The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Slievegrane

Provider: South Eastern Health and Social Care Trust (SEHSCT)

Date of Inspection: 28 April 2026

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

1.0 Service information

Organisation:	South Eastern Health & Social Care Trust
Responsible Individual:	Ms. Roisin Coulter
Registered Manager:	Mrs. Brenda McCoy (Acting)

Service Profile:

Slievegrane is a domiciliary care agency, supported living type located in Downpatrick. The agency's staff provide care and support to 24 service users living in shared accommodation in 9 houses situated within the local community. The service users have a range of enduring mental health needs.

The agency provides care and support to service users; 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. Radius Housing Limited owns and manages Slievegrane (5 service users) and four flatlets (4 service users). The South Eastern Health and Social Care Trust commission and manages the care and support.

This organisation also provides floating support to service users who live in the community. RQIA does not regulate these elements of support.

2.0 Inspection summary

A care Inspector completed an unannounced inspection on 28 April 2026, between 1.00 p.m. and 5.30 p.m.

The inspection examined Slievegrane's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The Inspector also examined the processes for reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and dysphagia management.

The Inspector identified good practice in relation to care planning, staff training and recruitment. There were good governance and management arrangements in place.

The Inspector did not identify any Areas for Improvement during this inspection. The Inspector signed off the existing Quality Improvement Plan (QIP) as having been achieved.

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 Slievegrane 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 of Slievegrane, the Inspector reviewed information held by RQIA about this agency. This included registration information, any existing Areas for Improvement, as well as any other written or verbal information received from relatives, staff or the commissioning trust.

Throughout the inspection, the Inspector will seek the views of those living and working in the agency, as well as those of relatives and visiting professionals. The Inspector will also review a sample of records to evidence how the agency is performing in relation to the regulations and standards.

Throughout the inspection the Inspector spoke with service users, staff, relatives of the service users, as well as visiting professionals for their opinions on the quality of the care and support provided by the agency, as well as their experiences of visiting or working in the agency.

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

Respondents spoken to by the Inspector gave positive feedback.

Service users gave very positive feedback about the agency. One stated that 'I am able to live happily with support'. Another commented that 'I'm enjoying where I am at the moment'. Another sated that 'it has made a difference because I've made new friends, got more confidence and somewhere to live. The staff over the years helped me to change my life in a positive way'.

Staff reported that they enjoyed working in the agency, the induction was good and that the manager was supportive. On staff member stated that 'I love working here. There is a great team here'. Another stated that 'the manager is really good'.

One health professional who visits the agency stated that 'Slievegrane is a good facility. The service users are very well supported'.

The daughter of a service user stated that 'my mother would be lost without Slievegrane. They treat her remarkably well'. Another stated that 'Slievegrane has provided a stable and safe place to live while ensuring my relative is cared for appropriately'.

4.0 Inspection findings

4.1 What are the systems in place for identifying and addressing risks?

The Inspector reviewed the agency's provision for the welfare, care and protection of service users. 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. There was an identified Adult Safeguarding Champion (ASC).

Discussions with the manager established that she was knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding 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. 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 retained records of any referrals made to the HSC Trust in relation to adult safeguarding. The manager confirmed that the agency had not received any referrals since the last inspection.

The manager was aware that she must inform RQIA of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

The agency provided staff with training appropriate to the requirements of their role. The manager advised that none of the service users require assistance with moving and handling. A review of care records on the Epic system identified that risk assessments and care plans were up to date.

Both the agency and the commissioning trust had undertaken reviews in keeping with the agency's policies and procedures.

The manager confirmed that all staff receive training and supervision in relation to medicines management. The manager advised that none of the service users is prescribed oral medication via syringe.

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 staff assist only when required to do so. 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 who spoke with the Inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act (MCA).

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that none of the service users was subject to DoLS. A resource folder was available for staff to reference if required.

The inspector viewed the agency's fire risk assessment for all service user dwellings and this was within date, with no actions outstanding from the previous assessment. The agency had completed regular fire equipment checks and fire drill.

4.2 What are the systems in place for meeting the Dysphagia needs of the service users?

The manager reported that several service users required a modified diet. The Inspector viewed a sample of care plans on Epic and confirmed that these followed the Speech and Language Therapy (SLT) assessments. Staff training records confirmed that all staff had received training in Dysphagia and were aware of action to take in the event of a service user choking.

4.3 What systems are in place for recruitment and are they robust?

The Inspector reviewed the agency's staff recruitment records. Staff recruitment is managed through the Recruitment Shared Services (RSS) system. The Inspector 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. The agency makes regular checks to ensure that staff held appropriate registration with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC). There was a system in place for the manager to monitor staff registrations on a monthly basis. Staff confirmed that they were aware of their responsibilities to keep their registrations up to date by the completion of post registration training and learning.

4.4 What are the systems in place for the promotion of service user involvement?

From reviewing service users' care records on Epic and following discussions with service users, the Inspector noted that service users had an input into devising their own plan of care where possible. Service users' care plans contained details about their likes and dislikes and the level of support they may require. The agency keeps care plans under regular review and service users and /or their relatives participate, where appropriate, in the review of the care by both the agency and the commissioning trust.

The Inspector viewed the annual quality report and client satisfaction survey, which demonstrated evidence of regular service user consultation. The Inspector also confirmed that the agency's monthly monitoring process also includes feedback from service users and relatives.

4.5 What arrangements are in place for staff induction and training?

There was evidence that all newly appointed staff had completed a structured orientation and induction programme, 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 formal induction programme of at least three days, which included orientation and shadowing by a more experienced staff member. The agency retained records of the staff member's capability and competency in relation to their job role.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; the agency does use agency staff and the Inspector viewed the induction folders for each of the three current agency staff.

The Inspector reviewed the comprehensive training matrix maintained by the agency. The agency records mandatory, once off and good practice training, using a Red Amber Green (RAG) system for the management of training records. Where training is due to expire, updates have been booked.

4.6 What are the arrangements to ensure robust managerial oversight and guidance?

The Inspector confirmed that the agency has monthly monitoring arrangements in place in compliance with regulations. The Inspector reviewed the reports and confirmed that these included engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of the care records of service users; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

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.

The Inspector confirmed that there was a system in place to ensure that the agency managed complaints in accordance with its policy and procedure. The manager reported that the agency had not received any complaints since the last inspection. The manager confirmed that the agency reviewed complaints monthly as part of the monthly quality monitoring process. The manager confirmed that SEHSCT is currently implementing a new Model Complaints Handling process, which has been developed by the Northern Ireland Ombudsman. The manager confirmed that she has completed the required training. The manager also confirmed that all agency staff receive complaints training.

The Inspector reviewed records of regular staff supervision as well as annual appraisals. Examination of appraisal and supervision records indicated that the agency carried these out regularly as per its policies and procedures.

5.0 Quality Improvement Plan/Areas for Improvement

The Inspector did not identify any Areas for Improvement during this inspection. The Inspector discussed the findings of the inspection with Mrs. Brenda McCoy (Acting Registered Manager) as part of the inspection process. These can be found in the main body of the report.

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