

Inspection Report

Name of Service: Armagh Supported Living Service

Provider: Southern Health and Social Care Trust

Date of Inspection: 2 April 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Southern Health and Social Care Trust (SHSCT)
Responsible Individual: -	Mr Colm Mc Cafferty
Registered Manager:	Mrs Rebecca Lee
Service Profile – Armagh Supported Living Service is a domiciliary care agency, supported living type, which is located across three sites and currently provides services for 19 service users living in their own homes within the Southern Health and Social Care (SHSCT) area who require care and support. This organisation also provides a peripatetic service to service users who live in the community. RQIA does not regulate these elements of support.	

2.0 Inspection summary

An unannounced inspection took place on 2 April 2025, between 9.00 am and 2.00 pm. This was conducted by a care Inspector.

The last care inspection of the agency was undertaken on 28 September 2023 by a care inspector.

This inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that care delivery was safe and that effective and compassionate care was delivered to service users. However, one area for improvement was identified, this related to recruitment, specifically the enhanced pre employment Access NI checks.

Armagh Supported Living Service 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 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the agency was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this agency. This included registration information, and any other written or verbal information received.

Throughout the inspection process inspectors seek the views of those living, working or visiting the agency; and review a sample of records to evidence how the agency is performing in relation to the regulations and standards.

3.2 What people told us about the service and their quality of life

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

During the inspection, no service users spoke with the inspector.

The information provided by staff did not indicate any concerns in relation to the service.

A number of staff responded to the electronic survey. The respondents indicated that they were very satisfied that care provided was safe, effective and compassionate and that the service was well led. Comments received indicated good teamwork and high standards of care.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users.

A review of the agency's recruitment records identified that criminal records checks (AccessNI) had not been consistently undertaken on all staff. RQIA is aware that this was due to the Trust's policy and procedure in relation to staff transferring to work in other posts within the same Trust, having previously had a check undertaken by the Trust. This was discussed with the manager who provided assurance that corrective action has been undertaken. An area for improvement has been identified.

Newly appointed staff, had completed a structured induction, to ensure they were competent to carry out the duties of their job. The manager provided evidence of an induction document that includes the Northern Ireland Social Care Council's (NISCC) Induction Standards for new workers in social care. This induction programme also included shadowing of a more experienced staff member.

Records of all staff training were retained and were noted to be up to date. An annual review of training is undertaken in this agency; this review includes the identification of any specific training for the care of the current service users. Records of all staff training were retained and the manager maintained oversight of the training matrix to ensure compliance. This training included Deprivation of Liberties Safeguards (DoLS), adult safeguarding and Dysphagia, at a level appropriate to their job roles.

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. During this inspection, manager review of registration across each of three different professional bodies was evident.

Competency assessments in the absence of the manager were discussed. This will be reviewed at future inspections.

The manager had a process in place to ensure that all staff received regular supervision.

3.3.2 Care Delivery

There was a daily handover at the beginning of each shift, which included information about any changes to the service users' care, that the staff needed to assist them in their roles.

There was a system in place to ensure that the activities offered to service users were varied and based on their individual needs and preferences. Service users were informed of the activities planned and of their opportunity to be involved.

Where service users required support with domestic tasks, the level of support required was included in their support plan. Information on the service users' day and night routines were also detailed within the support plans; this assisted staff in providing consistency of care and support to service users.

3.3.3 Management of Care Records

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the service users' needs. Staff recorded regular evaluations about the care and support provided. Service users were involved in planning their own care

Any restrictive practices were reviewed alongside the support plan review. The manager was advised to establish and maintain a restrictive practice register. This will be reviewed at future inspections.

Review of records identified that service users' consent was not formally sought in relation to the taking of their photograph, key holding or their consent for external professionals, including

RQIA to access their care records. The manager has agreed to discuss this finding within the governance group for the service. This will be reviewed at future inspections.

3.3.4 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Mrs Lee has been the manager in this agency since 23 May 2022.

A sample of records evidenced that there is a system for reviewing the quality of care on a monthly basis. There was evidence of consultation with service users, their relatives and staff and to examine areas of the running of the agency. The reports of these visits were completed in detail; however, these reports are currently being completed by the manager of the service.

Complaints were managed appropriately and it was good to note that any identified learning was shared with staff on a regular basis.

Review of incident records identified that they were managed appropriately. There was evidence that incidents were audited on a regular basis, to establish any patterns. It was good to note that these were reviewed in detail as part of the monthly quality monitoring process and also in governance meetings.

The annual quality report was reviewed and noted to include stakeholder feedback.

Agencies are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the adult safeguarding policy. In the Trust, this person is called the Designated Adult Protection Officer. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve the quality of services provided by the agency.

4.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	1	0

The area for improvement and details of the Quality Improvement Plan were discussed with Mrs Rebecca Lee, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 13(d)Schedule 3 (12)(a) Stated: First time To be completed by: Immediately from the date of inspection	<p>The Registered Person shall ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to him, specifically Enhanced Access NI checks</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken:</p> <p>All external appointees to Armagh Supported Living have an Access Northern Ireland check undertaken as part of their pre-employment checks. Any issues of concern highlighted in the Access Northern Ireland check are shared with the appointing manager for consideration / decision before any final offers of employment are made. All appointees who are internal Trust candidates i.e. already an employee of the SHSCT are assessed by the recruitment team to determine whether or not an Access NI check is required. For internal transfers an Access NI check is undertaken when the candidate is moving from a non-regulated post to a regulated post OR where the candidate is in a regulated post but moving to work with a different service user group i.e. adults to children or vice versa. Trusts are engaging with RQIA and DOH in respect of this matter.</p> <p>An Access NI check is being processed for the two staff members identified during the inspection.</p>

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