The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Granville

Provider: Southern Health and Social Care Trust

Date of Inspection: 13 February 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/Responsible Person:	Dr Maria O'Kane
Registered Manager:	Ms Louise Davis
Service Profile Granville is a domiciliary care agency supported living service. The agency's staff provides care and support to service users living in shared accommodation; this includes assisting service users with personal care needs, meals, medication, housing support and assistance to access community services with the overall goal of promoting independence and maximising the quality of life.	

2.0 Inspection summary

An unannounced inspection took place on 13 February 2025, between 10.10 a.m. and 6.15 p.m. This was conducted by a care Inspector.

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 16 October 2023; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

While care was found to be delivered in a safe, effective and compassionate care manner, improvements were required to ensure the effectiveness and oversight of certain aspects of the agency's quality systems such as; adult safeguarding refresher training, developing a competency assessment for the staff in charge of the service, in the absence of the manager and staff induction. The service was well led.

It was evident that staff promoted the dignity, independence and well-being of service users.

Service users spoke positively about their experience of the care and support they received from staff. Refer to Section 3.2 for more details.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

As a result of this inspection the areas for improvement identified at the previous inspection were assessed as having been addressed by the provider.

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.

Granville 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.

We would like to thank the manager, service users and staff team for their support and co-operation during the inspection.

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 service 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, any 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 living and working in, or visiting the service; and review/examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

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.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services.

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 living and working within Granville.

Service users indicated that they enjoyed their experience of living in Granville; and they appeared relaxed in their interactions with staff.

Staff spoke very positively in regard to the care delivery and management support in the agency. One told us that they have no concerns about the care of the service users, that the manager is supportive and approachable.

The information provided indicated that those who engaged with us had no concerns in relation to the agency.

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 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 the Northern Ireland Social Care Council (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.

The manager confirmed that there was an induction process in place and that all newly appointed staff 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. A review of induction records identified that two staff induction records were incomplete. An area for improvement was identified. It was positive to note that the induction programme included a two-week period of shadowing of a more experienced staff member.

This agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; records are retained electronically. Staff consulted spoke positively about the training they receive and confirmed that they received sufficient training to enable them to fulfil the duties and responsibilities of their role and that training was of a good standard. Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as infection prevention and control, first aid and moving and handling. Review identified that a small number of staff had not completed adult safeguarding refresher training. An area for improvement was identified. It was positive to note that the agency provided training in regard to incident management awareness, falls awareness and epilepsy awareness.

There was evidence of effective systems in place to manage staffing. Staff said there was good teamwork and that they felt well supported in their role by the manager. Staff said that there were sufficient staff to meet the needs of the service users. It was evident that staff had a good understanding of the needs, likes and dislikes of individual service users.

It was noted that staff who were left in charge of the agency in the absence of the manager had not been assessed as competent and capable to do so. An area for improvement has been identified.

Regular staff meetings were held and minutes maintained of the meetings for staff unable to attend, to read for information sharing.

3.3.2 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 policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The safeguarding champion was known to the staff team.

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 and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency's governance arrangements for the management of accidents/incidents were reviewed. The review confirmed that an effective incident/accident reporting policy and system was in place. Staff are required to record any incidents and accidents in a centralised electronic record, which is then reviewed and audited by the manager and the SHSCT governance department. A review of a sample of accident/incident records evidenced that these were managed appropriately.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with the manager and staff evidenced that staff were very knowledgeable regarding each service user and the support they required in order to ensure their safety. In addition, discussions evidenced that they had an understanding of the management of risk, and an ability to balance assessed risks with the wishes and human rights of individual service users.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their liquid medicine to be administered orally with a syringe. The manager was aware that should this be required; a competency assessment would be undertaken before staff undertook this task.

A number of service users had been assessed by the Speech and Language Therapist (SALT) with recommendations provided. Staff told us how they were made aware of service users' nutritional needs to ensure that any recommendations made by SALT were adhered to. Care records were accurately maintained to help ensure staff had an accurate understanding of service users' nutritional needs.

A review of training records confirmed that staff had completed training in dysphagia and in relation to responding to choking incidents.

3.3.3 The arrangements for promoting service user involvement

Service users, where possible, were encouraged and supported to be involved in their own care and the details of care and support plans were shared with relatives, where appropriate.

