



The Regulation and
Quality Improvement
Authority

Inspection Report

Name of Service: Dumbarton House
Provider: Threshold (Richmond Fellowship NI Ltd)
Date of Inspection: 06 January 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:	Threshold (Richmond Fellowship NI Ltd)
Responsible Individual/Responsible Person	Mrs Fiona McCabe, Registration Pending
Registered Manager:	Mr Stewart Lecky
<p>Dumbarton House, located on Somerton Road in Belfast, is a supported living type domiciliary care agency provided by Threshold (Richmond Fellowship NI Ltd). The agency's aim is to provide care and support to meet the individual assessed needs of up to 12 people who experience enduring mental ill-health issues.</p> <p>Under the direction of the manager, staff are available to provide care and support to service users 24 hours a day with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of promoting health and maximising quality of life.</p>	

2.0 Inspection summary

An unannounced inspection was undertaken on 06 January 2025 between 10.00 a.m. and 5.30 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 were also examined.

One area for improvement identified related to the adult safeguarding policy.

Good practice was identified in relation to service user involvement, community meetings and staff induction and training.

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 agency. 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.

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 service.

Service users said that they were happy with the care and support provided by staff. One service user spoke about personal feelings of loss that had impacted their well-being. This was shared with the registered manager who demonstrated good knowledge of service user's history, what was important to them and how they could be supported.

Service User Comments:

- "I like it here I want to stay here – the staff are great and look after me – I would like an upstairs room but I am happy here for now. I feel safe."
- "I like it here the staff are good and look after me well."
- "I am living here a short time and I like it alright – the staff look after me - of course they do - I like living closer to my relative."
- "I am not happy - I miss living with my mother but she is in a home now and I miss her. I can visit her. I washed my own hair today and that was good."

Staff spoke positively in regard to the care provided to the service users and management support, however some felt that there was a lot of work to cover during long shift patterns.

Staff Comments:

- "I have enjoyed working here but I found the roll-on rota difficult as there are sleep-in duties and also housework alongside the caring role and so it is very, very busy. It is difficult to retain staff when there is so much to do as this leads to burnout. The training has been good and managerial support has been great, but the hours are long and there is an awful lot to cover for low pay."
- "I have been here over a year. I enjoy the work, it is very interesting and support from manager and training is very good however, we have to cover a lot of household tasks – cooking and cleaning on top of the main caring role, and so it is very tiring, so it would be difficult to continue this for the long term with that rate of pay."

The inspector spoke with two relatives after the inspection who expressed mixed views on the support staff are able to provide to their relatives. These relatives indicated their belief that there were not enough staff, especially at weekends, and one stated particular concern with regard to the care provided during a period of physical and mental decline. They advised that there were difficulties in making contact with the service, and that communication from the service could be better. In addition, one shared that their relative, the user of the service, felt they couldn't approach staff.

Relative's Comments:

- "My relative hasn't been well and has a lot of physical needs which is not part of the care Dumbarton provide. The staff have been very, very good but they are limited. They are doing their best to get extra assistance as he has deteriorated. They do their best. Other residents get good care from my own observations."

One response to feedback from health professional indicated that they had no concerns in relation to the service:

HSC Staff Comments:

- "Dumbarton provides a safe and user appropriate service for those who reside there. They are compassionate in their day to day dealings with the vulnerable people using their service. The service is effective and suitable for the user group and it appears the residents feel safe respected. I have never had any negative experience regarding the service."

Seven responses received from the service users/ relatives questionnaires indicated that service users were satisfied or very satisfied that the care and support provided was safe, effective, compassionate and well-led. Service users' comments included:

- "I feel everything is good."
- "I'm grateful for the care that I get."
- "I just love living here."
- "I think the care provided could be slightly better- the toilets are blocked regularly."

No staff responded to the staff electronic survey.

The concerns raised by service users, staff and service users' relatives were shared with the registered manager who gave assurances that recruitment of staff was in progress and provided an account of the measures taken to support those services users who experience changes in their health. The registered manager also gave an undertaking to engage directly with an individual regarding the issues identified, and to address any environmental issues raised.

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 service was undertaken on 25 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 outlined the procedure for staff in reporting concerns.

An examination of the policy document identified that this was due to be reviewed in 2024, and this had not been completed. The document covered the responsibilities towards those alleged to have perpetrated harm and included consideration of allegations against personnel acting on behalf of Threshold. The policy, however, did not include sufficient detail on how the agency would seek to support victims of alleged harm and in respect of allegations involving other service users. This was identified as an area for improvement.

