

Inspection Report

22 June 2023



2 Weavershill

Type of service: Domiciliary Care Agency
Address: 2 Weavershill Road, Belfast, BT14 8PS
Telephone number: 028 9071 2011

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Belfast HSC Trust	Registered Manager: Ms Aoine McMahon
Responsible Individual: Dr Catherine Jack	Date registered: 20/08/2015
Person in charge at the time of inspection: Ms Aoine McMahon	
Brief description of the accommodation/how the service operates: This is a domiciliary care agency supported living type which provides personal care and housing support to nine individuals. Staff are available to support service users 24 hours per day; the service is commissioned by the Belfast Health and Social Care Trust (BHSCT).	

2.0 Inspection summary

An unannounced inspection took place on 22 June 2023 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 management and Covid-19 guidance was also reviewed.

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

We noted some of the compliments received by the agency from various sources:

- "Staff are really nice and approachable."
- "They are meeting my relatives care and support needs to a high standard."
- "I'm happy living in Weavershill support levels are appropriate to my needs."

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:

- "Staff are excellent."
- "Staff helped me to get settled here."
- "Staff are good listeners."
- "I have no issues talking to staff if have any problems."
- "I get on well with others here."
- "I am very well settled and feel safe here."

Staff comments:

- "I received a good comprehensive induction that prepared me for the role."
- "Good person centred care."
- "The manager has an open door policy."
- "All my training is up to date."
- "I receive one to one supervision."
- "Excellent staff communication."
- "We support a range of activities other than traditional day care."
- "We have effective staff handovers."
- "Good service user communication including regular meetings."

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

Staff questionnaires returned show good satisfaction levels. We noted comments received:

- "Weavers Hill is a lovely place to work. All staff are very empathetic to the service users."

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 1 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.

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 this year to ascertain information from tenants in order to assess the quality of the service they are receiving 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:

- "Staff are nice."
- "They helped me with my flat which was good."
- "Staff are helpful and caring."
- "Staff are really important and they listen."
- "A balance of empathy and staff quality."
- "Everyone is supported and I can talk to them if I need to."
- "Staff are ready to listen."
- "I'm helped with living skills."

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 excellent with their support."
- "I'm well supported by staff."
- "Staff are very approachable."

Staff:

- "Communication is very good."
- "The team provide good quality care."
- "The staff team are excellent in their approach."

Relatives:

- "The staff team do excellent work."
- "My relative's needs are all being met."
- "All support and care is available when needed."

HSC Staff:

- “No complaints from my service users.”
- “Staff are very supportive to service users.”
- “Communication with the community team is excellent.”

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 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
Twitter @RQIANews