

Inspection Report

Name of Service: Shanlieve Supported Living
Provider: Southern HSC Trust
Date of Inspection: 18 June 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 HSC Trust
Responsible Individual/Responsible Person:	Mr Colm McCaffery
Registered Manager:	Mrs Katherine Cairns
Service Profile – 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 with learning disability needs.	

2.0 Inspection summary

An unannounced inspection took place on 18 June 2025 between 10.00 am to 3.20 pm, this was conducted by a care inspector.

The last care inspection of the agency was undertaken on 28 April 2024 by a care inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to determine if the service is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to service users and that the agency was well led. Details and examples of the inspection findings can be found in the main body of the report. No areas for improvement were identified.

Shanlieve Supported Living uses the term 'people who we support' 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 from service users, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of the service users/relatives who are in receipt of care and support; workers for the agency; and review/examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

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

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

Through active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Service users told us that the staff were good to them, they were confident to raise any concerns. Service users responded that staff listen to them and they are involved in choices about their care.

Staff told us they loved their job, they expressed concern in relation to current staffing pressures and the associated impact on social activities for service users.

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. There was evidence of robust systems in place to manage staffing.

Review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), 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 NISCC. 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 was evidence that all newly appointed staff had completed a structured induction, having regard to the Northern Ireland Social Care Council's (NISCC) 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, at least three-day

induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

Documentation reviewed for recording handover of information between staff, was found to be a robust comprehensive system and was considered an example of good practice within this service.

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, Dysphagia, at a level appropriate to their job roles.

Procedures were in place for appraising staff performance and staff confirmed that appraisals had taken place. Staff told us they felt supported and involved in discussions about their personal development. Records evidenced that appraisals had been completed on an annual basis.

3.3.2 Care Delivery

Staff were knowledgeable of individual service users' needs, their daily routine wishes and preferences. There was a system in place to ensure that the activities offered to service users were geared towards their individual needs and preferences. Service users' needs were met through a range of individual activities.

3.3.3 What are the arrangements for promoting service user involvement?

From reviewing service users' care records, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require.

Since the last inspection, the agency had undertaken an evaluation of the service to include feedback from service users.

Monthly service user meetings take place within the service.

3.3.4 Management of Care Records

Service users' needs were assessed when they were first referred to the agency and before care delivery commenced. Following this initial assessment care plans were developed to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals.

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, where possible, were involved in planning their own care.

Any restrictive practices were reviewed alongside the support plan review and the multidisciplinary review. Advice was shared in relation to changes to the restrictive practice register. This will be reviewed at future inspections.

3.3.4 Quality of Management Systems

Mrs Katherine Cairns has been the manager in this agency since 26 May 2025.

The agency was visited each month by a representative of the registered provider to consult with service users, their relatives and staff and to examine all areas of the running of the agency. The reports of these visits were completed in detail.

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. A range of compliments were received from tenants and professionals; one recent compliment was a Greatix for staff input with the service user choir.

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 agency's safeguarding policy. A specific individual was identified as the agency's ASC. 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 management team responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the agency.

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Pauline Burns, Assistant Manager, Ms Hannah Elizabeth Farrell, Supported Living Co-ordinator and Ms Fiona Campbell, Governance Manager as part of the inspection process and can be found in the main body of the report.



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