The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Four Oaks**

Provider: **Western HSC Trust**

Date of Inspection: **4 December 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:	Four Oaks
Responsible Individual/Responsible Person:	Mr Neil Guckian
Registered Manager:	Mrs Frances Fullen
Service Profile – Four Oaks is a domiciliary care agency of a supported living type which provides services to service users who need care and support care with mental health wellbeing. Service users live in their own homes in single or double occupancy accommodation and have the use of communal indoor and outdoor space.	

2.0 Inspection summary

An unannounced inspection took place on 4 December 2025 between 10.10am and 3.55 pm by a care Inspector.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to determine if the service is delivering safe, effective and compassionate care and if the service is well led. The last inspection was undertaken on 30 December 2024. No areas for improvement were identified.

This inspection established that care delivery was safe and that effective and compassionate care was delivered to service users. There were no areas for improvement identified during this inspection. Further details of the findings of this inspection are outlined in the main body of the report.

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 any 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/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 questionnaires and an electronic survey.

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

Through active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

We spoke to a range of service users, a relative, staff and HSC professionals to seek their views of the agency.

Service users we spoke with said that they were happy with the care and support provided in Four Oaks. One service user said that the care from staff was excellent and it would be good if there was a sensory room for service users. This was relayed to the manager to consider for action as appropriate. Some service users were observed to be relaxed and comfortable within the communal living areas and a good rapport was noted between service users and staff.

A number of service users responded to the service user/relative questionnaire. The respondents indicated that they were 'very satisfied' or 'satisfied' that care provided was safe, effective and compassionate and that the service was well led. Written comments included: "I feel safe at all times" and "the service is excellent".

A relative who spoke with the inspector indicated that they were happy with the care and support provided to their loved one and that the staff were caring and kind.

Staff who spoke with the inspector spoke positively about the care provided to service users and said that there was good teamwork and that manager was supportive.

HSC staff who provided feedback about the service commented that communication with the staff is always prompt and that staff display a very good rapport with the service users and respond quickly to their needs.

4.0 Inspection findings

4.1 Staff Recruitment, Induction and Training 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 service users. There was evidence of robust systems in place to manage staffing.

Observation of the delivery of care evidenced that service users' needs were met by the number and skills of the staff on duty. Staff said that there was good teamwork and there was sufficient staff to meet the needs of the 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); 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 induction programme which also included a period of shadowing of a more experienced staff member. Written records were retained regarding the person's capability and competency in relation to their job role which were signed off by the manager.

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 confirmed that they were provided with opportunities to complete training commensurate with their role.

All staff had been provided with training in relation to medicines management. Competency assessments were undertaken with staff to ensure that they were proficient in administration of medications and this is reviewed after six months for new staff. Online medication training is refreshed annually. The manager advised that there are weekly audits that take place to ensure medication is stored appropriately. In the event of any error occurring in respect of medication administration, staff are required to undertake refresher training and a renewed competency assessment to ensure they are competent in assisting with this task.

The 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.

It was evident that staff received regular supervision and that there were procedures in place to appraise staff performance.

4.0 What are the systems in place for identifying and addressing risks?

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 clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

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 during business hours and out of hours.

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. The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of safeguarding records evidenced that these were managed appropriately. The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

The agency's governance arrangements for the management of accidents/incidents were reviewed and confirmed that an effective incident/accident reporting policy and system was in place. Staff are required to record any incidents and accidents in a centralised electronic record, which is then reviewed and audited by the manager and the WHSCT governance department. A review of a sample of accident/incident records evidenced that these were managed appropriately.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

4.2 Mental Capacity Act / Deprivation of Liberty Safeguards (DoLS) and Restrictive Practice

The Mental Capacity Act (Northern Ireland) 2016 (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. There was a policy in place for the use of restrictive interventions and the manager confirmed there were no restrictive practices in place for any of the service users within the service.

4.3 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.

From reviewing service users' care records, it was positive to note that service users had an input into devising their own plan of care. Care records were person centred and contained details about their likes and dislikes and the level of support they may require. They were regularly reviewed and updated to ensure they continued to meet the service users' needs. Service users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur in keeping with the agency's policies and procedures.

Staff recorded regular evaluations about the care and support provided on an electronic recording system. There was a system in place for recording the management of individual service users' monies in accordance with the guidance.

4.4 Care Delivery

The manager advised that there was a daily handover meeting at the beginning of each shift where staff communicate any changes in respect of the service users' care needs or support they may require. Regular staff meetings were arranged and minutes maintained of the meetings for staff unable to attend, to read for information sharing.

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 activity planning and outings, environmental works, fire safety and shared living arrangements. The meetings also enabled the service users to discuss any activities they would like to become involved in. It was positive to note that a newsletter was provided to all service users on a regular basis which enabled those who did not attend group meetings to keep updated with events and matters arising within the service.

Staff interactions with service users were observed to be friendly and supportive. Staff were respectful, understanding and sensitive to service users' needs.

4.5 Managerial oversight and Governance

There has been no change in the management of the service since the last inspection. Staff commented positively about the manager and described them as supportive, approachable and able to provide guidance.

There were monitoring arrangements in place and 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 and carried forward actions for the agency to focus on between visits. Progress on actions identified was highlighted on subsequent reports.

The annual quality report was reviewed and noted to include service user, relative and stakeholder feedback.

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.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. No complaints were received since the last inspection.

5.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Frances Fullen, 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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