

# Inspection Report

**Name of Service:** Glanree Supported Living Scheme

**Provider:** SHSCT

**Date of Inspection:** 6 January 2025

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	SHSCT
<b>Responsible Individual:</b>	Dr Maria O’Kane
<b>Registered Manager:</b>	Miss Dympna Casey
<p>Glanree House Supported Living Scheme is a supported living type domiciliary care agency, located in Newry. The agency provides care and support to enable service users to live in their own home. The care and support is provided by staff employed by the Southern Health and Social Care Trust (SHSCT).</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 6 January 2025, between 08:45 and 4:30 p.m. and was conducted by a care Inspector.

The inspection was undertaken to evidence how the domiciliary care agency is performing in relation to the regulations and standards.

The inspection examined the agency’s governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and Dysphagia management were reviewed.

Two areas for improvement were identified; these were in relation to recruitment- specifically the checking of Enhanced pre employment Access NI checks and complaints management.

## 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.

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.

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**

We spoke to a range of service users and staff to seek their views of the agency.

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.

Service users spoke positively about their experience of the agency; they said they liked the accommodation and that the staff were supportive.

Staff spoke very positively in regard to the care delivery and management support in the agency. One told us that their training was up to date and they had no concerns about the service.

There were no responses to the questionnaires or to the electronic survey.

### **3.3 What has this service done to meet any areas for improvement identified at or since the last inspection?**

The last care inspection of the agency was undertaken on 13 April 2023 by a care inspector. No areas for improvement were identified.

## **3.4 Inspection findings**

### **3.4.1 Staffing Arrangements**

A review of the agency's staff recruitment records confirmed that criminal record checks (AccessNI) were not consistently completed and verified before a number of staff members commenced employment and had direct engagement with service users. It was explained that this because of the Trust's policy and procedure in relation to the internal transfer of staff. This was discussed with the manager who provided assurance that corrective action has been undertaken. An area for improvement has been identified.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's 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, induction programme which also included shadowing of a more experienced staff member.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

### 3.4.2 What are the 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 adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

Staff were provided with training appropriate to the requirements of their role. The manager confirmed that no service users required the use of specialised equipment to assist them with moving.

All staff had been provided with training in relation to medicines management. A review of medication errors found that appropriate action was taken. The manager advised that no service users required their oral medicine to be administered with a syringe. The manager was aware that should this be required; a competency assessment would be completed before staff undertook this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles.

Care and support plans are kept under regular review. Work is currently underway to improve the documentation used within the service. The use of this documentation will be reviewed at future inspections.

A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

There was a system in place for notifying RQIA if the agency was managing individual service users' monies in accordance with the guidance.

Where staff are unable to gain access to a service users home – There is a system in place that ensures that the service has an operational procedure that clearly directs staff from the Agency as to what actions they should take to manage and report such situations in a timely manner.

### **3.4.3 What are the arrangements for promoting service user involvement?**

From reviewing service users' care records and through discussions with service users, 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. Person centred support plans were reviewed and found to involve the service user.

The agency had undertaken an evaluation of the service, the manager confirmed following the inspection, that a report of the feedback this has been shared with the service users.

It was also good to note that the agency had service users' meetings on a regular basis which enabled the service users to discuss the provisions of their care.

### **3.4.4 What are the arrangements to ensure robust managerial oversight and governance?**

There were monitoring arrangements in place. A review of the reports of the agency's quality monitoring established that there was engagement with service users, staff and HSC Trust representatives. The reports included details of a review of accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). There was a system in place for professional registrations to be monitored by the manager.

There was a lack of evidence of a robust system to ensure that complaints were managed in accordance with the agency's policy and procedure. An area for improvement has been identified.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's registration certificate was up to date and displayed appropriately.

## **4.0 Quality Improvement Plan/Areas for Improvement**

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Dymrna Casey, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 13(d)Schedule 3 (12)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of inspection</p>	<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: 3.4.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>All external appointees to Glanree 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.</p> <p>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.</p> <p>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.</p> <p>Trusts are engaging with RQIA and DOH in respect of this matter.</p> <p>An Access NI check is being processed for the staff member identified during the inspection.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 22</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of inspection</p>	<p>The Registered Person shall establish and maintain a system for managing complaints</p> <p>Ref: 3.4.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>All complaints received within the service will be immediately forwarded to the Mental Health &amp; Disability Governance Team as per the Trust complaints processes. The complaints will be logged and responded to as per Trust procedures.</p> <p>A new complaints database has been introduced within the service to maintain a record and oversight of all complaints received and the status of these. The Registered Manager and Supported Living Co-Ordinator will ensure oversight of all complaints received to ensure they all are appropriately addressed and any learning identified is actioned and shared. The Supported Living Head of Service will review the database at a minimum quarterly.</p>



The Regulation and  
Quality Improvement  
Authority

## The Regulation and Quality Improvement Authority

James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

---



**Tel:** 028 9536 1111



**Email:** [info@rqia.org.uk](mailto:info@rqia.org.uk)



**Web:** [www.rqia.org.uk](http://www.rqia.org.uk)



**Twitter:** @RQIANews