

# Inspection Report

9 June 2022



## Glanree House

Type of service: Domiciliary Care Agency/Supported Living  
Address: Glanree House, 37 Patrick Street, Newry, BT35 8EB  
Telephone number: 028 3026 1300

[www.rqia.org.uk](http://www.rqia.org.uk)

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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> Southern HSC Trust (SHSCT)	<b>Registered Manager:</b> Dympna Casey
<b>Responsible Individual:</b> Dr Maria O’Kane (Registration pending)	<b>Date registered:</b> (Registration pending)
<b>Person in charge at the time of inspection:</b> Assistant Manager	
<b>Brief description of the accommodation/how the service operates:</b> 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

An unannounced inspection took place on 9 June 2022 between 9.15 a.m. and 12.00 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency’s governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices, Dysphagia and Covid-19 guidance was also reviewed.

It was positive to note that service users benefited from a well led service. There was a clear leadership and management structure in place which helped to ensure staff were clear about their role and responsibilities. The service was well organised and had a range of systems in place to ensure its operation and to support good communication.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

It was positive to note some of the compliments received by the agency we have noted a selection below:

- “\*\*\*\*\* social life has improved so much since moving to Glanree.”
- “Thank you for all you have done for me.”
- “We could not have asked for anymore from staff.”
- “Staff do a great job.”

Glanree House uses the term 'tenants' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

### 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, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

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As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, 'We want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community'. RQIA shares this vision and want to review the support individuals are offered to make choices and decisions in their life that enable them to develop and to live a safe, active and valued life. RQIA will review how service users who have a learning disability are respected and empowered to lead a full and healthy life in the community and are supported to make choices and decisions that enable them to develop and live safe, active and valued lives.

Information was provided to service users, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read questionnaires and an electronic staff survey.

### 4.0 What did people tell us about the service?

During the inspection we spoke with service users and staff members. The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

**Service users' comments:**

- “Good staff.”
- “I love being here.”
- “I have two keyworkers and they are great.”
- “I’m really fond of all staff.”
- “Staff give me good support.”
- “No complaints, but would speak with managers if I had any.”

**Staff comments:**

- “Good communication.”
- “Excellent training.”
- “The manager has an open door policy to all.”
- “Excellent service user involvement.”
- “We promote good autonomy and individual choices.”
- “I’m aware of NISCC and the values expected of a registrant.”

Staff we spoke with demonstrated excellent caring values and a desire to provide people with good quality personalised care. They knew people well their choices and preferences.

During the inspection we provided a number of easy read questionnaires for those supported to comment on the following areas of service quality and their lived experiences:



- Do you feel your care is safe?
- Is the care and support you get effective?
- Do you feel staff treat you with compassion?
- How do you feel your care is managed?

Returned questionnaires show that those supported thought care and support was either excellent or good. We have noted some of the comments received:

- “I love it in Glanree, I love the staff they help me.”
- “I have friends I’m happy.”
- “I’m happy with it all.”
- “The staff are nice to me all the time.”

A number of staff responded to the electronic survey. The respondents indicated that they were ‘very satisfied’ or ‘satisfied’ or dissatisfied. We spoke with the manager prior to the issue of this report who plans to speak with staff at the staff meeting regarding staffing issues raised.

## 5.0 The inspection

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

The last care inspection of the agency was undertaken on 1 November 2021 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 1 November 2021		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 15 (2)(a) <b>Stated:</b> First time <b>To be completed by:</b> 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.  <b>Ref:</b> 5.2.3	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> 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.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 23 (1)(2)(3)(4)(5) <b>Stated:</b> First time <b>To be completed by:</b> 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.  <b>Ref:</b> 5.2.5	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A number of reports were reviewed and were satisfactory.	

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 5.4  <b>Stated:</b> First time  <b>To be completed by:</b> 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	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  The Datix was reviewed and discussed with the person in charge and the records in place meet the standard and were satisfactory.	

## 5.2 Inspection findings

### 5.2.1 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).

Discussions with the person in charge 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 incidences of abuse and the process for reporting concerns in normal business hours and out of 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 records confirmed that these had been managed appropriately.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

The person in charge was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

The person in charge 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.

Care reviews are being planned with the HSC staff 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.

The person in charge advised that no service users required their medicine to be administered with a syringe. The person in charge was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (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 who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

It was positive to note that service users were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the setting supported this practice. Service users had the support of a team of staff who was suitably skilled and experienced to meet their assessed needs.

Staff had completed appropriate 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 system in place for notifying RQIA if the agency was managing individual service users' monies in accordance with the guidance.

## **5.2.2 What are the arrangements for promoting service user involvement?**

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care. Service users were provided with easy read reports which supported them to fully participate in all aspects of their care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was also good to note that the agency had service users' meetings on a regular basis which enabled the service users to discuss the provision of their care. Some matters discussed included:

- Increased costs
- Tenancy agreements
- Menu planning
- Money management
- Trips
- Activities
- Respect for each other

Some comments included:

- "We work well together to make this a happy home and place to work."

- “Thank you to staff.”
- “Tenants meetings have a voice.”

Care plans promoted people's independence. Staff were encouraged to prompt people to be independent to help them maintain control. Service users were involved in providing their feedback through regular reviews. This helped to ensure service users preferences and views were known and respected.

It was important that service users with learning disabilities are supported to maintain their relationships with family, friends and partners during the Covid-19 pandemic. Service users were provided with an easy read document to explain Covid-19 and how they could keep themselves safe and protected from the virus. Where individuals with learning disabilities continued to experience anxiety about the pandemic, the agency was aware of the resources available from NI Direct.

### **5.2.3 What are the systems 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). Whilst none of the service users had swallowing difficulties, a review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

### **5.2.4 What systems are in place for staff recruitment and are they robust?**

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. 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. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There were no volunteers working in the agency

### **5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?**

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.

Staff consulted with on the day of inspection 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. Review of a sample of staff



training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection. Written records were retained by the agency of the person's capability and competency in relation to their job role.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

The records included the names and signatures of those attending the training event, the date(s) of the training and the content of the training programme.

Observation and discussion with staff on duty on the day of the inspection provided evidence that they were sufficiently experienced and trained to meet the needs of the service users present, and were meeting the needs using the care plans and assessments to guide their approach.

All NISCC registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. The person in charge was advised to discuss the post registration training requirement with staff to ensure that all staff are compliant with the requirements.

### 5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

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 with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements. We noted some of the comments received during quality monitoring:

#### Service users:

- "Staff are helpful and supportive."
- "Any complaints I tell the staff."
- "I get help to get out and about."
- "The staff are good to me."

#### Staff:

- "A good staff team."
- "Excellent management support."
- "Good staff training."
- "Good staff communication."

#### Relatives:

- "\*\*\*\*\* is looked after very well, I have nothing but praise for staff."
- "Never had a problem or concern."
- "\*\*\*\*\* is very happy in Glanree."
- "All needs are being met with good staff support."

**HSC Staff:**

- “Rights and choices have been upheld.”
- “Service users interests are important to staff.”
- “Candour and communication is helpful.”
- “Staff respect service user rights at all times.”

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

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. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency’s quality monitoring process.

The manager had submitted an application to RQIA for registration as manager; this will be reviewed in due course.

**6.0 Conclusion**

RQIA was satisfied that this agency was providing services in a safe, effective, caring and compassionate manner and the service was well led by the manager / management team.

**7.0 Quality Improvement Plan (QIP)/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the person in charge as part of the inspection process and can be found in the main body of the report.



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