



The Regulation and  
Quality Improvement  
Authority

Slievegrane  
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**Unannounced Care Inspection  
of  
Slievegrane**

**13 November 2015**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An unannounced care inspection took place on 13 November 2015 from 09.45 to 16.15. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. No areas for improvement were identified and there is no Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> South Eastern Health and Social Care Trust Hugh McCaughey	<b>Registered Manager:</b>
<b>Person in charge of the agency at the time of Inspection:</b> Andrew McKeever (acting manager)	<b>Date Manager Registered:</b> Not applicable
<b>Number of service users in receipt of a service on the day of Inspection:</b> 41	

At Slievegrane the South Eastern Health and Social Care Trust provides a supported living type domiciliary care service in partnership with Helm Housing Association. The 24 hour service aims to provide an individualised, safe, supportive, therapeutic environment to persons with a severe and enduring mental illness using a Recovery Model approach. Support is provided to up to 26 service users who live in houses of single occupancy or shared accommodation.

Floating support is provided to 15 service users in the community who require assistance with personal care (i.e. supervision/ assistance with medication) and independent living skills.

### 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

**Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users**

**Theme 2: Service User Involvement - service users are involved in the care they receive**

### 4. Methods/Process

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

- Discussion with the manager
- Examination of records
- Consultation with service users/staff/relatives
- Evaluation and feedback

Prior to inspection the following records were analysed:

- Report and QIP of previous RQIA care inspection
- Incidents and risk assessments
- Correspondence

During the inspection the inspectors met with four service users, the acting manager, two support staff, three community based professionals, and spoke with three relatives. The feedback received by the inspector is included throughout the report.

Seven staff completed and returned questionnaires; these indicated that staff were either satisfied or very satisfied:

- that service users receive care and support from staff who are familiar with their care needs
- that service users have their views and experiences taken into account in the way service is provided and delivered
- that an appropriate number of suitably skilled and experienced persons are available to meet the needs of service users
- that staff would be taken seriously if they were to raise a concern
- that the induction process had prepared them adequately for their role.

#### Comments included:

'Service users can openly speak with staff to receive support and advice...'

'I feel the care provided is of a good standard.'

'I feel that the care provided by staff in Slievegrane is excellent.'

Three staff questionnaires contained comments on the value of Occupational Therapy services to service users. These staff expressed the opinion that extended availability of Occupational Therapy would be beneficial for service users.

Questionnaires were left for service users to complete, asking about aspects of care and support provided to them. Seven service users returned questionnaires which stated that they were either satisfied or very satisfied:

- with the care and support they receive
- that their views and opinions are sought about the quality of service
- that staff know how to care for them and respond to their needs
- that staff help them feel safe and secure.

Six service users were either satisfied or very satisfied:

- that staffing levels are appropriate at all times.

The following records were examined during the inspection:

- Care and support plans
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports
- Complaints records
- Minutes of tenants' meetings
- Recruitment policy
- Induction procedure
- Records of induction
- Records relating to staff training
- Supervision policy
- Records relating to staff supervision
- Staff handbook
- Staff register
- Staff rota information
- Staff meeting minutes
- Records relating to staff communication and handover information

## **5. The Inspection**

### **5.1 Review of Requirements and Recommendations from Previous Inspection**

The previous inspection of the agency was an announced care inspection dated 28 November 2014. The completed QIP was returned and approved by the care inspector.

## 5.2 Review of Requirements and Recommendations from the last inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 23 (1)(5)	(1)The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided  (5)The system referred to in paragraph (1) shall provide for consultation with service users and their representatives. <ul style="list-style-type: none"> <li>• The registered person must ensure that a system for evaluating the quality of services is maintained and includes consultation with service users and their representatives.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  The inspector examined eight reports of monthly quality monitoring which included consultation with service users and their representatives.	
<b>Requirement 2</b>  <b>Ref:</b> 5 (1)	The registered person shall compile in relation to the agency a written statement (in these Regulations referred to as ‘the statement of purpose’) which shall consist of a statement as to the matters listed in Schedule 1.  This refers to the revision of the Statement of Purpose to include appropriate reference to the use of restrictive practice.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  The statement of purpose has been revised to include appropriate reference to the use of restrictive practice.	
<b>Requirement 3</b>  <b>Ref:</b> 6 (1)	The registered person shall produce a written service user’s guide which shall include-  (a)The terms and conditions in respect of the services to be provided to service users  The registered person must ensure that the Service User Guide makes appropriate reference to restrictive practice.	