Care and support plans were person centred and are kept under regular review. There was evidence that staff record regularly the details of care and support provided or any changes to the service users' needs and regularly reviewed and updated the care and support plans to ensure they continued to meet the service users' needs. Services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur. 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.

Service user meetings were held on a regular basis which enabled the staff to keep service users updated on any issues arising that may affect them. Some matters discussed included activities and outings and shared living arrangements. The meetings also enabled the service users to discuss any activities they would like to become involved in.

3.3.4 The arrangements to ensure robust managerial oversight and governance

We discussed the acting management arrangements which have been ongoing since 17 April 2023; RQIA will keep this matter under review. Staff commented positively about the manager and described them as supportive, approachable and always available to provide guidance. 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 and staff. The reports included details of a review of service user care records; accident/incidents; safeguarding matters and staff recruitment and training.

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.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints have been received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process. Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager or the person in charge.

Discussions with staff identified they had a clear view about their role and responsibility to meet service user's individual needs and promote their rights, choices, independence and future outcomes. They identified staff training, policies and procedures, staff support mechanisms and the management team supported them to provide safe, effective and compassionate care in this agency.

Staff told us that they would have no issue in raising any concerns regarding service users' safety and/or care practices and that they were confident that the manager or person in charge would address their concerns.

4.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	0	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Louise Davis, 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 Minimum Standards (revised) 2021	
Area for improvement 1 **Ref:** Standard 12.4 **Stated:** First time **To be completed by:** Immediate and ongoing from date of inspection	The registered person shall ensure that the training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them; this relates to the need for competency assessments to be undertaken for those who may be in charge of the service, in the absence of the manager. Ref: 3.3.1
	Response by registered person detailing the actions taken: A new Competency Assessment has been introduced across all Supported Living services. All staff who have responsibility for maintaining services when management staff are off site now have to complete this competency. Completion of the proforma includes reflective discussions to ensure competence in areas of need. This is currently underway within the facility. The SHSCT supported living services currently operate a band 6 (assistant manager) rota across a 7 day period until 8pm each day, this includes on call arrangements for advice and support in the absence of the manager. A senior manager is also on call from 5pm until 9am each weekday, and 24/7 at the weekends/Bank holidays. Therefore management support is available via on call arrangements across a 24/7 period.
Area for improvement 2 **Ref:** Standard 12.1 **Stated:** First time **To be completed by:** Immediate and ongoing from date of inspection	The registered person shall ensure that newly appointed staff complete a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they are competent to carry out the duties of their job in line with the agency's policies and procedures. Ref: 3.3.1
	Response by registered person detailing the actions taken: All new staff in the Southern Trust must attend Corporate Induction Training. Within supported living, all staff must also complete a supported living induction and evidence successful completion of their induction by completing the relevant induction booklet. The Supported Living induction is based on NISCC Standards and Codes of Conduct. Induction must be completed within six months of commencement and reviewed by a supervisor on a

	monthly basis to ensure progress through induction and to support the staff member during the induction period. The service induction process ensures staff have knowledge of the values of the Trust, an awareness of the relevant Policies and Procedures, and understand/ are competent in all duties applicable to their role. It has been amended to include a clear area for signature, which was previously missing. All completed Induction Booklets are reviewed by the Registered Manager to ensure these are completed accurately and reflect learning and competency to carry out the duties of their roles.
Area for improvement 3 **Ref:** Standard 14.10 **Stated:** First time **To be completed by:** Immediate and ongoing from date of inspection	The registered person shall ensure that the training on the protection of children and vulnerable adults for staff is updated at least every two years; this relates specifically to adult safeguarding refresher training. Ref: 3.3.1
	Response by registered person detailing the actions taken: The training matrix has been reviewed and updated to correct the Adult Safeguarding Refresher training frequency formula to ensure compliance with training. Frequency dates will be reviewed on an annual basis by the Registered Manager in conjunction with the Head of Service to ensure accuracy. All Granville staff have now completed the relevant safeguarding refresher training as required. The Registered Manager will audit the training matrix monthly to ensure compliance with all relevant training requirements (Corporate Mandatory and Service Specific Training).

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

The Regulation and Quality Improvement Authority

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