The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Annadale Avenue**

Provider: **Belfast HSC Trust**

Date of Inspection: **27 November 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:	Belfast HSC Trust
Responsible Individual/Responsible Person:	Ms Jennifer Welsh
Registered Manager:	Mrs Renee Stewart
Service Profile – Annadale Avenue is a domiciliary care agency supported living type service operated by the Belfast Health and Social Care Trust (BHSCT) which currently provides care and support to adults with a learning disability. Service users receive care and support in their own individual apartments and staff are available to respond to the needs of service users 24 hours per day.	

2.0 Inspection summary

An unannounced inspection took place on 27 November 2025, between 9.45 am and 5.15 pm. A care inspector conducted the inspection.

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 24 November 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 service users. However, improvements were required to ensure the effectiveness and oversight in relation to staff induction and the management of complaints.

Good practice was identified in relation to service user involvement, the variety of activities available to service users and mandatory training compliance. Feedback from service users reflected their positive experience of the care and support provided. Refer to Section 3.2 for more details.

As a result of this inspection the area for improvement previously identified was assessed as having been addressed by the provider.

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

We would like to thank the manager, service users, relatives and staff team for their support and co-operation during the 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 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 the previous area 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 seek the views of those working for or being supported by the agency and review 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 questionnaires and an electronic staff survey.

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

We spoke to service users, relatives and staff to seek their views of the agency.

The service users indicated that they enjoyed their experience of living in Annadale Avenue and they spoke highly of the staff and manager.

Service users told us that they were able to choose how they spend their day. Service users' comments included; "I like living here and I am going swimming this morning.", "Everyone is nice to me." and "I am going to Lapland for four days".

Relatives told us they were very satisfied with the care and support provided to their loved one. Relatives' comments included; "Staff are brilliant. They treat my son with respect and are warm and caring", "I am very happy with the care, support and activities provided" and "This is a great service and I have nothing but praise for staff".

Staff told us that they were satisfied that the care and support was safe, effective, compassionate and well led. Staff spoke positively about the care delivery, training and management support in the agency. Staff comments included; "Care and support is of a very high standard and is always person centred", "We promote service users' independence and encourage service users to choose how they spend their day" and "Communication is good and we have a handover at every shift".

Returned service user questionnaires indicated that the respondents were very satisfied with the care and support provided.

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 and through completion of regular staff training to ensure the agency safely and continually meets the needs of service users.

It was identified that one staff member currently employed within the agency commenced work without an enhanced AccessNI check having been completed. It was explained that this was due to the individual having had an AccessNI check undertaken for another role within the BHSCT. RQIA is aware of ongoing discussion between the Department of Health and HSC Trusts in respect of this matter.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or any other relevant regulatory body; there was a system in place for professional registrations, to be monitored by the manager and a record of checks retained. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

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, programme which also included shadowing of a more experienced staff member.

Review evidenced that induction records for two recently recruited care staff members were not appropriately signed or dated. An area for improvement has been identified.

Staff consulted spoke positively about the training they receive and confirmed that they received sufficient training to enable them to fulfil the duties and responsibilities of their role and that training was of a good standard. Staff were provided with training appropriate to the requirements of their role which was recorded on a colour coded matrix. Review concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as infection prevention and control, fire awareness and medicines management. It was positive to note that the agency provided training in regard to adverse incident management and epilepsy awareness.

There was evidence of effective systems in place to manage staffing. Staff said there was good teamwork and that they felt well supported in their role by the manager. Staff said that there were sufficient staff to meet the needs of the service users. It was evident that staff had a good understanding of the needs, likes and dislikes of individual service users.

There was evidence of staff meetings. Staff stated they could add to the meeting agenda if there were items they wished to discuss. Minutes were maintained of the meetings for staff unable to attend, to read for information sharing.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff told us they felt supported and involved in discussions about their personal development.

