

# Inspection Report

6 June 2022



## Shanlieve Supported Living

Type of service: Domiciliary Care Agency  
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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	<b>Registered Manager:</b> Mrs Hannah Farrell
<b>Responsible Individual:</b> Dr Maria O'Kane (Registration Pending)	<b>Date registered:</b> 12 April 2022
<b>Person in charge at the time of inspection:</b> Assistant manager	
<b>Brief description of the accommodation/how the service operates:</b> Shanlieve Supported Living is a domiciliary care agency supported living type. 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.	

## 2.0 Inspection summary

An unannounced inspection took place on 6 June 2022 between 09.30 a.m. and 11.45 a.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 Safeguarding DoLS, Restrictive practices, Service user involvement, Dysphagia and Covid-19 guidance was also reviewed.

Good practice was identified in relation to service user involvement. Staff we spoke with demonstrated effective caring values and a desire to provide service users with quality, personalised care. Staff were familiar with the choices and preferences of individual service users and strove to deliver on these.

Shanlieve 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.

It was good to note some of the compliments received by the agency:

- "Staff are very good."
- "Thanks for the staff managing well during Covid-19."
- "I'm grateful for the open lines of communication."

### 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.

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 enables them to develop and live safe, active and valued lives.

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

### 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 like living here."
- "I love the activities."
- "I have no complaints."
- "We have house meetings."
- "I like my day care."

**Staff comments:**

- “A good comprehensive induction that prepares you for the role.”
- “The manager has an open door policy.”
- “We provide service user involvement whilst promoting independence and choice.”
- “Training is both face to face and online. My training is up to date.”
- “I use the values and guidance of NISCC in my daily work.”
- “The staff communicate well with each other.”

Staff we spoke with demonstrated good 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’m very happy living in Shanlieve.”

A number of staff responded to the electronic survey. The respondents indicated that they were ‘very satisfied’ or ‘satisfied’ that care provided was safe, effective and compassionate and that the service was well led. Written comments included:

- “I am working in supporting living for \*\*\*\*\*, and i enjoy my supporting role in Shanlieve all tenants can make their own choices and staff are always there to support them.”
- “I commenced full-time employment as \*\*\*\*\* in Shanlieve in May 2021. I have never worked with such a great team of people in my \*\*\*\*\* career within the Southern trust. I find the staff are friendly, flexible and always willing to help out when they can.”
- “The tenants are so well thought of and looked after. They are provided with so many activities both recreational and social great for their mental health. I feel that staff go beyond their role to ensure that the tenants are which is happy and content.”

## 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 22 September 2020 by a care inspector. No areas for improvement were identified.

## 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 no safeguarding issues were reported since the last inspection.

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.

RQIA had been notified appropriately of any incidents that had been reported in keeping with the regulations. Incidents had been managed appropriately.

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.

It was good to note that 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. The agency must be commended for their current actions regarding reviews. We noted some of the comments received during annual reviews:

- "I'm happy enough you are good."
- "Staff are good at supporting \*\*\*\*\*."
- "I agree with my review."
- "Not a good year due to Covid-19."
- "Things are good at present."
- "I enjoy my activities here."

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 Mental Capacity Act (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 service 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 Deprivation of Liberty Safeguards DoLS training appropriate to their job roles. The person in charge reported that none of the service users were subject to DoLS.

### **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. The setting regularly sought a range of feedback from service users, which was consistently positive.

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 provisions of their care. Some matters discussed included:

- Social outreach
- Holidays
- Activities
- Staffing arrangements

It was important that service users were supported to maintain their relationships with family, friends and partners during the Covid-19 pandemic. Service users were provided with an information leaflet/easy read document to explain Covid-19 and how they could keep themselves safe and protected from the virus.

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.



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.

### **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). A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

### **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 (Access NI), 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 currently 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, three day induction programme which also included shadowing of a more experienced staff member.

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.

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.

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.

All 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.

### **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 reviewed during quality monitoring:

#### **Service users:**

- "I love my home here."
- "They are good at supporting me."
- "They helped me get my own house and I love it."

#### **Relatives:**

- "It's a happy place so I'm happy."
- "The staff are excellent."
- "\*\*\*\*\* has developed so well."

#### **Staff:**

- "A good place to work."
- "The staff work well together."
- "I enjoy working with tenants."

#### **HSC Staff:**

- "Staff are very supportive."
- "Staff are welcoming and friendly."
- "Care and support is very positive."

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.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. No complaints were received since the last inspection.

## **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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