

# Announced Care Inspection Report 8 February 2018



## Shanlieve Supported Living

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

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Assurance, Challenge and Improvement in Health and Social Care

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 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 supported living type domiciliary care agency, located in Killeel. The service is provided by the Southern Health and Social Care Trust (SHSCT) and provides domiciliary care and housing support to service users in a number of properties situated in close proximity to the agency's office. The agency provides care and support to enable service users to live in their own home; staff support service users with support to maintain their tenancy, to develop independent living skills and to be involved in the local community.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Southern HSC Trust/Francis Rice	<b>Registered Manager:</b> Tracey Welch
<b>Person in charge at the time of inspection:</b> Senior support worker	<b>Date manager registered:</b> 21/04/2017

### 4.0 Inspection summary

An announced inspection took place on 8 February 2018 from 10.15 to 14.45.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection determined if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff induction, supervision and appraisal; provision of care and support in a person centred manner, communication with service users and other relevant stakeholders and the agency's quality monitoring processes. No areas for improvement were identified.

Comments made by service users are included within the report.

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.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

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.

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

### 4.2 Action/enforcement taken following the most recent care inspection dated 2 February 2017

No further actions were required to be taken following the most recent inspection on 2 February 2017.

## 5.0 How we inspect

Specific methods/processes used in this inspection include the following:

- discussion with the person in charge
- examination of records
- consultation with staff and service users
- evaluation and feedback

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- previous RQIA inspection report
- records of notifiable events
- any correspondence received by RQIA since the previous inspection

During the inspection the inspector met with a senior support worker, three staff members and two service users.

The following records were viewed prior to and during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Service user meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints records
- Incident records
- Records relating to adult safeguarding
- Staff rota information
- Statement of Purpose
- Service User Guide

Prior to and during the inspection the inspector viewed a number of the agency's policies and procedures; those viewed were noted to be in accordance with regulations, legislation and minimum standards.

At the request of the inspector, the person in charge was asked to display a poster within the agency's registered premises. The poster invited staff to provide feedback to RQIA regarding the quality of service provision via an electronic means; seven responses were received.

Five of the staff who completed the survey indicated that they were very satisfied that care was safe, effective, compassionate and well led. Comments made by staff in relation to staffing and management arrangements were discussed with the registered manager prior to issuing the report. Assurances were provided that there is at all times adequate staff to meet the assessed needs of service users.

## Feedback received from the staff survey

- “I have been working in Supported Living for two years now and I feel tenants lead a very fulfilled life and are very much respected within the local community.”
- “I enjoy working in Shanlieve and love helping the tenants to become more independent. In Shanlieve the tenants have a lot of choice and freedom.”
- “I feel that the staff in Shanlieve provide excellent support to tenants...the team here work well together and that only promotes a more harmonious and pleasant experience for our tenants. Staff strive to include tenants in all decision making that may affect them or the delivery of service...the staff here are not afraid to challenge management or advocate for tenants if need be. The current management is much more effective than we have seen for several years here.”

Questionnaires were provided for service users; five questionnaires were received prior to the issuing of this report responses received are included within the report.

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

The inspector would like to thank the staff and service users for their support and co-operation during the inspection process.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 2 February 2017

The most recent inspection of the agency was an unannounced care inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 2 February 2017

There were no areas for improvement made as a result of the last care inspection.

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.**

The inspection reviewed the agency's systems in place to avoid and prevent harm to service users; it included a review of staffing arrangements in place within the agency.

The agency's recruitment policy details the procedures for the completion of staff pre-employment checks prior to commencement of employment. The agency's recruitment process is managed by the organisation's Human Resources (HR) department. The person in charge could describe the process for receiving confirmation that pre-employment checks have been satisfactorily completed and that staff are ready to commence employment.

The agency's induction programme is noted to be in accordance with the timescale as required within the domiciliary care agencies regulations. The person in charge stated that staff are required to complete corporate induction during the initial induction period, a range of mandatory training and to shadow other staff employed by the agency; it was identified that the agency's corporate induction is now completed electronically.