3.3.2 Care Delivery

There was a handover at the beginning of each shift, which all staff attended. These meetings focused on information about any changes in the service users' care needs.

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 are supported to access activities of their own choice; this included going shopping, to the cinema, visiting restaurants and leisure centres and attending concerts.

The service users told us they enjoyed the independence that living in Annadale Avenue affords them and how they are encouraged to make their own decisions.

Discussion with service users', relatives, staff and observation of interactions demonstrated that service users are treated with dignity and respect while promoting and maintaining their independence.

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

3.3.3 Management of Care Records

Service users' needs were assessed when they were first referred to the agency and before care delivery commenced. Following this initial assessment care plans were developed to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals.

Care records were person centred, well maintained and regularly reviewed and updated to ensure they continued to meet the service users' needs. A review of a sample of care records evidenced that service users, where possible, were involved in planning their own care and efforts had been made to ascertain service users' preferences and choices around how their support was provided. The details of care plans were shared and signed by service users and/or their representatives as appropriate.

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.

A number of service users were assessed by Speech and Language Therapist (SALT) with recommendations provided and some required their foods and fluids to be of a specific consistency. A review of a sample of care records evidenced that staff were given clear indications where SALT recommendations were in place and this was recorded in the service user's care records.

Staff who spoke with the Inspector indicated that they were familiar with how food and fluids should be modified and they implemented the specific recommendations of SALT to ensure the care received in the setting was safe and effective.

Staff recorded regular evaluations about the care and support provided.

Records pertaining to consent were available.

3.3.4 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Mrs Renee Stewart has been the manager in this agency since 13 April 2015. Those consulted with described having good relationships with the manager.

The agency was visited each month by a representative of the registered provider. 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 reports of these visits were completed in detail.

The agency's registration certificate was up to date and displayed appropriately
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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. There was an individual within the organisation's senior management team who was identified as the appointed ASC for the agency.

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 and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency retained records of all accidents/incidents and a review of a sample of these records indicated that these were managed appropriately.

The agency had undertaken an evaluation of the service and produced a report, which included feedback from service users with recommendations and actions.

The Annual Quality Review Report was reviewed and was satisfactory.

Discussion with the manager confirmed there was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. However, review of two complaints records identified that the complaints had not been dealt with in line with regulation.

There was no evidence of communication with the complainant, the results of any investigation, the action taken and the outcome of the complaint in relation to the complainant's satisfaction. An area for improvement has been identified.

Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager or the person in charge.

Staff demonstrated an awareness of their role, responsibilities and knowledge of lines of accountability and knew when and who to discuss concerns with. All staff consulted with described an open door policy with the manager and that they were confident that any concerns or suggestions made would be listened to and addressed.

Discussions with the manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. As noted in section 3.3.1, staff spoken with during the inspection confirmed the availability of continuous update training. In addition, staff confirmed the availability of supervision/appraisal processes and staff meetings, which they described in positive terms and found beneficial.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with regulations and standards.

	Regulations	Standards
Total number of Areas for Improvement	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Renee Stewart, 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 Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 **Ref:** Regulation 22 (6)(7)(8) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that every complaint made under the complaints procedure is fully investigated and a record of each complaint is maintained, including details of the investigations, the outcome and any action taken in consequence. Ref: 3.3.3
	Response by registered person detailing the actions taken: The registered manager will follow the new NIPSO model complaints procedure now in place. The registered manager has updated and review the complaints form and following BHSCT complaints policy and procedure.

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised)	
Area for improvement 1 **Ref:** Standard 12.1 **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that newly appointed staff complete a structured orientation and induction, to ensure they are competent to carry out the duties of their job in line with the agency's policies and procedures. These records must be dated and signed, as appropriate. Ref: 3.3.1
	Response by registered person detailing the actions taken: The registered manager has reviewed the induction process and ensured that all records are signed and dated as appropriate.

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

The Regulation and Quality Improvement Authority

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