

# Inspection Report

10 February 2022



## Armagh Supported Living Service

Type of Service: Domiciliary Care Agency/SLS  
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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 Health and Social Care Trust	<b>Registered Manager:</b> Not applicable
<b>Responsible Individual:</b> Mr Shane Devlin	<b>Date registered:</b> Mrs Rebecca Lee, registration pending
<b>Person in charge at the time of inspection:</b> Mrs Rebecca Lee	
<b>Brief description of the accommodation/how the service operates:</b>  Armagh Supported Living Service is a domiciliary care agency supported living type which provides services to 22 service users living in their own homes within the Southern Health and Social Care Trust (SHSCT) area, who require care and support with mental health and learning disabilities. The service users are supported by 24 staff.	

## 2.0 Inspection summary

The care inspector undertook an announced inspection on 10 February 2022 between 10.15 a.m. and 12.45 p.m.

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), the Nursing and Midwifery Council (NMC), adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguarding (DoLS) including money and valuables, restrictive practices, monthly quality monitoring, Dysphagia and Covid-19 guidance.

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

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.

An area for improvement was identified in relation to staff training. However, this area for improvement was addressed before the issuing of the quality improvement plan (QIP).

### 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 and Quality Improvement Plan (QIP), records of Notifiable incidents, written and verbal communication received since the last 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 the NISCC and the NMC were monitored by the agency.

During the inspection we discussed any complaints that had been received and any incidents that had occurred with the manager 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, service users and their 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 manager at the conclusion of the inspection.

### 4.0 What people told us about the service

Due to the risks associated with the Covid-19 pandemic, we did not meet with any service users during the inspection. Prior to the inspection we provided a number of easy read questionnaires for the service users to comment on the following areas of service quality:



- 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 that the care and support was excellent. There were some areas which the service users had responded they were unsure about. These were relayed to the manager for review and action as appropriate.

Following the inspection, a number of service users and relatives were spoken to by telephone. The following comments were received:

**Service user's comments:**

- "The staff are very, very good at what they do. They wear their PPE. All very well mannered, all very good."
- "Always polite and pleasant. A great wee manager there."

**Relatives comments:**

- "(My relative is) coping very well, the staff have been very good to her. I have no concerns."

A number of staff responded to the electronic survey. Comments received are detailed below:

- "Tenants all suggest they are happy living here and staff ensure safe and effective support is provided."
- "Staff provide a person centred approach and aim to deliver a high quality service for everyone."
- "Tenants are supported in a holistic manner by staff and encouraged to meet their own goals and aims."
- "Management are very open and welcoming."

**HSCT representatives provided the following comments:**

- "I have no concerns re care and support that is offered to our (service users) in Supported Living."

A number of staff responded to the electronic survey. Comments received are detailed below:

- "Tenants all suggest they are happy living here and staff ensure safe and effective support is provided."
- "Staff provide a person centred approach and aim to deliver a high quality service for everyone."
- "Tenants are supported in a holistic manner by staff and encouraged to meet their own goals and aims."
- "Management are very open and welcoming."

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. 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?

The last inspection to Armagh Supported Living Service was undertaken on 26 February 2021 by a care inspector. The returned QIP was returned and approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 26 February 2021		
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 8.12 <b>Stated:</b> Second time <b>To be completed by:</b> 25 May 2021	The quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in the process.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the annual quality report identified that this area for improvement had been met.	

## 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 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 manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Review of incidents identified that they had been referred appropriately.

It was noted that incidents had been managed in accordance with the agency's policy and procedures. The manager was aware of which incidents required to be notified to RQIA.

Staff were provided with training appropriate to the requirements of their role.

This included DoLS training. The manager 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. There were no service users who were subject to DoLS on the day of the inspection.

The manager confirmed the agency does not manage individual monies belonging to the service users. None of the service users were currently taking part in any research projects. Advice was given in relation to accessing the Department of Health Codes of Practice, as a resource for the staff.

**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 manager advised us that there were no restrictions on visiting service users unless in the event of a Covid-19 infection. The manager was familiar with the Care Partner approach should tighter visiting restrictions return in the future.

**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). Discussion with the manager confirmed training in dysphagia was available on the online e-learning platform. A review of the training records identified that a number of staff had yet to undertake the training. Following the inspection, the manager confirmed to RQIA by 25 February 2022, that all staff had completed the required training. Therefore this area for improvement is not included in the QIP. Discussion took place with regards to the need for competency assessments for staff who are required to thicken service users' drinks. The SHSCT senior manager, who was present at the inspection, took immediate action in relation to this matter and agreed to have this element of training added to the medicines competency assessment.

One service user was identified as having swallowing difficulties and required their food to be of a specific consistency. Review of care records confirmed that the care plan reflected the details outlined in the Speech And Language Therapy (SALT) assessment.

**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 completed for staff.

A review of the records confirmed that all support workers are appropriately registered with NISCC and the NMC. Information regarding registration details and renewal dates are monitored by the manager; 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.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs)/Significant Event Analyses (SEAs) or Early Alerts (EAs).

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, we were satisfied that Armagh Supported Living Service was providing safe, effective and compassionate care and that the service was well led.

## 7.0 Quality Improvement Plan/Areas for Improvement

No area for improvement were identified.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	0



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