The agency retains a record of the induction provided to staff; the inspector viewed the induction records for one staff member recently employed by the agency; they provided evidence of the induction programme provided.

Discussions with the person in charge, staff and service users, and observations made during the inspection indicated that staff had the required knowledge and skills to fulfil the requirements of their job.

It was identified that relief staff are not accessed from another domiciliary care agency; relief cover is provided by the agency's regular staff or the HSCT bank staff.

The person in charge stated that the agency endeavours to ensure that there is at all times the required number of experienced persons available to meet the needs of the service users. The inspector viewed the agency's staff rota information and noted it reflected staffing levels as described by the person in charge. Staff stated that levels of staffing can fluctuate to meet the individual needs of the service users.

The agency's staff operational procedures outline the timescales and procedures for staff supervision and appraisal. It was identified that the agency aims to provide staff with quarterly supervision and annual appraisal; a record of supervision and appraisal is retained. Documentation viewed by the inspector indicated that staff had received supervision and appraisal in accordance with the agency's policies and procedures.

It was identified that staff are required to complete induction training, a range of mandatory training and in addition training specific to the needs of individual service users. The person in charge could describe the process for identifying the training needs of staff and for ensuring that required training updates are completed. The inspector viewed the agency's record of staff training; records viewed indicated that all staff had received required training in accordance with the agency's policy relating to mandatory training. It was positive to note that training records were maintained in a well organised manner.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. The agency's policy and procedures reflect information contained the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The policy outlines the responsibilities of the Adult Safeguarding Champion (ASC) and the procedure for staff in relation to reporting concerns.

The agency has a process for maintaining a record of referrals made to the Health and Social Care Trust (HSCT) safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Records viewed and discussions with the person in charge indicated that the agency has made a number of referrals in relation to adult protection since the previous inspection; and that they had acted in accordance with their policy. It was noted that the agency retains a details of referrals made, actions taken and outcomes.

Staff are required to complete safeguarding vulnerable adults training during their induction programme and a two yearly update; records viewed indicated that staff had received training in accordance with the agency's policy. Staff who spoke to the inspector demonstrated that they had an understanding of adult safeguarding matters and the process for reporting concerns.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users' health, welfare and safety. It was noted from records viewed that the agency requires a range of relevant assessments and information relating to individual service users prior to them receiving care. There are risk assessments in place relating for individual service users and any restrictive practices in place. It was noted that supported decision meetings had taken place in relation to any practices deemed to be restrictive and that they are reviewed at least annually.

Staff could describe how they support service users to be involved in the development and review of their care plans; the inspector noted that service users are provided with an easy read visual support plan. Staff record daily the care and support provided to service users and complete a monthly report; staff stated that they support service users to participate in an annual review involving their HSCT keyworker and attend any appointments relating to their health and wellbeing. Care plans are reviewed and updated annually or as required.

The agency's registered office is located in the home of a number of the service users and accessed from a separate entrance; the office is suitable for the operation of the agency as described in the Statement of Purpose.

Five service user questionnaires were returned to RQIA; they indicated that service users were very satisfied that care was safe.

## **Comments received during inspection.**

### **Staff comments**

- "I love working here."
- "I had a good induction and get supervision."
- "I feel supported."
- "We support service users to be safe."

### **Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the agency's staff induction, supervision, and appraisal

### **Areas for improvement**

No areas for improvement were identified during the inspection.



	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

During the inspection the agency's arrangements for appropriately responding to and meeting the assessed needs of service users were reviewed. Details of the nature and range of services provided were outlined within the Statement of Purpose and Service User Guide.

The agency's data protection policy and operational policy outline the procedures for the creation, storage and retention of records. Records viewed by the inspector during the inspection were noted to be maintained in accordance with legislation, standards and the organisational policy. Electronic and paper records retained in the agency's office were noted to be presented in an organised manner and managed securely. Staff personnel records were noted to be maintained in a secure and organised manner.

