

# Inspection Report

8 July 2021



## 2 Weavershill Road

Type of service: Day Care  
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

<b>Organisation/Registered Provider:</b> Belfast Health and Social Care Trust	<b>Registered Manager:</b> Ms Aoine McMahon
<b>Responsible Individual:</b> Dr Cathy Jack	<b>Date registered:</b> 20/08/2015
<b>Person in charge at the time of inspection:</b> Ms Aoine McMahon	
<b>Brief description of the accommodation/how the service operates:</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 care is commissioned by the Belfast Health and Social Care Trust (BHSCT).	

## 2.0 Inspection summary

An announced inspection took place on 8 July 2021, at 09-00 am to 11-00 am by the care inspector.

This inspection focused on recruitment, Northern Ireland Social Care Council (NISCC) and Nursing and Midwifery Council (NMC) registrations, adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS) including money and valuables, restrictive practices, monthly quality monitoring, Dysphasia and Covid-19 guidance.

## 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 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 one service user and two staff and the manager.

Comments received during the inspection process -

### Service users' comments:

- "I feel safe and secure here."
- "Staff are excellent, very supportive."
- "Easy to talk to."
- "They have supported me through my mental health."

### Staff comments:

- "The manager is great and very approachable. There is an open door policy."
- "We are now providing one to one activities."
- "My induction was comprehensive and prepared me for the role."
- "Staff communicate well with each other."

## 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 15 November 2019 by a care inspector; one area for improvement was identified.

Areas for improvement from the last inspection on 15 November 2019		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 23.— (1)(2)(3)(4)(5)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>(1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>(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—</p> <p>(a) arranges the provision of good quality services for service users;</p> <p>(b) takes the views of service users and their representatives into account in deciding—</p> <p>(i) what services to offer to them, and</p> <p>(ii) the manner in which such services are to be provided; and</p>	<p><b>Met</b></p>

	<p>(c) has responded to recommendations made or requirements imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.</p> <p>(3) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p> <p>(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.</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>It is required that the quality monitoring reports are forwarded to RQIA on a monthly basis until further notice.</p> <p>Ref: 6.6</p>	
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector confirmed that a number of quality monitoring reports were available for review and were satisfactory.</p>		

**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 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 BHSCT in relation to adult safeguarding. Records viewed and discussions with the manager indicated that one adult safeguarding referral had been made since the last inspection. Referrals were managed in accordance with the agency's policy and procedure.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided. 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. It was noted that incidents had been managed in accordance with the agency's policy and procedures.

Staff have undertaken DoLS training appropriate to their job roles. Staff demonstrated that they have an 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. It was discussed that the service users currently residing in the service all have capacity and are independent in respect of all matters, including finances.

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 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, 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 within BHSCT.

A review of the records confirmed that all staff are appropriately registered with NISCC. 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. The process included engagement with service users, service users' relatives, staff and BHSCT representatives. The reports included details of the review of service user care records, accident/incidents, safeguarding matters, complaints, staff recruitment, 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 made during the monthly quality monitoring:

**Service users:**

- “Very supportive.”
- “Staff have helped me recover.”
- “Additional support meets my needs.”

**Staff:**

- “Good to be back to staff compliment.”
- “Well supported by the manager.”
- “All needs being met.”

**Relatives:**

- “The staff keep \*\*\*\* safe.”
- “Staff are great, I’m really pleased.”
- “The service meets the needs of \*\*\*\*\*.”

**HSC Staff:**

- “Person centred communication with staff.”
- “My service user has an excellent experience in Weavershill.”
- “No complaint regarding care.”

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.

The manager confirmed that the agency had not received any specific recommendations from Speech and Language Therapy (SALT) in relation to service users’ dysphagia needs to ensure the care received in the setting was safe and effective.

Staff described their role in relation to reporting poor practice and their understanding of the agency’s policy and procedure on whistleblowing.

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). The manager spoke about one Serious Adverse Incident (SAI), however this related to a service user within the hospital setting rather than within the supported living agency.

## 6.0 Conclusion

Based on the inspection findings and discussions held 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 management team.

**7.0 Quality Improvement Plan/Areas for Improvement**

No areas for improvement have been identified.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of Areas for Improvement</b>	0	0

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



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