

Inspection Report

Name of Service: 342 Ormeau Road
Provider: Belfast HSC Trust
Date of Inspection: 2 December 2024

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1.0 Service information

Organisation/Registered Provider:	Belfast HSC Trust
Responsible Individual:	Mrs Maureen Edwards
Registered Manager:	Mr Padraic Felon
Service Profile: 342 Ormeau Road is a domiciliary care agency supported living type located in the Belfast Health and Social Care Trust (BHSCT) area which provides personal care and housing support to a maximum of 12 service users with mental ill health, dual diagnosis and complex needs.	

2.0 Inspection summary

An unannounced inspection took place on 2 December 2024, from 9.30 a.m. to 2:00 p.m. This 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 and Dysphagia management were reviewed.

Serious concerns were identified during inspection in relation to the undertaking of Access NI pre employment checks. The agency was then invited to an intention to serve a Failure to Comply notice (FTC) meeting on 9 January 2024. Following the review of information provided, prior to and during the meeting, RQIA decided not to serve the FTC.

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 agency 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.

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

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 survey.

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

We spoke to a range of service users and staff to seek their views of the agency.

Service users spoke very positively in regard to their experience of the agency. One told us that they “love living here, it is great, the staff are brilliant, you couldn’t find anywhere better”, while another stated, “They support me in lots of ways.”

Staff spoke very positively in regard to the care delivery and management support in the agency. The manager was described as very supportive and the care of service users to be good.

We did not receive any responses to the questionnaires or from the staff electronic survey.

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 25 September 2023 by a care inspector. No areas for improvement were identified.

3.4 Inspection findings

3.4.1 Staffing Arrangements

A review of the agency’s staff recruitment records evidenced that an Enhanced Access NI pre-employment check had not been satisfactorily completed before one identified staff member had commenced employment. Serious concerns were identified and the agency attended an intention to serve a Failure to Comply notice (FTC) meeting on 9 January 2024. They provided assurances of actions taken which included evidence that the Enhanced Access Ni check had been undertaken. The agency had provided assurances of their action plan for future recruitment. These actions will be reviewed at future inspections.

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.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

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.

3.4.2 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).

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. 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.

RQIA is aware of a Serious Adverse Incident (SAI) that is being investigated by the Belfast HSC Trust. RQIA awaits the SAI reports which will be available when the investigation is concluded. These will be reviewed at future inspection to ensure that any recommendations are embedded into practice.

The manager reported that none of the service users currently required the use of specialised mobility equipment. They were aware of how to source training for any mobility equipment should it be required in the future.

All staff had been provided with training in relation to medicines management. A review of medication errors found that appropriate action was undertaken.

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. 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.

Care and support plans are kept under regular review. 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.

Despite none of the service users having recommendations from Speech and Language Therapy (SALT) that required their food and fluids to be of a specific consistency, a review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

3.4.3 The arrangements for promoting service user involvement

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.

The agency had undertaken an evaluation of the service and produced a report which included feedback from service users with recommendations and actions.

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.

3.4.4 The arrangements to ensure robust managerial oversight and governance

There were monitoring arrangements in place. 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.

The Annual Quality Report was reviewed and was satisfactory.

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

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. No complaints were received since the last inspection.

The process and training in relation to non-access to service users was reviewed. Expected actions both in and outside of normal business hours was clear and communicated with staff.

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 Mr Padraic Felon, Manager, as part of the inspection process and can be found in the main body of the report.



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