The Regulation and Quality Improvement Authority

Inspection Report

1 November 2021

Glanree House Supported Living Scheme

Type of Service: Domiciliary Care Agency
Address: Glanree House, 37 Patrick Street, Newry, BT35 8EB
Tel No: 028 3026 1300

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: Southern HSC Trust **Responsible Individual:** Mr Shane Devlin	**Registered Manager:** Mrs Dympna Casey - Application submitted – registration pending **Date registered:** Not applicable
Person in charge at the time of inspection: Assistant Services Manager	
Brief description of the accommodation/how the service operates: Glanree House Supported Living Scheme is a supported living type domiciliary care agency, located in Newry. The agency provides care and support to enable service users to live in their own home. The care and support is provided by staff employed by the Southern Health and Social Care Trust (SHSCT).	

2.0 Inspection summary

The care inspector undertook an announced inspection on 1 November 2021 between 10 am and 2 pm.

The inspection focused on the agency's governance and management arrangements as well as staff recruitment, staff' registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguarding (DoLS) including money and valuables, restrictive practices, monthly quality monitoring, Dysphagia and Covid-19 guidance.

Good practice was identified in relation to appropriate checks being undertaken before staff started to provide care and support to the service users. Good practice was found in relation to the system in place for disseminating Covid-19 related information to staff.

Service users indicated that they were very satisfied with the standard of care and support provided.

Whilst the care and support provided was found to be compassionate, three areas for improvement were identified. One related to safe and effective care respectively; and two related to the well led domain. The areas for improvement related to the reporting of incidents; care plans relating to swallowing difficulties; and in relation to the completion of monthly quality monitoring reports.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were 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 guidance, and to address any deficits identified during our inspections.

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, notifiable incidents and written and verbal communication received since the previous care inspection.

The inspection focused on reviewing relevant documents relating to the agency's governance and management arrangements. This included checking how support workers' registrations with NISCC were monitored by the agency.

During the inspection, we discussed any complaints that had been received and incidents that had occurred, with the person in charge and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 23.

Information was provided to staff and the service users' relatives, to request feedback on the quality of service provided. This included an electronic survey to enable them to provide feedback to the RQIA.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

4.0 What people told us about the service

The information provided by service users and staff during the inspection indicated that there were no concerns in relation to the agency. All confirmed that they were very satisfied with the standard of care and support provided. The following comments were received during the inspection:

Service users' comments:

- "It is brilliant, I love it here, I bought the staff flowers today."
- "It is very good."

One service user spoke with us about how they felt when other service users were making a lot of noise. This was discussed with the person in charge, who agreed to keep the matter under review.

Staff' comments

- "I love it here."
- "I have no concerns."

Service users also told us that they were very satisfied with the support and care provided in Glanree House. The following comments were received via questionnaire:

- "All happy."
- "No concerns."
- "I think Glanree is fantastic. I prefer it than my last place."
- "I would like more time out with staff. I feel getting out more would be good for me."
- "Staff support me to raise complaints regarding other tenants and their behaviours."
- "Happy living in Glanree."

One staff member responded to the electronic survey, indicating that were very satisfied in relation to all aspects of the agency. No written comments were received.

5.0 The inspection

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

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

The last care inspection of the agency was undertaken on 31 October 2019; no areas for improvement were identified. An inspection was not undertaken in the 2020-2021 inspection year, due to the impact of the first surge of Covid-19.

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).

Discussions with the person in charge 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 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.

Staff were provided with training appropriate to the requirements of their role. This included DoLS training. The person in charge demonstrated that they have an understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

Examination of care records confirmed that DoLS practices were embedded into practice with the appropriate recent documentation available for review.

There were processes in place for the safe and secure management of service users' monies and valuables. Where the SHSCT managed service users' monies in excess of twenty thousand pounds, consent had been given by RQIA.

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

The person in charge advised us that information on care partners had been shared with the service users' relatives. Whilst no relatives expressed an interest in becoming a care partner, the person in charge agreed re-visit the care partner approach, with relatives, to ensure that they fully understood the concept.

5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). Review of the training records confirmed that all staff had completed the required level of training. It was good to note that the person in charge had compiled a folder for staff to access guidance documents on reducing the risk of preventable choking.

