

Inspection Report

Name of Service: Spelga Mews
Provider: Radius Housing Association
Date of Inspection: 8 May 2025

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:	Radius Housing Association
Responsible Individual/Responsible Person:	Mrs Fiona McAnespie
Registered Manager:	Mrs Olive Jones (Acting Manager)
Service Profile: Spelga Mews is a supported living type domiciliary care agency which provides personal care and housing support for 12 residents aged over 65 living with dementia. The agency is owned and operated by Radius Housing and the service is commissioned by the Southern Health and Social Care Trust (SHSCT).	

2.0 Inspection summary

An unannounced inspection took place on 8 May 2025 between 9.40am and 4.15 pm by care Inspectors.

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.

The last care inspection of the agency was undertaken on 30 November 2023 by a care inspector. No areas for improvement were identified.

There were no areas for improvement identified during this inspection.

Good practice was identified in relation to service user involvement and range of activities to avail of. 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, working and visiting the service; and examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

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

Throughout the inspection the RQIA inspector will seek to speak with service users, their relatives or visitors, staff and any visiting HSC staff for their opinions on the quality of the care and support and their experiences of receiving support, of visiting or working for this service.

We spoke to service users, relatives and staff to seek their views of the agency. The information provided indicated that there were no concerns with respect to the care and support provided by this agency. Comments from service users who spoke with the inspectors included the following comments; "I am happy here – they are great." and "the food is good and the staff are great, I couldn't fault them".

Feedback received from relatives indicated that there was good communication by staff regarding their relative's care needs and well-being and that they were very happy with the care and support provided. One comment from a relative included the following statement; "we are very, very happy and feel we have hit the jack pot with this place. Our (relative) has settled so well".

We provided a number of service user/relative questionnaires for those supported to comment on the quality of care provided and their lived experiences. Survey responses returned from service users indicated that they were 'very satisfied' that care provided was safe, effective and compassionate and that the service was well led.

Staff spoke positively in regard to the care delivery and management support in the agency. One staff member who spoke with the inspector made the following comments; “the service users are the most important part of all our jobs and I enjoy working with them”.

3.3 Inspection findings

3.3.1 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.

The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

3.3.2 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 had their capacity considered and, where appropriate, assessed.

Where there was use of restrictive practices such as bed sensors; this was clearly documented within service user’s records. The person in charge advised that this was reviewed regularly to ensure that all restrictions noted were proportionate and necessary for service user’s safety.

A review of the training matrix, noted that all members of staff had completed appropriate (DoLS) training appropriate to their job roles.

3.3.3 Staff Recruitment and Induction

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (Access NI), 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); 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 induction programme which also included shadowing of a more experienced staff member.

3.3.4 Staff Training

Staff were provided with training appropriate to the requirements of their role which was recorded on a matrix outlining the date of training, frequency 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. 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.

3.3.5 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 services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

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 to assist them with moving.

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.

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 and other matters regarding their home environment. Some matters discussed included menu preferences, environmental issues or maintenance requests and activities they would like to avail of. There was also a monthly timetable on display offering a wide range of activities such as movie nights, board games, tea parties, spa day, skittles, singers, violinist, barbecue, the academy of dance, gardening and armchair yoga.

3.3.6 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. The person in charge advised that there had been no complaints received since the last inspection.

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 Mrs Olive Jones, Acting Manager as part of the inspection process and can be found in the main body of the report.



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