

Announced Care Inspection Report 22 September 2020



Shanlieve Supported Living

Type of Service: Domiciliary Care Agency
Address: 1-3 Randal Heights, Newry Street, Kilkeel, BT34 4XU
Tel No: 02841764890
Inspector: Aveen Donnelly

www.rqia.org.uk

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Shanlieve Supported Living is a domiciliary care agency supported living type, located in Kilkeel. The agency is operated by the Southern Health and Social Care Trust (SHSCT) and provides domiciliary care and housing support to service users to up to nine service users with learning disability needs. The care and support is provided in four properties situated in close proximity to the agency's office. Staff provide care and support to enable service users to live as independently as possible in their own homes. Staff support service users with support to maintain their tenancy, to develop independent living skills and to be access activities in the local community.

3.0 Service details

Organisation/Registered Provider: Southern HSC Trust Responsible Individual: Mr Shane Devlin	Registered Manager: Miss Abigail Gourley
Person in charge at the time of inspection: Miss Abigail Gourley	Date manager registered: 22 June 2020

4.0 Inspection summary

An announced inspection took place on 22 September 2020 from 11.00 to 13.00.

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.

Since the last inspection on 17 October 2018, RQIA was notified of one notifiable incident; no other correspondence had been received. Whilst RQIA was not aware that there was any specific risk to the service users within Shanlieve, it had been some time since the last care inspection. Therefore, a decision was made to undertake an on-site inspection adhering to social distancing guidance.

The inspection assessed progress with any areas for improvement identified during since the last care inspection.

Evidence of good practice was found in relation to the recruitment practices and staff registrations with the Northern Ireland Social Care Council (NISCC). Good practice was also found in relation to infection prevention and control; all staff and service users had been adhering to the current Covid-19 guidance and the use of personal protective equipment (PPE) guidelines.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 2007 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017 the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

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

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 17 October 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 17 October 2018.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection. Whilst we were not aware of any adult safeguarding matters or complaints raised since the date of the last inspection, we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks.

During our inspection we focused on contacting the service users, their relatives and staff to find out their views on the service.

We ensured that the appropriate staff checks were in place before staff visited service users.

- Recruitment records specifically relating to Access NI and NISCC registration.
- Covid-19: guidance for domiciliary care providers in Northern Ireland Updated 16 June 2020

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery.

“Tell us” cards were provided for service users and those who visit them the opportunity to contact us after the inspection with their views. No responses were received prior to the issue of the report.

A poster was provided for care givers detailing how they could complete an electronic questionnaire. No responses were received.

Ten questionnaires were also provided for distribution to the service users and their representatives. No responses were received prior to the issue of this report.

RQIA information leaflets ‘How can I raise a concern about an independent health and social care service’ were also provided to be displayed appropriately.

During the inspection we spoke with one service users, three staff and three service users’ representatives.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

6.0 The inspection

Areas for improvement from the last care dated 17 October 2018		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 13(d) Schedule 3 Stated: First time	The registered person shall ensure that no domiciliary worker is supplied by an agency unless- (d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.	Met
	Action taken as confirmed during the inspection: We confirmed that the manager had signed the declaration pertaining to staffs' physical and mental health fitness.	

6.1 Inspection findings

Service User Experience:

During the inspection we spoke with three staff members, who indicated that they were very happy working in Shanlieve. We also spoke with one service user and three service users' representatives. Comments are detailed below:

Service users

- "I like it here, I have no concerns."

Service users' representatives

- "They always call if anything is wrong. My (relative) is very happy."
- "Happy enough."
- "I am happy and have no complaints."

Staff

- "It is absolutely brilliant I would really recommend this place, the staff team are great."
- The staff are great, I have never come across the likes of it. Communication is good and upper management are really approachable, we can bring anything to them."
- "Shanlieve is great. The team is great and we all provide very individualised care. I would raise any concerns if I had any. I wish I lived here myself."

Recruitment:

The agency's staff recruitment processes were noted to be managed in conjunction with the Business Services Organisation (BSO). The review of the records identified that recruitment

was managed in keeping with the regulations and minimum standards, before staff members started work.

A review of the staff records confirmed that all staff are currently registered with NISCC. We noted that there was a system in place each month for monitoring staff' registrations. Staff are not permitted to work if their NISCC registration lapses.

Areas of good practice

Areas of good practice were identified in relation to recruitment practices and in relation to staff registrations with their professional body.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

Covid-19:

The manager advised that there had been no service users had contracted Covid-19 since the beginning of the pandemic.

Service users had been advised to keep a distance of 2 metres from other people and hand sanitisers was available throughout the agency for service users, staff and visitors to use to ensure good hand hygiene. Staff described how they changed PPE between service users and how the safely disposed of PPE. Enhanced cleaning schedules were in place, to minimise the risks of cross contamination.

The staff spoken with stated they were aware of the guidance on the use of PPE for activities that brought them within two metres of service users. Those spoken with were able to describe the protocol for self-isolation, should they or the service users display symptoms of Covid-19. Staff were also aware of the period of self-isolation and testing requirement for service users who return to the agency after a holiday period.

Visiting protocols were in place, which ensured that all visitors completed temperature and wellness checks, prior to visiting the agency. We reviewed records that evidenced that service users and staff had their temperatures monitored twice daily in keeping with the current guidance dated (updated 16 June 2020).

The manager discussed the procedures that both she and senior staff monitor the use of PPE by staff.

Care plans had also been developed for the service users in respect of their risk of getting Covid-19. The staff also checked the service user's level of understanding after the care plan had been explained to them. Consideration had been given to showing the service users how to wash their hands, their understanding of social distancing and their ability to adhere to self-isolation, if required.

Easy-read documents available to the service users included:

- Consent to have a test

- Having a test
- Keep safe while doing your shopping
- Information on masks
- Information to bring with your Hospital Passport.

The manager described the use of technology to provide social support, at times when service users were not getting as many visitors as they used to have.

Information in relation to Covid-19 was available to staff on notice boards and in a Covid-19 folder. This included information on:

- Procedure for cleaning in all areas of residential healthcare settings
- Information on the testing protocol, referring for testing, self-testing, testing results and returning to work
- Covid-19 Guidance on PPE
- Posters describing the ‘Amber’ zoning
- Care Homes Guidance
- Guidance regarding staff travelling in cars

Advice was also given in relation to sourcing the updated Covid-19 Guidance document (16 June 2020).

Staff had been completed training in relation to infection, prevention and control and had been shown the correct procedures for donning (putting on) and doffing (taking off) of PPE. Awareness checks had also been undertaken with staff to ensure that the learning from training had been embedded.

Areas of good practice

Good practice was found in relation to infection prevention and control; all staff and service users had been adhering to the current Covid-19 guidance and the use of PPE guidelines.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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