Inspection Report

21 September 2023

Ballymacoss Mental Health Hostel

Type of service: Domiciliary Care Agency
Address: 12 - 14 Mourne View Park, Brokerstown Road, Lisburn, BT28 2UQ
Telephone number: 028 9267 6277

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: South Eastern HSC Trust (SEHSCT) **Responsible Individual:** Ms Roisin Coulter	**Registered Manager:** Miss Jayne Merrell – current manager (RQIA registration pending)
Person in charge at the time of inspection: Miss Jayne Merrell	
Brief description of the accommodation/how the service operates: Ballymacoss Mental Health Hostel is a domiciliary care agency (supported living type) which provides a range of personal care services to 11 people living in their own homes. Service users have a range of needs including mental health issues and require support to live as independently as possible in a range of accommodation.	

2.0 Inspection summary

An unannounced inspection took place on 21 September 2023 between 9.15 a.m. and 1.45 p.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 / training and adult safeguarding.

Good practice was identified in relation to service user involvement and service users' care records.

Ballymacoss Mental Health Hostel uses the term 'tenants' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant Regulations.

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 survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users, relatives and staff members.

The information provided indicated that they had no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "Staff are lovely."
- "[The staff] look after us 100 per cent."
- "Lovely staff."

Service users' relatives:

- ''The staff are great."
- "Any issues I have are sorted straight away."
- "[My sister is] very well looked after."
- "No issues whatsoever."

Staff comments:

- "I love it here."
- ''Lovely place to work."
- "I love working with the tenants."

HSC Trust representatives' comments:

- ''All of the staff are very professional and person-centred.''

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 May 2022 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was reviewed by the care inspector and validated during this inspection.

Areas for improvement from the last inspection on 12 May 2022		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 15(6)(a) **Stated:** First time **To be completed by:** Immediately from the date of inspection and ongoing	The registered person shall ensure that all adult safeguarding referrals are submitted in a timely manner; also, all internal adult safeguarding investigations should only be undertaken in agreement with the relevant HSCT and in keeping with best practice.	**Met**
	Action taken as confirmed during the inspection: The scheme manager has now been trained in Level 4 Safeguarding. A review of safeguarding records and discussion with the manager confirmed that all safeguarding incients had been submitted in a timely manner since the previous inspection; it was also noted that no internal investigations had occurred without prior agreement with the Trust.	

Area for improvement 2 **Ref:** Regulation 15(12)(b)(i)(ii) **Stated:** First time **To be completed by:** Immediately from the date of inspection and ongoing	The Regulation and Improvement Authority to be notified of any incident reported to the police, not later than 24 hours after the registered person has reported the matter to the police or is informed that the matter has been reported to the police. **Action taken as confirmed during the inspection**: A staff meeting was held on 14/7/22. At this meeting the requirements for notifying an incident to RQIA were discussed. at which staff members. These requirements are documented in the policy. And The minutes of the meeting were viewed by the inspector	**Met**
Area for improvement 3 **Ref:** Regulation 23(1)(2)(a)(b)(i)(ii)(4)(5) **Stated:** First time **To be completed by:** Immediately from the date of inspection and ongoing	(1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. (2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency— (a) arranges the provision of good quality services for service users; (b) takes the views of service users and their representatives into account in deciding— (i) what services to offer to them, and (ii) the manner in which such services are to be provided; and (4) The report shall also contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided. (5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives. **Action taken as confirmed during the inspection**: Records of Monthly Monitoring Reports indicate that these are completed for each month and are maintained in typed format. The reports include conversations with	**Met**

	tenants, relatives, onsite staff and referring professionals. They also include how referrals to the scheme are managed.	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 12.4 **Stated:** First time **To be completed by:** Immediately from the date of inspection and ongoing	The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them. This relates specifically to Dysphagia training.	**Met**
	Action taken as confirmed during the inspection: Review of training records indicated that all staff both substantive and bank staff have completed Dysphagia Training.	

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 incidents of abuse and the process for reporting concerns during and outside normal business 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 retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

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

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately.

Staff were provided with training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, this was included within the agency's mandatory training programme. A review of records confirmed that where the agency was unable to provide training in the use of specialised equipment, this was identified by the agency before care delivery commenced and the agency had requested this training from the HSC Trust.

The manager reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future.

A review of the policy pertaining to moving and handling training and incident reporting identified that there was a clear procedure for staff to follow in the event of deterioration in a service user's ability to weight bear.

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.

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 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 Mental Capacity Act.

Staff had completed appropriate Deprivation of Liberty Safeguards training appropriate to their job roles. The manager reported that none of the service users were currently subject to DoLS.

The manager advised that staff currently assist two service users with budget plans although they do not manage their money.

5.2.2 What are the arrangements for promoting service user involvement?

Discussion with service users and review of their care records evidenced that they had an input into devising their own plans 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 had been kept under regular review and services users and/or their relatives participated, where

appropriate, in the review of the care provided on an annual basis, or when changes had occured.

It was also good to note that the agency had service users' meetings on a regular basis which enabled the service users to discuss the provision of their care. Some matters discussed included:

- Changes to personal timetables
- Meal plans

Some service users' comments included:

- "Staff listen to my views."

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

A review of training records confirmed that staff had completed training in dysphagia and in relation to how to respond to choking incidents. The manager confirmed that there are currently no service users with specific dysphagia care needs.

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

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) and the Nursing and Midwifery Council (NMC). There was a system in place for professional registrations to be monitored by the manager on a monthly basis. Staff confirmed that they were aware of their responsibilities to keep their professional registrations up to date.

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.

Training records included the names and signatures of those attending the training event, the date(s) of the training, the name and qualification of the trainer or the training agency and the content of the training programme.

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. Staff confirmed that the manager highlighted training requirements and when individual registrations were about to expire.

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

There were monitoring arrangements in place in compliance with the Regulations. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accidents/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

The manager confirmed that no incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure. Staff had been updated on RQIA notifiable incidents at a recent staff meeting.

The agency's registration certificate was within 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. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

The Statement of Purpose was viewed and satisfactory.

The previous registered manager for the service, Mrs Kathleen O'Neill, is now the acting Area Manager for the service; an application to register the current manager, Miss Jayne Merrell, has been submitted to RQIA and remains ongoing.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Feedback was given to Jayne Merrell (manager) and Kathleen O'Neill (Acting Area Manager) via Teams as part of the inspection process and can be found in the main body of the report.

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