The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Hanna Street Supported Living

Provider: Belfast Health and Social Care Trust

Date of Inspection: 12 December 2025

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

1.0 Service information

Organisation:	Belfast Health and Social Care Trust
Responsible Individual:	Ms. Jennifer Welsh
Registered Manager:	Mr. Keith McMinn (Acting)

Service Profile –

Hanna Street Supported Living Service is a domiciliary care agency, supported living type, which is located in Belfast. Belfast Health and Social Care Trust (BHSCT) manage the agency. The agency provides care and support to service users, who have learning disability and additional complex needs. Eleven service users live in a shared house at Hanna Street.

Hanna Street also provides floating support to service users who live in the community. RQIA does not regulate these elements of support.

2.0 Inspection summary

An unannounced inspection took place on 12 December 2025, between 9.00am and 12.30 pm. A care Inspector carried out the inspection.

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 Inspector also reviewed arrangements for the reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices and Dysphagia management.

The Inspector identified good practice in relation to feedback from service user and relatives, monthly monitoring and staff training. There were good governance and management arrangements in place.

The Inspector identified no Areas for Improvement during this inspection.

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 Hanna Street Supported Living 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.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, 'We want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community'.

RQIA shares this vision and want to review the support the agency offers service users to make choices and decisions in their life that enable them to develop and to live a safe, active and valued life. RQIA will review how the agency respects and empowers service users who have a learning disability to lead a full and healthy life in the community. RQIA will also examine the support they receive to make choices and decisions that enable them to develop and live safe, active and valued lives.

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

Throughout the inspection, the Inspector will seek the views of those living and working in the agency, as well as those of relatives and visiting professionals. The Inspector will also review a sample of records to evidence how the agency is performing in relation to the regulations and standards.

The Inspector provided information to relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

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

Throughout the inspection the RQIA inspector spoke with staff, relatives of the service users, as well as visiting professionals, for their opinions on the quality of the care and support provided by the agency, as well as their experiences of visiting or working in the agency. The Inspector provided information to relatives, staff and other stakeholders on how they could provide feedback. These included questionnaires and an electronic survey.

Respondents spoken to by the inspector gave generally positive feedback. One service user stated that 'the staff here are lovely. I give them a hard time but it's all in fun'. Another stated that 'I really love it here'. It was good for the Inspector to note that there appeared to be a warm and caring relationship between service users and staff.

Staff reported that they enjoyed working in the agency and that the training and induction were good.

Relatives of the service users gave similarly positive feedback. One relative of a service user commented that 'superb is the only word I can use. This place is excellent'. Another stated that 'we're very happy with the care. Anything you ask them, they're on the ball straight away'.

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

A care Inspector completed the last care inspection of the agency on 23 January 2025. No areas for improvement were identified.

4.0 Inspection findings

4.1 What are the systems in place for identifying and addressing risks?

The Inspector reviewed the agency's provision for the welfare, care and protection of service users. 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. There was 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. 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 Inspector noted that there had been no referrals made to the BHSCT in relation to adult safeguarding since the last inspection. In discussion with the person in charge, the Inspector confirmed that he had the knowledge to manage such incidents appropriately.

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

The agency provided staff with training appropriate to the requirements of their role. The person in charge advised that one service user requires assistance with moving and handling. This service user requires a wheelchair to mobilise and bed transfers are completed using a ceiling-tracking hoist. A review of care records identified that risk assessments and care plans were up to date.

Both the agency and the commissioning trust had undertaken reviews in keeping with the agency's policies and procedures.

All staff, including bank and agency staff if required, receive training and supervision in relation to medicines management. The manager advised that no service users require the administration of oral medication via syringe.

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 staff assist only when required to do so. 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 (MCA).

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The person in charge reported that none of the service users was subject to DoLS. A resource folder was available for staff to reference if needed. The Inspector noted that there was one restrictive practice in place within the agency, and this was documented in the care plan.

The inspector viewed the agency's fire risk assessment and this was within date, with no actions outstanding from the previous assessment.

4.2 What are the systems in place for the promotion of service user involvement?

From reviewing service users' care records and through discussions with service users, the Inspector noted that service users had an input into devising their own plan of care where possible. The agency uses a combination of Epic and paper care plans. Service users' care plans contained details about their likes and dislikes and the level of support they may require. The agency keeps care and support plans under regular review and services users and /or their relatives participate, where appropriate, in the review of the care by both the agency and the commissioning trust.

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.

4.3 What are the systems in place for meeting the Dysphagia needs of the service user?

The person in charge reported that the one of the service users required a modified diet. He confirmed that all staff had received training in Dysphagia and were aware of action to be taken in the event of a service user choking. The Inspector confirmed that the service user's care plan took account of the professional Speech and Language Therapy assessment.

4.4 What systems are in place for recruitment and are they robust?

The Inspector reviewed the agency's staff recruitment records. Staff recruitment is managed through the Recruitment Shared Services (RSS) system. The Inspector 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. The agency made regular checks to ensure that staff held appropriate registration with the Northern Ireland Social Care Council (NISCC). There was a system in place for the manager to monitor staff registrations on a monthly basis. Staff confirmed that they were aware of their responsibilities to keep their registrations up to date by the completion of post registration training and learning.

4.5 What arrangements are in place for staff induction and training?

There was evidence that all newly appointed staff had completed a structured orientation and induction programme, 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 formal induction programme of at least three days, which included orientation and shadowing by a more experienced staff member. The agency retained records of the staff member's capability and competency in relation to their job role.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; the agency does not use agency staff as a rule as there is an extensive staff bank. The Inspector reviewed the training matrix maintained by the agency and found the majority of training to be up to date. The agency uses a Red Amber Green (RAG) system for the management of training records.

4.6 What are the arrangements to ensure robust managerial oversight and guidance?

There were monthly monitoring arrangements in place in compliance with regulations. A review of the reports of the agency's monthly quality monitoring established that there was engagement with the service users, their relatives, staff and HSC Trust representatives. The reports included details of a review of service users' 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.

There was a system in place to ensure that the agency managed complaints in accordance with its policy and procedure. The person in charge confirmed that the agency had received one complaint since the last inspection and the Inspector confirmed that the agency had handled this appropriately. The Inspector confirmed that the agency continued to monitor complaints as part of the monthly quality monitoring process.

The Inspector reviewed records of regular staff supervision as well as annual appraisals. The inspector confirmed that these were carried these out regularly as per the policies and procedures of the agency.

5.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. The Inspector discussed the findings of the inspection with Mr. Gary Harris (person in charge) and Mr. Keith McMinn (Acting Manager) as part of the inspection process. These can be found in the main body of the report.

The Regulation and Quality Improvement Authority

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