

Inspection Report

Name of Service: 342 Ormeau Road
Provider: Belfast HSC Trust
Date of Inspection: 6 October 2025

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1.0 Service information

Organisation:	Belfast HSC Trust
Responsible Individual:	Mrs Maureen Edwards
Registered Manager:	Mr Padraic Fenlon
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 6 October 2025, between 10 am and 12.30 pm by a care Inspector.

The last care inspection of the agency was undertaken on 2 December 2024 by a care Inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to service users and that the agency was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff were knowledgeable and well trained to deliver safe and effective care. Service users said that the care and support provided by 342 Ormeau Rd was a good experience. Service users who were unable to voice their opinions were observed to be relaxed and comfortable in their interactions with staff. Refer to Section 3.2 for more details.

No areas for improvement were identified 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 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, and to address any deficits identified during our inspections.

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

Throughout the inspection process inspectors seek the views of those working for or being supported by the agency; and review/examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

3.2 What people told us about the service

Through active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Service users told us that the support provided was good and that the staff were 'dead on', 'friendly' and 'always available' for them with help and support. Service users told us that the staff were 'very helpful' and that they take the service user's needs into account. They said that the staff 'remind (them) to be (their) best selves' and that the staff have their 'best interests at heart'. One service user stated that they 'couldn't complain as everything is great'.

One service user stated that they would like service users to have more input and say into the scheme; and that they would like more group activities and more budget. This comment is for review and action by the manager, as appropriate.

Staff told us they had no concerns to raise about the agency and that they felt the service was 'one hundred percent'. Staff said that they felt there is a 'very good standard of support delivery (and that) staff and clients collaborate to ensure "we" deliver what is needed by them'. Comments also included that staff 'value the work of the team, supporting service users with compassion and focus on their recovery journeys'.

HSC Trust representatives told us that the manager keeps them informed of any changes in the service users' wellbeing and described how they couldn't live without places such as 342 Ormeau Rd.

3.3 Inspection findings

3.3.1 Staffing Arrangements (recruitment and selection, induction and training)

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users. There was evidence of robust systems in place to manage staffing.

It was noted that there was enough staff on duty to respond to the needs of the service users in a timely way; and to provide service users with a choice on how they wished to spend their day.

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.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to the Northern Ireland Social Care Council's (NISCC) 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. Written records were retained by the agency of the person's capability and competency in relation to their job role.

Records of all staff mandatory training were retained and were noted to be up to date. Service user specific training had also been provided to staff and the overall compliance levels with training were very high.

Procedures were in place for appraising staff performance and all staff received regular supervision.

3.3.2 Care Delivery and care records

There was a daily handover at the beginning of each shift, which included information about any changes to the service users' care that the staff needed to assist them in their roles.

Regular staff meetings were held and minutes maintained of the meetings for staff, unable to attend, to read for information sharing.

Staff interactions with service users were observed to be friendly and supportive. Staff were skilled in communicating with service users; they were respectful, understanding and sensitive to service users' needs.

It was evident that the staff focused on supporting the service users' rehabilitation. There was a system in place to ensure that the activities offered to service users were varied and tailored towards their individual needs and preferences. Service users' needs were met through a range of activities which were aimed at developing their life skills and social confidence. The agency had recently bought electric bicycles and a pool table is now in place for service users to use. Cooking sessions were organised twice each week, where staff showed service users how to make certain meals.

A barbeque had also been recently bought and service users were encouraged to participate in gardening. Service users were encouraged to attend the Recovery College as appropriate.

Service users' needs were assessed when they were first referred to the agency and this assessment was reviewed on an ongoing basis for the first four weeks, whilst the service user was settling into the service. Following this assessment, support plans were developed to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals. It was good to note that support plans were reviewed on a weekly basis, following meetings between the service users and their keyworkers.

Staff recorded regular evaluations about the care and support provided. There was also evidence of regular communication between the agency and the relevant Trust mental health professionals. The service users were seen by the Community Rehabilitation Team on a weekly basis; and multidisciplinary meetings were held on a monthly basis.

Service users care records were held confidentially.

3.3.4 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Mr Padraic Fenlon has been the manager in this agency since 3 November 2011. Those consulted with commented positively about the manager and described him as being 'one hundred percent committed to the service'. He was described as being 'supportive', 'approachable' and always able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care and staff practices was in place.

There was a process in place to manage any complaints; none had been received since the last care inspection.

Review of incident records identified that they were managed appropriately.

There was a system in place to oversee staffs' registration with their professional body.

The annual quality report was reviewed and noted to include service user feedback. Advice was given in relation to including staff and Trust professional feedback within the report when next completed.

Agencies are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the agency's adult safeguarding policy. A specific individual was identified as the agency's ASC. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

There was evidence that the agency responded to any concerns, raised with them or by their processes, and took measures to improve practice and/or the quality of services provided by the agency, as necessary.

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



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