

Inspection Report

Name of Service: Dorchester Park

Provider: SENSE

Date of Inspection: 16 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:	SENSE
Responsible Individual/Responsible Person:	Mr. Martin Walls
Registered Manager:	Mrs. Michaela O'Neill
Service Profile – Dorchester Park is a domiciliary care agency, supported living type. It provides care and support for six service users who have a learning disability and other health needs. The service users reside in a large, semi-detached house in south Belfast; the agency's office is located in the service users' home. The service is commissioned by several different Health and Social Care (HSC) Trusts.	

2.0 Inspection summary

An unannounced inspection took place on 16 January 2025, between 10.10 a.m. and 3 p.m. It was carried out by care inspector and facilitated by the manager. The RQIA Service Improvement Officer was also present for part of the inspection and supported the inspector with seeking the opinions and experiences of service users.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to assess progress with the area for improvement identified, by RQIA, during the last care inspection on 19 January 2024; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

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

This inspection resulted in no areas for improvement being identified. The previous area for improvement from the inspection undertaken on 19 January 2024 was addressed by the provider.

RQIA would like to thank the manager, service users, relatives and staff for their help and support in the completion of 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 they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the agency was reviewed. This included any previous areas for improvement identified, 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 agency; and review/examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included User Friendly 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, relatives and staff to seek their views of living within, visiting and working within Dorchester Park.

Service users told us they felt safe living in Dorchester Park. They also spoke highly of the manager.

Relatives described the agency as 'brilliant' and praised the staff. One relative stated their xxxx 'loves it here'.

Staff commended the high quality of their induction and training.

The information provided indicated that they had no concerns in relation to the service.

Comments received from service users in their questionnaires indicated they felt very settled in and positive about Dorchester Park. One described the agency like their 'second family'. Another stated they felt Dorchester Park was 'good' and that 'it might have had an effect on me getting a little bit better'.

One comment from a service user raised an issue in respect of the environment. This was discussed with the manager for taking forward within the agency.

A number of staff responded to the electronic survey. The respondents indicated that they were 'very satisfied' that care provided was safe, effective and compassionate and that the service was well led.

3.3 Inspection findings

3.3.1 Staffing Arrangements

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 patients. There was evidence of robust systems in place to manage staffing.

A 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.

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.

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, three-day 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.

Staff meetings were held regularly within the agency. The minutes were retained for reference by staff who were unable to attend.

3.3.2. Care Delivery

Service users told us they enjoyed the independence that living in Dorchester Park affords them and how they are encouraged to make their own decisions. Service users are supported to access activities of their own choice; this included going to the gym, visiting family and sessions at a local beautician.

Staff interactions with service users were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual service users' needs, their daily routine, wishes and preferences.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided.

3.3.3 Management of Care Records

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. Service users were provided with easy read reports which supported them to fully participate in all aspects of their 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 service users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

Where a service user was experiencing Deprivation of Liberty Safeguards (DoLS), the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative.

Some service users had been assessed by a Speech and Language Therapist as requiring their food and fluids modified or some adaptations made at meal times. These recommendations were recorded in care records.

3.3.4 Quality of Management Systems

Mrs Michaela O'Neill has been the manager of Dorchester Park since 28 October 2024. Service users and staff commented positively about the manager describing her as 'great' and the agency as well led.

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 was visited each month by a representative of the registered provider to consult with service users, their relatives and staff and to examine all areas of the running of the agency. The reports of these visits were completed in detail; however, advice was given in relation to ensuring these were signed each month by the representative and the manager. We noted a comment from a HSCT staff member in relation to a service user's review – 'this is the best review I've ever done'.

RQIA had been notified appropriately of any incidents in keeping with the regulations. 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 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 a procedure in place that clearly directs staff from the agency as to what actions they should take to manage and report such situations in a timely manner.

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. Michaela O'Neill, Manager, as part of the inspection process and can be found in the main body of the report.



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