The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Braidwater Quay**

Provider: **Northern HSC Trust**

Date of Inspection: **23 June 2025**

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation:	Northern HSC Trust
Responsible Individual:	Ms. Jennifer Welsh
Registered Manager:	Mr. Alan Mc Ninch

Service Profile: This is a supported living type domiciliary care agency based in Ballymena. The service is managed by the Northern Health and Social Care Trust (NHSCT) and is designed to provide care and support to 21 individuals, with enduring mental health needs.

The service users live at two separate locations; the majority live in flats at Braidwater Quay; and other service users live in Carniny Court, which is comprised of a number of bedrooms with shared kitchen/dining and living room spaces.

Braidwater Quay also provides community outreach to a small number of service users who live in the community. RQIA does not regulate these elements of support.

2.0 Inspection summary

An unannounced inspection took place on 23 June 2025, between 9.50 am and 2.15 pm by a care Inspector.

The last care inspection of the agency was undertaken on 7 July 2023 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 established that care delivery was safe and that effective and compassionate care was delivered to service users. However, improvements were required to ensure the effectiveness and oversight of certain aspects of the agency, such as the arrangements for medicines management, the care records and staff training.

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

Full details, including areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

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 setting. 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 Braidwater Quay is a 'good place to live'. They told us that the staff 'listen' to them and that the staff are 'kind'. The service users felt that the staff were a 'good support' to them and they were 'proud of (the) staff'. Service users told us that they had made 'good friends (and that there were) good groups'. One service user said that Braidwater Quay was 'good for (their) mental health, peace (and) learning (their) own home care'.

Staff described getting a job in Braidwater Quay as the 'best career change' for them and that they 'love' their work. They described how they worked hard to ensure the best outcomes for the service users. The staff expressed how great it has been for them to see the 'progress made by the service users' and they described 'good engagement' in the service users' meetings. The staff described positive working relationships with the manager and described the teamwork as 'amazing'.

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 were no concerns raised regarding the staffing levels.

There was a process in place to ensure that recruitment was managed appropriately; this ensured that all pre-employment checks, including criminal record checks (AccessNI), are

completed and verified before staff members commenced employment and have direct engagement with service users.

There was a process in place to ensure that newly appointed staff completed a structured orientation and induction, to ensure they were competent to carry out the duties of their job; however, advice was given to the manager regarding the need for the induction process to be further developed to ensure that it included awareness level information on mental health conditions, including specific medicines staff would need to be aware of.

Records of all staff training were retained and were generally noted to be up to date. However, none of the staff had completed training in respect of Deprivation of Liberty Safeguards (DoLS). An area for improvement has been identified.

Medicines Competency assessments were completed for any staff who administered medicines. It was advised that this proforma is further developed to include a section on medicines such as Clozapine. This will be reviewed at a future inspection.

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.

Service users' needs were met through a range of individual and group activities. Examples of activities the service users attended included the Old Folke Museum, shows at the Braide Centre, Boat trips and the Giants Causeway. Some service users were supported to use local Community Gyms. Service users were also supported with shopping and with their hobbies, such as arts and crafts. It was good to note that there was an Occupational Therapy led programme, called the 'Cook It' programme, which service users were encouraged to attend.

The system for managing medicines was discussed. Whilst the majority of service users had their medicines stored within their own flats, the medicines in Carniny Court were stored in a Medicines Room which meant that the service users had to go there for their medicines. This would not be in keeping with the ethos of supported living. An area for improvement has been identified.

RQIA acknowledges that the NHSCT had introduced an electronic records management system (Encompass) in 2024. However, review of this system identified that none of the risk assessments had been uploaded onto the new system. Additionally, none of the HSCT' care plans had been uploaded. This was discussed with the manager, who agreed to undertake an audit of Encompass, to ensure that there was oversight of the records which need to be followed up on. An area for improvement has been identified.

Additionally, review of the support plans identified that they were very basic and not fully reflective of the service users' needs. An area for improvement has been identified.

Staff recorded regular evaluations about the care and support provided.

3.3.3 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Mr Alan McNinch has been the manager in this agency since 18 November 2015.

Staff spoken with told us that they received regular supervision. And they described the manager as being 'very supportive'. The staff said they felt they worked together like a 'family' and that the manager's door is always open. They were confident that any areas that need improved upon would be addressed by the manager.

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. However, it was identified that the visits focused on the Braidwater Quay site one month; and on the Carniny Court site the next month. RQIA acknowledges the rationale behind undertaking the visits in this manner; however, it is advised that the visits going forward, reflect both services.

Additionally, advice was given in relation to retaining all records within the registered premises (Braidwater Quay).

Advice was also given regarding the need for all relevant records to be maintained centrally and in relation to the need to archiving records. These matters will be reviewed at a future inspection.

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.

The annual quality report was reviewed and noted to include stakeholder feedback.

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

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. In the Trust, this person is called the Designated Adult Protection Officer (DAPO). A specific individual was identified as the agency's DAPO. 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 a protocol in place for staff to be able to gain access to the service users' flats in case of an emergency.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Regulations and the Standards.

	Regulations	Standards
Total number of Areas for Improvement	2	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Alan McNinch, Manager, 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	
Area for improvement 1 **Ref:** Regulation 14 (c)(e) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that service users are provided with a secure facility for the storage of medicine within their individual rooms. Ref: 3.3.2
	Response by registered person detailing the actions taken: Medication storage now in secure facilities within tenants individual rooms. Tenant support plans dictate whether keys to these locked storage cabinets are retained by the tenant or by staff. Where staff hold the keys, tenants can access medications as and when required.
Area for improvement 2 **Ref:** Regulation 23 (1) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that Encompass is audited on an ongoing basis, to ensure that all risk assessments and care plans are in place; records of the audits must be retained and must be undertaken on an ongoing basis until compliance has been achieved. Ref: 3.3.2
	Response by registered person detailing the actions taken: Care plans and risk assessments are co-developed by both the supported living scheme and the Community Mental Health Teams. The registered manager will ensure that care plans, support plans and risk assessments are up to date and available on the encompass system. An audit spot check process of tenant records remains ongoing and will continue. The outcome of this process will be retained on file should it be required to be viewed

	at future inspections. The file check audit will be added to the existing quality monitoring template for all schemes.

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, revised 2021	
Area for improvement 1 **Ref:** Standard 12.3 **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that all staff received training in respect of Deprivation of Liberty Safeguards (DoLS). Ref: 3.3.1
	Response by registered person detailing the actions taken: Staff will complete DoLs training relevant to the requirements of their role via LearnHSCNI within four weeks. The registered manager will ensure this training is added to the scheme's training matrix to monitor future compliance.
Area for improvement 2 **Ref:** Standard 12.3 **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The Registered Person shall ensure that all staff receive training in respect of support plan writing, as appropriate to their roles and responsibilities; evidence of the training must be retained for inspection purposes. Ref: 3.3.2
	Response by registered person detailing the actions taken: The registered manager will ensure that the support plans for tenants are derived from care plans and risk assessments. Training on development and maintenance of support plans is not currently available within the Trust, however, external training has been sourced and will be co-ordinated by the registered manager. This training will be added to both induction schedules and training matrix to ensure all staff trained.

Please ensure this document is completed in full and returned via the Web Portal

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