The organisation had recently appointed a new Adult Safeguarding Champion (ASC). Whilst the agency's annual Adult Safeguarding Position report was found to be satisfactory, it contained reference to staffing levels within the service continuing to present a challenge. Staffing within this service is described further in section 3.4.3.

Discussions with the registered 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. 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 staff had made timely referrals to the HSC Trust where adult safeguarding concerns were raised, however the registered manager advised that they did not always receive a prompt response to the screening of referrals from the Adult Protection Gateway Team.

Protection plans drawn up as a response to adult protection concerns were reviewed; these were found to be supportive in their approach, but may benefit from the implementation of a more robust protocol for staff to follow in circumstances where a service user may threaten harm towards others. The registered manager was provided with advice on how this could be integrated within the review of the Adult Safeguarding policy. There was also discussion with the registered manager about how incidents of alleged abuse could be tracked to more effectively to identify trends or patterns of abuse. The arrangements for the monitoring and reporting of concerning behaviours by service users will be examined at the next care inspection.

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 Act 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. The registered manager confirmed that no service users are subjected to restrictive practices within the service.

3.4.3 Staffing Arrangements, Recruitment and Induction

At the time of inspection, the service had experienced a reduction in staffing levels due to long term sick and maternity leave. Staff members who spoke with the inspector voiced the difficulty in working a rolling rota which incorporated sleep-in shifts alongside their contracted hours, as well as having to assist with household chores which they felt would be difficult to sustain long term. One staff member advised that she was presently working notice to the service.

The impact of lower staffing levels on service users was raised by a relative who felt staffing levels were not sufficient over weekend periods. This was discussed with the registered manager who provided assurances of ongoing recruitment efforts, however explained that the reason for different staffing levels during week days was due to therapeutic aspects of care taking place during these times. It was agreed that a review of staffing levels would take place to ensure that there were sufficient staffing levels at all times to meet the needs of service users.

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) 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.

There were no volunteers deployed within the agency.

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. Written records were retained by the agency of the person's capability and competency in relation to their job role.

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 of training, frequency and when it needed to be refreshed. The registered manager 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 all staff who assist with medication receive an annual competency overseen by another trained staff member. It was confirmed during inspection that no service users require 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.

All staff except one had completed training in Dysphagia and in relation to how to respond to choking incidents however training had lapsed for one staff member in respect of face to face basic life support. The registered manager has since confirmed that arrangements have been made to ensure that all staff who require refresher training in basic life support receive this at the next available opportunity. The need to monitor the training records regularly to ensure that all staff with outstanding training needs are identified in a timely manner and suitable training arranged was discussed with the registered manager and will be reviewed during a future inspection.

3.4.5 Care Records and Service User Input

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.

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. 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. One service user's annual care review had not been signed by the service user. The importance of obtaining service user signature (as indicated on various documentation) as a reflection of their input and involvement was discussed with the registered manager who agreed to rectify this oversight immediately.

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: maintenance issues, group outings, going to the cinema, planning a Christmas lunch and announcements to keep residents up to date of events impacting the unit e.g. plans for the erection of scaffolding around the building for works to commence. Minutes of service user meetings were completed, however were not signed off by the minute taker. This was highlighted

to the registered manager who assured that this would be rectified and noted for future meetings. This will be reviewed during a future inspection.

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.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans.

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.

The Annual Quality Report was reviewed and was satisfactory.

RQIA is aware of a Serious Adverse Incidents (SAIs) that is being investigated by the Belfast HSC Trust. Whilst RQIA is satisfied that measures have been put in place to reduce the risk of recurrence, RQIA awaits the SAI report which will be available when the investigations are concluded. These will be reviewed at future inspection to ensure that any recommendations are embedded into practice.

The agency's registration certificate was displayed appropriately along with current certificates of public and employers' liability insurance.

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.

Where staff are unable to gain access to a service user's home, there is an operational policy, procedure or protocol that clearly directs staff from the agency as to what actions they should take to manage and report such situations in a timely manner.

An application has been submitted to RQIA for registration of a new Responsible Person; this is currently under review.

4.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with the Registered Manager and Chief Executive Officer as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
<p>Area for improvement 1</p> <p>Ref: Regulation 15 (6) (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from day of inspection</p>	<p>The registered person shall ensure that the Adult Safeguarding policy is reviewed to reconsider how best to support victims of alleged abuse and with respect to allegations of abuse between service users.</p> <p>Ref: 3.4.1.</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager has ensured that the Adult Safeguarding Policy has been reviewed to include more explicit measures to be taken with respect to any allegation of abuse that may occur between service users.</p>

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