	<p><b>Action taken as confirmed during the inspection:</b></p> <p>At the time of the inspection, the inspector was advised that none of the service users were experiencing restrictive practice. The acting manager understood that the service user guide should be amended in the event of any restrictive practices taking place in future.</p>	<b>Met</b>
<p><b>Requirement 4</b></p> <p><b>Ref: 15 (2)(a)(b)(c)</b></p>	<p>The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure that a written plan ('the service user plan') is prepared which shall-</p> <ul style="list-style-type: none"> <li>(a) Be consistent with any plan for the care of the service user prepared by any Health and Social Services Trust or Health and Social Services Boards or other person with responsibility for commissioning personal social services for service users;</li> <li>(b) Specify the service user's needs in respect of which prescribed services are to be provided;</li> <li>(c) Specify how those needs are to be met by the provision of prescribed services.</li> </ul> <p>The registered person must ensure that an assessment of needs and risks by the HSC trust is completed prior to the implementation of any restrictive practice, the nature and parameters of restrictive practices are outlined in care and support plans.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector examined assessments of needs and risks which clearly stated the parameters of care and support provided to service users and their consent with these practices.</p>	<b>Met</b>
<b>Previous Inspection Recommendations</b>		<b>Validation of Compliance</b>
<p><b>Recommendation 1</b></p> <p><b>Ref: 1.1</b></p>	<p>The values underpinning the standards inform the philosophy of care and staff of the agency consistently demonstrate the integration of these values within their practice.</p> <p>It is recommended that the registered person ensures that service users' human rights are explicitly outlined on their support plan.</p>	

	<p><b>Action taken as confirmed during the inspection:</b></p> <p>It was noted that service users' human rights are explicitly outlined in their care and support plans.</p>	<b>Met</b>
<p><b>Recommendation 2</b></p> <p><b>Ref: 8.11</b></p>	<p>The registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis. This report summarises any views of the service users and/or their carers/representatives ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p> <p>This refers to ascertaining the views of representatives, and professionals, in monitoring reports on a monthly basis.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The views of representatives and professionals were included in reports of monthly quality monitoring.</p>	<b>Met</b>
<p><b>Recommendation 3</b></p> <p><b>Ref: 2.2</b></p>	<p>The service user's guide contains information on the following:</p> <ul style="list-style-type: none"> <li>• The amounts and method of payment for fees</li> <li>• The general terms and conditions for receipt of the agency's services</li> </ul> <p>The registered manager should ensure that written guides contain up to date information regarding the terms and conditions of services delivered.</p> <ol style="list-style-type: none"> <li>1. This particularly relates to accurate information regarding the payment of rent.</li> <li>2. The registered person should ensure that the agency notifies each service user in writing, of any increase in charges payable, with at least four weeks notice.</li> <li>3. The registered person should provide a written explanation of the arrangements for staff meals.</li> </ol> <p><b>Action taken as confirmed during the inspection:</b></p> <p>It was noted that written guides included accurate information regarding the payment of rent and the</p>	<b>Met</b>

	<p>notice period of any increases in charges.</p> <p>The arrangements for staff meals are clear: staff have use of a separate rest area with kitchen and dining facilities.</p>	
<p><b>Recommendation 4</b></p> <p><b>Ref: 4.2</b></p>	<p>The agreement between the service user and the service provider specifies:</p> <ul style="list-style-type: none"> <li>The terms and conditions of the service provision with reference to relevant policies</li> </ul> <p>The registered manager should ensure that documentation used in service users' files reflects the current nature of service provision and tenancy agreement.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector examined a range of service users' files which contained update to date tenancy agreements.</p>	<p><b>Met</b></p>
<p><b>Recommendation 5</b></p> <p><b>Ref: 4.1</b></p>	<p>Each service user and, if appropriate, his or her carer/representative is provided with a written individual agreement before the commencement of the service.</p> <p>It is recommended that the registered manager ensures that support agreements for floating support specify the individually agreed minimum number of care hours available to the service user.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Service users receiving floating support have signed individual agreements which state the minimum number of hours and type of service provided.</p>	<p><b>Met</b></p>

### 5.3 Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

#### Is Care Safe?

The agency has a recruitment policy and a mechanism in place to ensure that appropriate pre-employment checks are completed and satisfactory via the HSC Trust human resources department. The human resources department ensures that workers supplied are physically and mentally fit for the purposes of work. An alphabetical index of all domiciliary care workers supplied or available to work for the agency was maintained.



