

# Inspection Report

27 July 2021



## Garryduff Supported Living Service

**Type of Service: Domiciliary Care Agency**  
**Address: 2A Garryduff Road, Ballymoney, Antrim,**  
**BT53 7AF**  
**Tel No: 028 2766 6220**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Triangle Housing Association	<b>Registered Manager:</b> Mrs Jacqueline Pearl Peacock
<b>Responsible Individual:</b> Mr Christopher Harold Alexander	<b>Date registered:</b> 8/11/2018
<b>Person in charge at the time of inspection:</b> Mrs Jacqueline Pearl Peacock	
<b>Brief description of the accommodation/how the service operates:</b>  Garryduff Supported Living Service is a Domiciliary Care Agency, supported living type. The agency provides 24 hour personal care and housing support to up to seven service users who live in shared accommodation. Service users have individual rooms and a range of shared areas.  The service users' care is commissioned by the Northern Health and Social Care Trust (NHSCT)	

## 2.0 Inspection summary

An announced inspection was undertaken by a care inspector on 27 July 2021, between 10.15 am and 14.45 pm.

This inspection focused on staff recruitment, Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, incident reporting, complaints and whistleblowing. Other areas reviewed included Deprivation of Liberty Safeguards (DoLS) including money and valuables, restrictive practice, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to recruitment and appropriate checks being undertaken before staff were supplied to service users. There was evidence of robust governance and management oversight systems in place. Good practice was found in relation to system in place of disseminating Covid-19 related information to staff.

### 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the service was performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

The inspection focused on:

- contacting the service users, their relatives, HSC Trust representatives and staff to obtain their views of the service
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Information was provided to service users, relatives, staff and other stakeholders to request feedback on the quality of service provided and this included questionnaires. In addition, an electronic survey was provided to enable staff to feedback to the RQIA.

### 4.0 What people told us about the service

One questionnaire was returned and the respondent's comments indicated that the person was satisfied that the service provided was safe and effective. There was no response to the electronic survey.

We observed a number of service users being supported by staff; service users appeared relaxed and comfortable in their home environment. We spoke with the relatives of two service users and three staff during the inspection; comments received are detailed below.

#### Relatives' comments:

- "Excellent, staff are so good to \*\*\*\* (service user), I have no concerns."
- "Staff take \*\*\*\*\* (service user) out shopping; she is so settled here. She likes coming home as she puts it."
- "Staff keep me informed of any changes, I have no issues."
- "Staff look after her well and the place is very homely."
- This is the best thing for \*\*\*\*\* (service user); she just settled from day one and I am so happy to see her settled and contented."
- "I have no concerns, \*\*\*\*\* (service user) is well looked after and the staff are excellent. They are so good to her."
- "I can speak to staff if I am worried."
- "I am very happy with everything and have no complaints."
- "Staff take her out and she loves to get out."

#### Staff comments:

- "I got a good induction; staff were very supportive and helpful."

- “I have no concerns, I enjoy my job.”
- “The service users have choice and are safe living here.”
- “I feel supported; I can take to anyone and can raise issues with the manager.”
- “All the staff are very helpful and caring and I am very happy working here.”
- “We have a good staff team, I love my job.”
- “We get to know the needs of the service users.”
- “The manager is great, really approachable and supportive.”
- “New ways of working during Covid; all the staff have been great and I have no concerns at all.”

## **5.0 The inspection**

### **5.1 What has this service done to meet any areas for improvement identified at or since last inspection?**

The last inspection to Garryduff Supported Living Service was undertaken on 2 January 2020; no areas for improvement were identified.

## **5.2 Inspection findings**

### **5.2.1 Are there 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 policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC). The Adult Safeguarding Position Report for the agency has been formulated.

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns including out of hours arrangements.

It was identified that staff are required to complete adult safeguarding training during their induction programme and required updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could 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 has a system for retaining a record of referrals made in relation to adult safeguarding matters. It was noted that no referral had been made with regard to adult safeguarding since the last inspection. Adult safeguarding matters are reviewed as part of the monthly quality monitoring process.

The agency has provided relatives with information with regard to the process for reporting any concerns. Relatives who spoke to us stated that they had no concerns regarding the safety of the service users; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided and that the staff are very responsive.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures.

It was noted that staff have completed appropriate DoLS training appropriate to their job roles. Those spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. There are arrangements in place to ensure that service users who require high levels of supervision or monitoring and restriction have had their capacity considered and, where appropriate, assessed.

It was noted that where restrictive practices are in place, appropriate risk assessments had been completed in conjunction with the HSC Trust representatives.

There is a system in place for notifying RQIA if the agency is managing individual service users' monies in accordance with the guidance. The agency in conjunction with the HSC Trust is in the process of supporting a service user to gain access to their monies following them moving to the service.

There was a clear system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

### **5.2.2 Is there a system in place for identifying care partners who visit service users to promote their mental health and wellbeing during Covid-19 restrictions?**

The manager advised us that there were no care partners visiting service users during the Covid-19 pandemic restrictions. It was positive to note that a number of service users had regular contact with family.

### **5.2.3 Are their robust systems in place for staff recruitment?**

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, checks are completed before staff members commence direct engagement with service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager in conjunction with the organisation's human resources department. Staff spoken with confirmed that they were aware of their responsibilities to ensuring that their registration with NISCC was up to date.

#### 5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included evidence of engagement with service users, service users' relatives, staff and HSC Trust representatives on the majority of the visits.

The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, NISCC registration and staffing arrangements and the environment. In addition, there was evidence of audits having been completed with regards to medication and finance. It was noted that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified matters had been addressed.

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that no complaints have been received since the last inspection. Complaints are reviewed as part of the agency's monthly quality monitoring process.

There was a system in place to ensure that staff received supervision and training in accordance with the agency's policies and procedures.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analyses (SEAs) or Early Alerts (EAs) since the last inspection.

The discussions with staff and review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within their home environment. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

It was identified that staff have completed training with regard to Dysphagia and Speech and Language Therapist (SALT) swallow assessments and recommendations. There are currently a number of service users who has been assessed by the SALT team in relation to Dysphagia needs and specific recommendations made. Staff demonstrated that they have a clear understanding of the needs of individual service users with regard to eating and drinking. Care plans viewed clearly reflect the recommendations of the SAT team.

## 6.0 Conclusion

Based on the inspection findings and discussions held RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager/management team.



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