him with his medication and encourage him to go to art space. Staff are always there if he needs them.
- Happy with the care and support provided to my son. Staff identify quickly when he is relapsing and intervene appropriately. Covid restrictions have been difficult but staff have been supportive.

Referring professionals:

- Good level of support provided to service users, helps them become more independent. Under the restrictions staff are doing all they can at the minute.
- Standards are very good, needs of the clients are met to the best of the staffs ability. There is always a representative of Ballyclose team at team meeting which facilitates good communication.
- Ballyclose is a great facility, the staff encourage tenants to increase their independence and promote equality.

It was established during discussions with the manager that the agency had not been involved in any Significant Event Analysis (SEAs) or Early Alerts (EAs).

5.2.5 Conclusion

Based on the inspection findings and discussions held RQIA are satisfied that this setting is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the Manager/management team.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with D Mahon manager as part of the inspection process and can be found in the main body of the report.



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