The agency has a structured induction programme lasting at least three days; the inspector noted that records were maintained. The induction comprises: a five day corporate induction which includes training, an induction to the agency which includes shadowing staff, getting to know service users, and reading relevant files and documents. Staff are provided with a handbook, and have access to policies, procedures, and guidance.

The registered manager confirmed that the agency is able to cover shifts using their regular staff team and two regular members of bank staff.

The agency has a policy and procedure in place for staff which details frequency of one individual session each year. A further policy 'Supervision policy for social care workers in SEHSCT' which relates specifically to social care staff states that all social care staff must be provided with 'regular' supervision. The acting manager confirmed that staff receive an individual supervision session, annual appraisal, annual medication competency assessment and annual finance competency assessment. Supervision records examined confirmed that staff had received regular supervision, appraisal and competency assessment in line with policy and standard procedure.

### **Is Care Effective?**

Discussions with the acting manager and staff indicated that an appropriate number of skilled and experienced persons are available at all times. Examination of staff rotas reflected staffing levels described by the registered manager and staff. It was noted that the agency staff team comprises of individuals with extensive experience working in the field of mental health.

During the inspection, staff discussed how they are provided with a clear outline of their roles and responsibilities verbally and in written form; staff who took part in the inspection were clear about what the agency expected of them. It was noted that the staff team are experienced in working with the service users at Slievegrane and have a good knowledge of their needs and preferences.

Induction records and discussion with staff indicated that the induction is effective in preparing new staff for their role. A staff member discussed a period of shadowing experienced staff during induction which was particularly effective in enabling them to learn their role. The acting manager discussed the agency's process of evaluating the effectiveness of staff induction through supervision.

Discussion with staff and examination of training records showed that the agency has a process in place to identify and respond to training needs. Most of the staff team have attended training based on the mental health recovery model; the acting manager has arranged for remaining staff to avail of this training.

Staff who have attended mental health recovery training could describe how this is effectively integrated into the supported living model of care and support. Positive feedback regarding the knowledge and skills of staff was received from community professionals and relatives.

Staff described receiving supervision and appraisal in line with the agency's policy. The acting manager will be completing all future supervision and informed the inspector he was appropriately trained and experienced in the role. A manager is available for staff consultation on shift and an on call HSC Trust senior manager rota is operational out of hours.

Staff interviewed by the inspector knew how to highlight concerns regarding the poor practice of other staff and were aware of the whistleblowing policy.

### **Is Care Compassionate?**

The agency maintains a record of comments made by service users/representatives through tenants' meetings and monthly quality monitoring. It was noted that the former registered manager has retired and that the subsequent changes in management arrangements have been discussed with service users.

Staff were aware of the impact of significant changes in staffing arrangements on service users. The current acting manager has been recently appointed and was aware of the impact of management change on service users and families. The acting manager described how he has met service users and planned to meet relatives. It was noted that the staff team is largely stable, with most staff having worked with service users in Slievegrane over a period of years.

The agency's induction is specific to the needs of service users; this was evidenced through induction records and discussion with staff. The staff induction includes a period of supernumerary shadowing of experienced staff, followed by an extended period of shadowing and additional support. Agency staff described how the induction process involves meeting service users and getting to know them gradually. The agency's induction process is implemented in a manner which takes into account the consent, privacy and dignity of service users.

Agency staff who took part in the inspection reported that they have the knowledge and skills to carry out their roles and responsibilities; this was confirmed by feedback from relatives.

The agency has policies and procedures in place to address the unsatisfactory performance of a domiciliary care worker.

### **Areas for Improvement**

No areas for improvement were identified in relation to Theme 1.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **5.4 Theme 2: Service User Involvement - service users are involved in the care they receive**

### **Is Care Safe?**

Assessments of need and risk assessments seen by the inspector reflected the views of service users and/or representatives. The inspector reviewed a range of care and support plans which reflected assessments of need and risk assessment.

There was evidence of positive risk taking in collaboration with the service users and/or their representatives, the HSC Trust and other relevant agencies. Agency staff provided examples of positive risk taking which enabled service users to increase their independence and take part in activities of their choice.

