

Inspection Report

Name of Service: Dorchester Park

Provider: SENSE

Date of Inspection: 8 May 2026 and 11 May 2026

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:	SENSE
Responsible Individual/Responsible Person:	Mr. Martin Walls
Registered Manager:	Mrs. Michaela O'Neill
Service Profile - Dorchester Park is a domiciliary care agency, supported living type. It provides care and support for six service users who have a learning disability and other health needs. The service users reside in a large, semi-detached house in south Belfast; the agency's office is located in the service users' home. The service is commissioned by several different Health and Social Care (HSC) Trusts.	

2.0 Inspection summary

An unannounced inspection took place on 8 May 2026, from 9.20 am to 11.40 am. The inspection was concluded on 11 May 2026. It was carried out by a care inspector.

The last care inspection of the agency was undertaken on 16 January 2025 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 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. No areas for improvement were identified during this inspection.

Service users said that the care and support provided by Dorchester Park was a positive experience.

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 Dorchester Park. 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

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Service users told us that 'all was good'.

Staff told us that they were either satisfied or very satisfied that the care was safe, compassionate, effective and well led.

3.3 Inspection findings

3.3.1 Staffing 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.

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 evidence that all newly appointed staff had completed a structured orientation and induction, having regard to the Northern Ireland Social Care Council's (NISCC) 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, three-day induction programme which also included shadowing of a more experienced staff member.

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

Records of all staff training were retained and were noted to be up to date. Staff confirmed that got sufficient training for their roles. Service user specific training had also been provided to staff. For example, where a service user required support with the management of a medical condition, all staff had been provided with the required training.

Staff told us about the good teamwork in place and the 'welcoming environment within the agency'. They also commended the variety and the quality of the training provided to them.

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

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. It was reassuring to note that service users were consulted about the activities they preferred, ensuring their views informed and shaped the day-to day activities. Activities on offer included trips to the cinema, shopping trips, arts and crafts and days out to Newcastle and Portrush.

Staff interactions with service users were observed to be friendly and supportive. Staff were skilled in communicating with service users; they were respectful, understanding and sensitive to service users' needs. Staff told us that they felt the service users were supported well.

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

It was positive to note that there were regular service user meetings in place. This enabled service users to provide feedback and suggestions in regard to their care and support.

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.

Service users care records were held confidentially.

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.

Review of records identified that the care plans were reflective of the recommendations outlined within the Speech and Language Therapy (SLT) Care Plan.

Arrangements were in place to ensure that the capacity of service users who required higher levels of supervision, monitoring, or restriction was considered and, where appropriate, formally assessed in line with relevant legislation.

3.3.4 Quality of Management Systems

There has been no change in the management of the agency since the last inspection.

Mrs. Michaela O'Neill has been the registered manager in this agency 28 October 2024 service.

Those consulted with commented positively about the management team and described them as supportive, approachable and able to provide guidance. Comments received included 'I feel that the service is well led' and 'the management do a great job making sure everything is done well'.

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

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. A specific individual was identified as the agency's ASC.

The annual safeguarding position report had been completed. It was established that effective systems and processes were in place to manage the safeguarding and protection of adults at risk of harm. 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 Annual Quality Report was reviewed and was satisfactory.

RQIA had been notified appropriately of any incidents in keeping with the regulations. Incidents had been managed appropriately. 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 were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

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 the manager, as part of the inspection process and can be found in the main body of the report.



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