

Inspection Report

Name of Service: Four Oaks

Provider: Western Health and Social Care Trust

Date of Inspection: 30 December 2024

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:	Western Health and Social Care Trust
Responsible Individual	Mr Neil Guckian
Registered Manager:	Ms Frances Fullen
Service Profile- Four Oaks is a domiciliary care agency of a supported living type which provides services to service users who need care and support care with mental health wellbeing. Service users live in their own homes in single or double occupancy accommodation and have the use of communal indoor and outdoor space.	

2.0 Inspection summary

An unannounced inspection was undertaken on 30 December 2024 between 9.55 a.m. and 4.00 p.m. 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 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 and working in, or visiting the service, and review a sample of records to evidence how it 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 service users, relatives and staff to seek their views of living in, visiting and working within Four Oaks.

The information provided indicated that there were no concerns in relation to the service.

Service Users' Comments:

- "I like it here I feel safe and that is very important to me."
- "I Like it here, the staff are very good and I can get any help I need. They are there if I need them."

Relatives' Comments:

- "They have exceptionally good staff who have the time to speak to you. They are very good to my relative and helpful to us – I couldn't fault them. They respect her views and ours. The staff facilitate our visits. They are responsive when asked to fix things and are good at discussing these things with her."
- "He's doing wonderful – he feels very content with all staff, gets trips out which makes him happy and gets on well with them. The staff are good at responding to what he needs. I couldn't say anything bad about them – he talks very highly about the staff. They keep in touch with me and would ring me if there was anything to know."
- "The staff are very good and I could ring any of them. My relative seems to be happy enough. It can be slow to get things fixed and the grounds have been let go, but the staff do keep trying to get the issues sorted and they do their best. My relative doesn't seem to mind. The care given is good."
- "It is a brilliant place – so good for all in it. If any of them could see how much it appreciated – if you could see the good work that goes on there. It's a great unit the way it is separated out and they can have their independence. My relative is very content and the staff are very approachable. I think security could be better, so if they make it a bit more secure, it would be good."

The above comments regarding upkeep of the grounds and security were relayed to the registered manager after the inspection who has confirmed that both issues will be pursued with the housing provider in an effort to resolve.

One relative responded to the electronic survey. They commented as follows:

- “Four Oaks has a warm and inviting atmosphere. Our (relative) is very happy living here and always tells us how it feels like family to her. We feel our (relative) is being kept safe. We have found all the staff to be very approachable friendly and professional.”

Staff Comments:

- “I have been here since it opened – I enjoy it and I like being able to spend a bit more time with the service users – we are very busy and could always do with more staff, but the manager is great and we all support each other and can go to them with anything.”

One staff member responded to the electronic survey. They commented as follows:

- “The Management support me in my role very well which in turn helps me provide the support in which I provide to the residents. The residents are well supported individually with their needs.”

Three service users responded to the service user/relative questionnaire. The respondents indicated that they were ‘very satisfied’ or ‘satisfied’ that care provided was safe, effective and compassionate and that the service was well led. Written comments included:

- “I love living here. I like it when staff help me clean my flat.”
- “For the most part, I am happy with my move. I don’t get along with everyone and some staff are hard to approach but most are brilliant.”

3.3 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 16 May 2023 by a care inspector. No areas for improvement were identified.

3.4 Inspection findings

3.4.1 Adult Safeguarding

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). The agency’s annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

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 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 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 and 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.

3.4.2 Mental Capacity and Restrictive Practice

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. The manager reported that none of the service users were subject to DoLS. A resource folder was available for staff to reference. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had their capacity considered and, where appropriate, assessed.

3.4.3 Staff Recruitment and Induction

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) 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.

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.

3.4.4 Staff Training

Staff were provided with training appropriate to the requirements of their role which was recorded on a matrix outlining the date and frequency of training and when it needed to be refreshed. The person in charge reported that none of the service users currently required the use of specialised equipment to assist them with moving. They were aware of how to source such training should it

be required in the future. A review of care records identified that moving and handling risk assessments and care plans were up to date.

All staff had been provided with training in relation to medicines management. The registered manager advised that no service users required their oral medicine to be administered with a syringe. They were aware that should this be required, a competency assessment would be completed before staff undertook this task.

A review of training records confirmed that all staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

3.4.5 Care Records and Service User Input

From reviewing service users' care records it was good to note that service users had an input into devising their own plan of care which contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and service users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

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 provisions of their care. Some matters discussed included keeping safe, planning for seasonal events and discussions with service users about places they would like to visit.

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 the agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

Care records identified that moving and handling risk assessments and care plans were up to date and there were no service users that required the use of specialised equipment.

There were no service users who required their food and fluids to be of a specific consistency.

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.

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 with service users, 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.

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.

The Annual Quality Report was reviewed and was satisfactory.

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. Advice was given to the person in charge about adding an additional column to the complaints summary on file to highlight when a complaint is resolved to aid in tracking its progress. This was welcomed by the person in charge and will be reviewed at a future inspection.

In the event that staff are unable to gain access to a service users home, there is a procedure that clearly directs staff as to what actions they should take to manage and report such situations in a timely manner.

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 the person in charge 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