The Regulation and Quality Improvement Authority

# Inspection Report

**Name of Service:** Novara House

**Provider:** Southern Health and Social Care Trust

**Date of Inspection:** 12 March 2026

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

## 1.0 Service information

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| **Organisation/Registered Provider:** | Southern HSC Trust |
| **Responsible Individual/Responsible Person:** | Mr Steve Spoerry |
| **Registered Manager:** | Mrs Mairead McDonagh |
| **Service Profile –** This is a domiciliary care agency supported living type which provides personal care and housing support to up to 10 service users who have experienced mental health difficulties. Service users receive support and care in relation to their daily living skills and emotional wellbeing and are encouraged to become more independent. | |

## 2.0 Inspection summary

An unannounced inspection was undertaken by a care inspector on 12 March 2026, between 10. 15 am and 3.30pm.

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 27 January 2025. 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 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

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

Service users we spoke with said that they were happy with the care and support provided in Novara House. One service user said that the care from staff was good and that they felt well supported.

Staff who provided feedback to the inspector said that they found Novara House to be a good place to work with staff who are willing to help each other out. Another staff member said that staff morale was good and that they enjoyed coming to work.

A relative we approached for feedback said that they were satisfied with the level of care provided to their loved one and that the staff were supportive and approachable.

A professional who provided feedback on the service said that the staff were very approachable and that there was great support provided to service users. They felt that the service was well-led and that staff got to know their service users really well which helped in their recovery.

The feedback received by all those consulted indicated that the care provided in Novara House was safe, effective, compassionate and well-led.

## 3.4 Inspection findings

### 3.4.1 Adult Safeguarding, Accidents/Incidents & Management of 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). Discussions with staff 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 incidents of abuse and the process for reporting concerns during and/or outside normal business hours. 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 any referrals made to the HSC Trust in relation to adult safeguarding. A review of these evidenced that all safeguarding concerns raised had been managed appropriately. The manager welcomed advice on the benefits of recording all safeguarding concerns on a monthly tracker document to enable the reviewer to ascertain at quick glance how many adult safeguarding concerns had been raised within a time period. This would also aid in identifying any patterns or trends arising so any preventative measures can be considered and actioned as appropriate. This will be reviewed at a future inspection.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately. It was positive to note that there was evidence of good collaboration among staff in response to some incidents that rose. It was recommended that a similar tracking document be implemented for all incidents and accidents occurring in the service for the purpose of identifying any trends or patterns. This will be reviewed at a future inspection.

### 3.4.2 Mental Capacity Act and Restrictive Practice

The Mental Capacity Act (NI) 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 person in charge reported that none of the service users were subject to DoLS. There was a resource folder available for all staff to refer to providing up to date information on the Mental Capacity Act (NI) 2016 and DoLS processes.

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.

### 3.4.3 Staff Selection, Recruitment and Induction

A review of the agency's staff selection and recruitment records confirmed that all pre-employment checks, including enhanced criminal record checks (AccessNI) had been completed and verified for new staff members prior to them engaging in direct contact 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 induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

### 3.4.4 Staff Training

Staff were provided with training appropriate to the requirements of their role. 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.

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 prior to assisting with this task. These were reviewed yearly with all staff and refresher training was completed with all staff every three years.

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.

A review of training records confirmed that staff had completed training in dysphagia and in relation to how to respond to choking incidents.

### 3.4.5 Care Records and Service Users' Input

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, regularly reviewed and updated to ensure they continued to meet the service users' needs. The service users' care plans contained details about their likes and dislikes and the level of support they may require. There was evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements. Staff recorded regular evaluations about the care and support provided. This included information about any changes to the service users' care needs so that staff could assist them as needed accordingly.

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

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans. It was also good to note that the agency had service users' meetings on a regular basis. It was positive to note that in-house activities were arranged in response to suggestions by the service users which included events such as movie night, snacks, arts and crafts, bowling, walking club and Italian night.

### 3.4.6 Governance and Managerial Oversight

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 by senior staff with service users, service users' relatives, staff and Health and Social Care Trust representatives. The reports included details of a review of service users' care records; accident/incidents; safeguarding matters; staff selection, 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.

The agency's registration certificate was up to date and displayed appropriately.

There was a system in place to ensure that complaints had been managed in accordance with the agency's policy and procedure. A review of complaints received since the last inspection evidenced that these had been managed appropriately.

There was a robust system in place for staff to follow when unable to gain access to a service user's room.

## 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 Mairead McDonagh, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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