Staff described how they support service users to participate in the development of their care plans; copies of care plans are stored in the homes of service users. It was noted that the service user guide and agreement have been provided in an easy read format.

The agency's arrangements to monitor, audit and review the effectiveness and quality of care provided to service users were reviewed. The agency's system for monitoring the quality of the service on a monthly basis was noted to include an audit being completed by the HSCT's quality monitoring officer. Records viewed indicated that the process seeks to obtain feedback from service users, relatives and other relevant stakeholders in relation to the quality of the service provided.

Records of monthly quality monitoring visits viewed during the included details of the review of the agency's processes and an action plan. The records was noted to include details of the review of complaints, compliments, staffing arrangements, accidents, incidents or safeguarding referrals and practices deemed to be restrictive.

### Comments from quality monitoring reports

#### Service users

- "I like it here and see my mother at weekends"
- "Staff are nice, tenants are fine, I do cooking here and my favorite dish is spaghetti."
- "I get the bus to college."
- "Staff are good."
- "I was out buying flowers; I help to plant them."
- "My keyworker recently helped me find some of my family that I did not know about; they came to visit me."



## Service user representatives

- “Well cared for, she loves it and is cared for.”
- “I attend reviews these are most helpful.”
- “House is well kempt, very homely.”
- “I am confident in the carers.”
- “I am content from a mother’s perspective; house is kept well. \*\*\*\*\* is happy enough and well cared for.”

## HSCT representatives

- “Staff communicate in a timely manner.”
- “Staff make appropriate referrals to our service for support.”
- “I have two people who live in Shanlieve and have no concerns about the quality of care and support.”

## Staff

- “I have worked here one year and it suits me, good team, up to date training and I have access to ELearning. Supervision is up to date.”

The agency’s systems to promote effective communication between service users, staff and relevant stakeholders were reviewed. Discussions with staff and service users and observation of staff and service user interactions indicated that staff communicate appropriately with service users and provide care and support in a caring and respectful manner.

Staff who spoke to the inspector demonstrated that they had a clear understanding of the individual needs of service users; they could describe the processes used to support service users to remain as independent as possible and to live a fulfilling life. Staff could describe the various ways in which they support service users to participate in a wide range of chosen activities.

The agency aims to facilitate monthly staff meetings; records viewed indicated that a range of standard items are discussed at each meeting including staff training, policies and procedures, staffing arrangements and service user issues. Service user meetings are held weekly; service users are supported to attend and encouraged to express their views and preferences. Records of meetings viewed were noted to include a range of comments made by service users and choices made in relation to a range of household matters. Minutes of service user meetings are provided in an easy read format.

Discussions with the person in charge indicated that the agency’s staff endeavour to develop and maintain effective working relationships with the other HSCT representatives and relevant stakeholders. The inspector viewed evidence of engagement between the agency’s staff and HSCT community keyworkers.

Five service user questionnaires were returned to RQIA; they indicated that service users were very satisfied that care was effective.

**Comments received during inspection.****Service user comments**

- “Staff are good to me; they help me with anything.”

**Staff comments**

- “We have a good team here.”
- “Service users have a good life; they are always out and about.”

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the agency’s record keeping, auditing arrangements and communication with service users and relevant stakeholders.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.6 Is care compassionate?**

**Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The agency’s ability to treat service users with dignity, respect and compassion and to effectively engage service users in decisions affecting the care and support they receive was reviewed.

Staff could describe how they support service users to be involved in making informed choices and how their views and choices are respected. It was noted from discussions with service users and staff that staff provide care and support in a manner that ensures values such as choice, dignity and respect are promoted. Staff who spoke to the inspector indicated that they had a good understanding of the needs and preferences of individual service users.

The agency had systems in place to promote effective engagement with service users and where appropriate their representatives. They include the agency’s monthly quality monitoring process, the compliments and complaints process, care review meetings and service user meetings. The agency’s monthly quality monitoring process was noted to assist in the evaluation of the quality of the service provided.

