

# Inspection Report

**Name of Service:** 2 Weavershill Road

**Provider:** Belfast Health and Social Care Trust

**Date of Inspection:** 28 January 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Belfast Health and Social Care Trust (BHSCT)
<b>Responsible Individual/Responsible Person:</b>	Mrs Maureen Edwards
<b>Registered Manager:</b>	Ms Aoine McMahon
<b>Service Profile:</b>  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 BHSCT.	

## 2.0 Inspection summary

An unannounced inspection was undertaken on 28 January 2025, between 09.45 a.m. and 3.00 p.m. by care Inspector.

The inspection examined the service'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 and Dysphagia management was also examined.

There were no areas for improvement identified during this inspection.

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

## 3.0 The inspection

### 3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the service was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this service. This included any previous areas for improvement issued registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors will seek the views of those living, working and visiting 2 Weavershill Road and will examine a sample of records to evidence how the service is performing in relation to the regulations and standards.

### **3.2 What people told us about the service and their quality of life**

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

We spoke to a range of service users, relatives and staff to seek their views of living, visiting and working within 2 Weavershill Road. The information provided indicated that there were no concerns in relation to the service or support given to service users.

Service users spoke positively about the staff working with them in Weavershill Road noting how they listened and cared for their well-being. Returned questionnaires indicated that the respondents were satisfied/very satisfied with the care and support provided.

Relatives spoken with felt assured that there was always support available and that the environment was secure.

Staff spoke positively about their experience of working within Weavershill Road and of the support they received from management. Two staff members responded to the electronic survey. The respondents indicated that they were 'very satisfied' that care provided was safe, effective and compassionate and that the service was well led.

Trust representatives consulted with advised that they were satisfied with the quality of care and support provided and that the agency communicated regularly with them.

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

The last care inspection of the service was undertaken on 22 June 2023 by a care Inspector. No areas for improvement were identified.

## **3.4 Inspection findings**

### **3.4.1 Adult Safeguarding**

The service provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with the person in charge 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 service's policy and procedure with regard to whistleblowing.

The service 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.

The person in charge was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

### **3.4.2 Staff Selection, Recruitment and Induction**

A review of 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) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body. 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 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 services 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 service of the person's capability and competency in relation to their job role.

### **3.4.3 Staff Training**

Staff were provided with training appropriate to the requirements of their role which was recorded on an electronic matrix. This was reviewed regularly by the manager to highlight when staff training was due to be refreshed so that this could be arranged in a timely manner. No service users required the use of specialised equipment to assist them with moving; however the person in charge was aware of how to source such training should it be required in the future.

All staff had been provided with training in relation to medicines management. The person in charge advised that no service users required their oral medicine to be administered with a syringe however they were aware that should this be required; a competency assessment would be undertaken before staff undertook this task.

There were no service users that required input from 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.

#### **3.4.4. Mental Capacity Act**

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 DoLS training appropriate to their job roles and all training was noted to be in date. The training matrix indicated that this was not required to be updated however it is a requirement that this training is refreshed every three years. This was discussed with the person in charge and the matrix was updated to reflect this frequency. The person in charge reported that none of the service users were subject to DoLS. A resource folder was available for staff to reference.

#### **3.4.5 Care Records and Service User Input**

From reviewing service users' care records and through discussions with service users, 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. Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs.

Care and support plans are 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. Care reviews had been undertaken in keeping with the setting's policies and procedures.

It was also positive to note that staff held service user meetings on a regular basis which enabled the service users to discuss any activities they would like to become involved in. Some matters discussed included: outings to cinema, car boot sales, swimming or unit based activities such as DVDs BBQs and quiz nights.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within 2 Weavershill Road. There was evidence of good interaction and collaboration with staff from mental health services who had regular input with service users and staff towards service user safety and wellbeing. Where referrals were made for mental health input aside from planned contact, these interventions were proactive, timely and appropriate

### **3.4.6 Governance and Managerial Oversight**

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 by senior staff with service users, service users' relatives, staff and Health and Social Care Trust representatives. The reports included details of a review of service users' care records; accident/incidents; safeguarding matters; staff selection, recruitment and training, and staffing arrangements.

It was positive to note that staff reported feeling well supported by managers of the service.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's registration certificate was up to date and displayed appropriately.

There was a system in place to ensure that complaints had been managed in accordance with the service's policy and procedure. Any complaints received since the last inspection were dealt with appropriately.

There was a robust system in place for staff to follow when unable to gain access to a service user's room and there are concerns about service user safety.

## **4.0 Quality Improvement Plan/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Katie Armstrong, Interim Manager, as part of the inspection process and can be found in the main body of the report.



The Regulation and  
Quality Improvement  
Authority

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