The Regulation and Quality Improvement Authority

# Inspection Report

**Name of Service:** Garryduff Supported Living Services

**Provider:** Triangle Housing Association

**Date of Inspection:** 5 June 2025

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

## 1.0 Service information

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| **Organisation/Registered Provider:** | Garryduff Supported Living Service |
| **Responsible Person:** | Mr Christopher Alexander |
| **Registered Manager:** | Kelly McKay |
| **Service Profile:**<br>Garryduff Supported Living Service is a Domiciliary Care Agency, supported living type. The agency provides 24 hour personal care and housing support to service users who live in shared accommodation. Service users have individual rooms and a range of shared areas. The service users care is commissioned by the Northern Health and Social Care Trust (NHSCT). | |

## 2.0 Inspection summary

An unannounced inspection took place on 5 June 2025, from 10.30 am and 4.30 pm, by two care Inspectors.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 23 November 2023; 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, improvements were required to ensure the effectiveness and oversight of certain aspects of the agency, such as records relating to staff training and care planning.

As a result of this inspection the area for improvement previously identified was assessed as having been addressed by the provider. Details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

## 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 the previous areas for improvement issued, 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 those working for and being supported by the agency; and review/examine 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

As part of the inspection process, we spoke to service users and staff members to seek their views of the care and support provided by the agency.

Service users indicated that they enjoyed their experience of living in Garryduff Supported Living Services. Positive interactions were observed between the service users and staff. One service user told us that they are happy living here and that they go out with staff to the café.

Staff spoke positively in regard to the care delivered and management support in the agency. Comments included: "We have a really good team. I am happy within my role, and enjoy my job."

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 agency was well led. Written comments included: "The leadership, I feel, has been of a high standard", "Service users get cared for at a high standard and management are always approachable, and we are trained at a high standard and always learning."

### 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. Discussions with the manager evidenced that they were knowledgeable in relation to safe recruitment practices.

There was evidence that all newly appointed staff had completed a structured orientation and 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 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.

Review of records and discussion with the manager confirmed that there is a system in place to ensure all staff receive appropriate training to fulfil the duties of their role on an ongoing basis; this includes a programme of refresher training for staff. However, a review of the training matrix evidenced that it had not been kept up to date. An area for improvement has been identified.

Staff said they felt well supported in their role. Observation of the delivery of care evidenced that service users' needs were met by the number and skills of the staff on duty.

### 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.

Staff were observed to be prompt in recognising service users' needs. Staff were skilled in communicating with service users; they were respectful, understanding and sensitive.

It was observed that staff respected the privacy of the service users as they knocked on doors before entering and discussed service users care in a confidential manner. Staff were also observed offering service users choice in how and where they spent their day or how they wanted to engage socially with others.

Good nutrition and a positive dining experience are important to the health and social wellbeing of service users. Service users may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified. Review of records and discussion with the manager evidenced that there were systems in place to manage service users' nutrition and mealtime experience. Advice was given in relation to ensuring that care plans and risk management plans reflect the date of the Speech and Language Therapist (SALT) assessment.

### 3.3.3 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, regularly reviewed and updated to ensure they continued to meet the service users' needs. However, it was noted in one service user's care record that the care plan had not been updated to reflect the current assessed need. An area for improvement has been identified.

A review of a sample of care records evidenced that service users, where possible, were involved in planning their own care and efforts had been made to ascertain service user's preferences and choices around how their support was provided. The details of care plans were shared and signed by service users and/or their representatives as appropriate.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning Trust's requirements.

Service users care records were stored securely and accessible to authorised personnel in accordance with data protection regulations.

### 3.3.4 Quality of Management Systems

Since the last inspection, there has been an acting manager in place from 5 May 2025. The inspector will keep this under review.

Staff consulted with commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a system for reviewing the quality of care and staff practices was in place.

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

The Annual Quality Report was reviewed and was satisfactory.

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

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. It was noted that no complaints had been received since the last inspection.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

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 adult safeguarding policy. Discussions with the manager established that they were knowledgeable

in matters relating to the role of the ASC and the process for reporting and managing adult safeguarding concerns.

The annual safeguarding position report had been completed and found to be satisfactory.

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. They could also describe their role in relation to reporting poor practice.

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

## 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 |
|---|---|---|
| **Total number of Areas for Improvement** | 1 | 1 |

Areas for improvement and details of the Quality Improvement Plan were discussed with Kelly McKay, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## Quality Improvement Plan

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| **Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007** | |
| **Area for improvement 1**<br><br>**Ref:** Regulation 15 (1)(2)(a)(b)(c)<br><br>**Stated:** First time<br><br>**To be completed by:** Immediately from the date of inspection | The Registered Person shall ensure that the care plans are kept up to date and reflect the service users' assessed needs.<br><br>Ref: 3.3.3 |
| | **Response by registered person detailing the actions taken:** All Care and plans have been reviewed and the error identifited ammended. This has been communicated to the team. |
| **Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, revised 2021** | |
| **Area for improvement 1**<br><br>**Ref:** Standard 10.4<br><br>**Stated:** First time<br><br>**To be completed by:** Immediate from the date of inspection | The Registered Person shall ensure that the information held on record is accurate, up to date and necessary.<br><br>This relates specifically to the agency's staff training information.<br><br>Ref: 3.3.1 |
| | **Response by registered person detailing the actions taken:** The training matrix has been fully updated to reflect the training completed. The organisation is in the process of moving to an online system which will support the availablity of up to date records. |

***Please ensure this document is completed in full and returned via the Web Portal***

The Regulation and Quality Improvement Authority

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

**Tel:** 028 9536 1111

**Email:** info@rqia.org.uk

**Web:** www.rqia.org.uk

**Twitter:** @RQIANews