## **Is Care Effective?**

Records of reviews showed that care is regularly evaluated and reviewed. The agency has a process of reviewing care and support every three months, and at least a yearly review including a community worker from the Trust. It was noted that service user involvement in the annual review process with the Trust was recorded in documentation. During the inspection the inspector discussed with the acting manager how the records of three monthly reviews could be improved to more clearly reflect the views of the service user.

The inspector viewed a range of care and support plans which were written in a person centred manner, clearly included the service users' views, and showed evidence of updating. Staff who participated in the inspection described a system of regularly updating care and support plans which was evident on examination of documentation.

Discussion with service users and relatives provided examples of the agency's ability to deliver a service which responds to the views of service users and/or their representatives. Relatives described agency staff as approachable and available to discuss their concerns. Relatives who provided feedback had confidence in the agency's ability to respond appropriately to their concerns. The agency has processes in place to ascertain and respond to the views of service users and their representatives through the complaints procedure and monthly quality monitoring.

The inspector spoke to four service users who described having different interests and daily activities. Service users discussed their plans and goals for the future. It was evident that service users can exercise choice and control over how they lead their lives.

Service users have been provided with information relating to human rights and advocacy in a suitable format.

## **Is Care Compassionate?**

It was evident from speaking to service users that care and support are provided in an individualised manner, with consideration of the varying needs and wishes of service users. During the inspection service users described the choices they make regarding their daily activities and plans for the future.

It was evident from documentation and discussion with service users and a relative that they are aware of their rights to be consulted and have their views considered in relation to service delivery. Relatives described how staff are friendly and open to discussion. A relative described how staff have worked with the family in order to improve the quality of life and mental health of a service user.

The agency could demonstrate that the service users' views, capacity and consent have been taken into account in service delivery; examples of this were discussed with staff during the inspection. The agency was able to demonstrate ongoing promotion of human rights and the values underpinning the Minimum Standards.

### **Service users' comments:**

'The staff are nice, very helpful, I can talk to them.'  
'I like it, it feels safe here.'

'I can speak to staff if there are any problems but there aren't any.'  
 'There are plenty of staff.'  
 'The staff are very good.'  
 'I'm very satisfied.'  
 'I like the staff.'  
 'I'm very independent.'

#### **Relatives' comments:**

'It's fantastic, the staff go the extra mile.'  
 'The staff are very willing to talk to us.'  
 'The staff are open to approach.'  
 'I have spoken to staff about issues in the past, there was a good response.'  
 '\*\*\*\* is very independent, and is able to make their own choices.'  
 '\*\*\*\* knows to state opinions.'  
 'The staff are able to work with \*\*\*\*, they have a good understanding and know \*\*\*\* well.'  
 'We're more than happy.'  
 'I've never had any issues with the staff.'  
 'There should be more places like Slievegrane.'

#### **Professionals' comments:**

'The service is very recovery focused and client centred.'  
 'The service users' privacy and dignity are respected.'  
 'The clients' goals are at the centre.'  
 'There is a lovely atmosphere, staff and tenants have a good rapport.'  
 'Everyone has different needs, the service is individualised.'  
 'It's a very good service, well thought of.'

#### **Areas for Improvement:**

No areas for improvement were identified in relation to Theme 2.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **5.5 Additional Areas Examined:**

### **5.5.1 Quality monitoring**

Reports of monthly quality monitoring completed on behalf of the registered person were examined during inspection. The monthly quality monitoring reports reflect the views of service users, relatives, staff and community professionals. The reports include progress on improvement issues identified by monitoring and RQIA Quality Improvement Plans.

### **5.5.2 Complaints**

Complaints records for the period 1 January 2014 – 31 March 2015 were examined. Two complaints had been made and resolved satisfactorily in this period.

### **5.5.3 Safeguarding issues**

The inspector was informed that no safeguarding referrals have been made since the last inspection.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

<b>Registered Manager</b>	Andrew McKeever	<b>Date Completed</b>	5/12/2015
<b>Registered Person</b>		<b>Date Approved</b>	
<b>RQIA Inspector Assessing Response</b>	Rhonda Simms	<b>Date Approved</b>	15/01/16

Please provide any additional comments or observations you may wish to make below:

*\*Please complete in full and returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) from the authorised email address\**