The agency has processes in place to record comments made by service users and where appropriate their representatives. Records of service user care review meetings, service user meetings, keyworker meetings and monthly quality monitoring reports viewed by the inspector provided evidence that the agency endeavours to engage with service users and a range of stakeholders in relation to the quality of the service provided.

During the inspection the inspector observed staff supporting a service user to make choices in relation to the care and support they received and the activities they wished to participate in. The agency has provided a range of information in an alternative format to support service users in understanding the information being provided.

Five service user questionnaires were returned to RQIA; they indicated that service users were very satisfied that care was compassionate.

**Comments received during inspection.**

**Service user comments**

- “I can do what I want; staff help me if I need it.”

**Staff comments**

- “Service users have choice.”
- “I supported \*\*\*\*\* to visit his sister.”

**Areas of good practice**

There were examples of good practice identified in relation to the agency’s processes for engaging and communicating with service users and providing care in a caring, compassionate and person centred manner.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

**6.7 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The agency has systems of management and governance in place to promote the delivery of safe, effective and compassionate care. The agency is currently managed on a day to day basis by the registered manager supported by a team of senior support workers. Staff could describe the process for obtaining support and guidance if required including arrangements for out of hours support.

The agency policies and procedures noted to be in accordance with those as required within the minimum standards are retained in an electronic format; it was noted that a number of key policies are retained in a paper format and stored in the agency's office. Staff could describe how they access policies. During the inspection the inspector viewed a number of the organisation's policies and procedures.

The agency's systems for auditing and reviewing information with the aim of promoting safety and improving the quality of service provided were reviewed. Documentation viewed and discussions with staff indicated that the agency's governance arrangements promote the identification and management of risk; these include the provision of required policies and procedures, the monthly audit of complaints, accidents, adult protection referrals, incidents notifiable to RQIA and any practices that may be deemed as restrictive.

The agency's complaints policy outlines the process for effectively managing complaints; staff indicated that they had a good understanding of the actions required in the event of a complaint being received. Staff receive information relating to complaints management during their induction programme. The agency provides service users with information relating to the complaints process in an easy read format.

The agency retains a record of all complaints or compliments received. It was noted from discussions with staff and records viewed that the agency has received one complaint since the previous inspection; records viewed indicated that the complaint had been managed in accordance with the agency's policy.

It was noted from documentation viewed and discussions with the person in charge that the agency has in place systems to monitor the quality of the service provided and to identify and promote improvement. They include systems for the monthly review of accidents, incidents, safeguarding referrals and complaints by the person completing the quality monitoring visit. During the inspection the inspector viewed evidence of appropriate staff induction, supervision and appraisal.

The organisational and management structure of the agency is outlined in the agency's Statement of Purpose. Staff demonstrated that they had a good understanding of their job roles; they are could describe the process for raising concerns and had knowledge of the agency's whistleblowing policy.

On the date of inspection the RQIA certificate was noted to be displayed appropriately and was reflective of the service provided.

There was evidence of ongoing, effective collaborative working relationships with relevant stakeholders, including other HSCT representatives.

The agency's staff are required to be registered with the Northern Ireland Social Care Council (NISCC) or other relevant regulatory body; details of individual staff member's registration and renewal dates are retained by the agency and monitored monthly by the manager; it was identified that the agency retains a copy of individual staff members' certificates of registration. Records viewed were noted to be maintained in an organised manner and provided evidence that staff were appropriate registered.

Discussions with the person in charge provided assurances that the organisation has a process for monitoring registration status of staff and for ensuring that staff will not be supplied for work if they are not appropriately registered.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. The agency’s Statement of Purpose and Service User Guide were noted to have been reviewed and updated.

Five service user questionnaires were returned to RQIA; they indicated that service users were very satisfied that the agency is well led.

**Comments received during inspection.**

**Staff comments**

- “I feel supported.”

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the agency’s governance arrangements and management of staff registration with the relevant regulatory bodies.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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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