The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: 576 Carnhill

Provider: Western HSC Trust

Date of Inspection: 15 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:	Western HSC Trust
Responsible Person:	Mr Neil Guckian
Registered Manager:	Mrs Donna Tunney
Service Profile: 576 Carnhill is a supported living type domiciliary care agency operated by the Western Health and Social Care Trust (WHSCT). The agency provides care and support on a 24 hour basis to service users with mental health needs who live in shared accommodation.	

2.0 Inspection summary

An unannounced inspection took place on 15 May 2025 between 10.45 am and 5.30 pm by a care inspector.

The last care inspection of the agency was undertaken on 16 July 2024 by a care inspector. No areas for improvement were identified. The 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 established 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.

Service users said that the care and support provided by 576 Carnhill was a good experience. Refer to Section 3.2 for more details.

It was evident that staff promoted the dignity and well-being of service users and that staff were knowledgeable and well trained to deliver safe and effective care.

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 will seek the views of those living and working in 576 Carnhill; 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

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

Service users indicated that they enjoyed their experience of living in 576 Carnhill and they also spoke highly of the staff. Service users appeared relaxed in their interactions with staff.

Service users told us that they were able to choose how they spend their day. Service users' comments included: "I am happy living here; we had a barbeque and it was good.", "The staff are brilliant; we go to the bowling alley and to the town.", "Staff sometimes cook our food. If I want, I can cook for myself. I am given a choice of what I have to eat; I am happy with the staff. I have no concerns".

Staff spoke positively in regard to the care delivered and management support in the agency. One told us that the manager has an open door policy and that they can speak to the manager if they have any concerns; The service users have resident meetings and they discuss activities and food choices. One staff member discussed staffing. This was shared with the manager for any appropriate action.

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 systems in place to manage staffing.

It was identified that one staff member currently employed within the agency had transferred internally without an enhanced AccessNI check having been completed. There was discussion with the manager about the need for the provider organisation to be fully assured they have a robust system for criminal checks to be completed for staff. RQIA is aware of ongoing discussion between the Department of Health and Health and Social Care (HSC) Trusts in respect of this, and will keep this matter under review.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). There was a robust system in place for professional registrations to be monitored by the manager.

Records of all staff training were retained and the manager maintained oversight of the training matrix to ensure compliance. This training included Deprivation of Liberties Safeguards (DoLS), Moving and Handling, Dysphagia and Adult Safeguarding. Records of staff training were noted to be up to date. The manager advised that Trust bank staff working in the agency are required to have up to date mandatory training, and staff whose training has expired are not assigned shifts.

Newly appointed staff had completed a structured orientation and induction, to ensure they were competent to carry out the duties of their job.

There were no volunteers deployed within the agency.

3.3.2 Care Delivery

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.

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

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 individual and group activities such as shopping, barbecues and bowling.

Service user meetings were held on a regular basis which enabled the staff to keep service users updated on any issues arising that may affect them. Some matters discussed included activities, meal choice, health and safety and shared living arrangements. The meetings also enabled the service users to discuss any activities they would like to become involved in.

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.

It was observed that staff respected service users' privacy by their actions such as knocking on doors before entering and discussing service users' care in a confidential manner.

3.3.3 Management of Care Records

Care records were person centred and underpinned by a human rights approach, well maintained, regularly reviewed and updated to ensure they continued to meet the service users' needs.

Care plans reflected a good understanding of service user's needs, including relevant assessments of service user's communication support. It was good to note that Makaton was being used to communicate with one service user.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their roles. Where service users were subject to restrictive practice the required documentation was in place and was kept under regular review.

Care reviews had been undertaken in keeping with the agencies policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning Trust's requirements.

Service users care records were held confidentially.

3.3.4 The system in place for identifying and addressing risks

The agency provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

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. They could also describe their role in relation to reporting poor practice.

The agency retained records of any referrals made to the Health and Social Care (HSC) Trust in relation to adult safeguarding. A review of records and discussions with the manager indicated that no referrals had been made with regard to adult safeguarding since the last inspection.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

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.

3.3.5 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Donna Tunney has been the manager in this agency since 24 November 2023.

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

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.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints have been received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

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

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

The Regulation and Quality Improvement Authority

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