One service user was identified as having swallowing difficulties and required their food to be of a specific consistency. Staff spoken with demonstrated a good knowledge of the service user's wishes, preferences and assessed needs. However, review of the records identified that there were discrepancies between the consistency-type indicated on the risk assessment, to that indicated on the care plan. This was discussed with the person in charge who agreed to address the matter. An area for improvement has been made in this regard.

5.2.4 Are there 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, before support workers are supplied to work with the service users. Records viewed evidenced that the required checks had been undertaken.

A review of the records confirmed that all support workers are appropriately registered with NISCC. Information regarding registration status is monitored by the person in charge; this system was reviewed and found to be in compliance with Regulations and Standards.

5.2.5 Are there robust governance processes in place?

The quality monitoring processes were reviewed, to ensure that complaints and any incidents were routinely monitored as part of the monthly checks in line with Regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2005. RQIA had previously been informed by the BHSCT that the monthly monitoring visit had not been undertaken in March 2021, due to extenuating circumstances. Review of the monthly monitoring reports identified that visits had also not been undertaken in June 2021 and in August 2021. This meant that in the period preceding the inspection, quality monitoring had only been undertaken in one out of the three months. RQIA acknowledges that from May 2017, the SHSCT implemented an alternative approach to assuring quality monitoring; this meant that eleven visits were undertaken, instead of the required twelve visits. Whilst this decision was deemed appropriate at the time, RQIA now requires that monitoring visits revert to being undertaken on a monthly basis, in keeping with Regulation 23. An area for improvement has been made in this regard.

It was established during discussions with the person in charge that the agency had not been involved in any Serious Adverse Incidents (SAI's)/Significant Event Analysis's (SEA's) or Early Alert's (EA's). Safeguarding incident records were reviewed and it was noted that they had been reported and managed appropriately.

Review of the incident records identified that they were not consistently managed in accordance with the agency's policy and procedures. It was identified that the HSC Trust' representative had not been informed of an incident. An area for improvement has been made in this regard.

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

6.0 Conclusion

Based on the inspection findings, three areas for improvement were identified. Whilst the care and support provided was found to be compassionate, one area for improvement related to safe and effective care respectively; and two related to the well led domain.

The areas for improvement related to the reporting of incidents; care plans relating to swallowing difficulties; and in relation to the completion of monthly quality monitoring reports.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations, (Northern Ireland) 2007 and The Domiciliary Care Agencies Minimum Standards, 2011.

	Regulations	Standards
Total number of Areas for Improvement	2	1

The area for improvement and details of the Quality Improvement Plan (QIP) were discussed with the person in charge, 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 The Domiciliary Care Agencies Regulations, (Northern Ireland) 2007.	
Area for improvement 1 **Ref:** Regulation 15 (2)(a) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered persons shall ensure that the risk assessments and care plans are reflective of the International Dysphagia Diet Standardisation Initiative (IDDSI), as indicated on the Speech and Language Therapist (SALT) care plan. Ref: 5.2.3
	Response by registered person detailing the actions taken: All support plans have been updated to include IDDSI as recommended by Speech and Language Therapist. review of support plans to form part of audit process.
Area for improvement 2 **Ref:** **Ref**: Regulation 23 (1)(2)(3)(4)(5) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that the current system of undertaking monitoring visits to the agency is reviewed to ensure that visits are undertaken every month, in keeping with regulation 23. Ref: 5.2.5
	Response by registered person detailing the actions taken: The Head of Service with operational responsibility for the Monitoring Officer has met with the Monitoiring Officer and agreed a work plan to ensure monitoring visits are undertaken monthly in keeping with Regulation 23 (1)(2)(3)(4)(5). Outstanding monitoring reports to be completed by 31.01.2021
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
Area for improvement 1 **Ref:** Standard 5.4 **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that the agency reports all incidents to the HSC Trust, in keeping with the agency’s policies and procedures. Ref: 5.2.5
	Response by registered person detailing the actions taken: Recommendation is unclear. All incidents are reported via DATIX as this is a statutory service. The Assistant Manager/Manager to ensure that case manager is keep apprised of all incidents as part of the investigation process. Datix incidents reviewed as part of Trust governance processes.

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