

Inspection Report

Name of Service: Shanlieve Supported Living Services (SLS)

Provider: Southern Health and Social Care Trust (SHSCT)

Date of Inspection: 10 June 2026

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

1.0 Service information

Registered Provider:	Southern Health and Social Care Trust
Responsible Person:	Mr. Steve Spoerry
Registered Manager:	Mrs. Hannah Farrell (Acting)
Service Profile – Shanlieve Supported Living is a domiciliary care agency supported living type. The agency provides domiciliary care and housing support to up to eight service users with learning disability needs. The Southern Health and Social Care Trust commissions the care and support.	

2.0 Inspection summary

A care Inspector completed an unannounced inspection on 10 June 2026 between 08.00 a.m. and 12.00 Noon.

The last care inspection of the agency was undertaken on 18 June 2025 by a care Inspector. No areas for improvement were identified.

This inspection was undertaken to evidence how Shanlieve SLS is performing in relation to the regulations and standards; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well managed.

To that end, 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 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 monthly quality monitoring, incident management and feedback from service users, staff and relatives. There were good governance and management arrangements in place.

The Inspector did not identify any Areas for Improvement during this 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 Shanlieve SLS 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 those working for or 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.

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 staff survey.

3.2 What people told us about the service?

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

Service users who spoke with the Inspector gave very positive feedback. One service user stated that that 'I'm really happy here. The food is good. I have no issues at all'. Another said that 'I'm very happy here'.

Staff who spoke with the Inspector stated that they loved working with the agency, had a very good induction with shadowing and that they were well supported by the manager.

Relatives told the Inspector that they were happy with the care that their relatives received in Shanlieve SLS. One stated that 'it's a great place and my relative is very happy there'. Another commented that 'the place is fabulous and so are the staff'.

One care manager who spoke with the Inspector commented that 'I find the staff very caring with a compassionate attitude. They have a good understanding of the service users' baseline and seek appropriate support when needed. They do not just wait on my guidance but use their own initiative. I tell them to keep up the good work'.

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. Consultation with service users and their representatives established that there were no concerns regarding staffing levels.

A review of a sample of recruitment records indicated that the agency had completed pre-employment checks before staff commenced employment and had direct contact with service users. The recruitment process for the agency is completed through the regional Business Services Organisation (BSO) process.

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.

The agency retained records of all staff training and the Inspector noted that these were up to date. Staff confirmed that got sufficient training for their roles.

Senior agency staff complete competency assessments on all staff to ensure that they were competent in management of the service and in the administration of medications.

The Inspector noted that the agency had procedures were in place for appraising staff performance and senior staff completed regular supervisions in keeping with the agency's policy and procedures.

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, which the staff needed to assist them in their roles. The Inspector had the opportunity to attend a handover during the inspection.

The agency held staff meetings every second month and retained the minutes to share with staff who were unable to attend.

Staff were knowledgeable of individual service users' needs, their daily routine wishes and preferences.

The Inspector observed that staff interactions with service users were friendly and supportive. Staff were skilled in communicating with service users; they were respectful, understanding and sensitive to service users' needs.

Staff met the needs of service users' through a range of individual and group activities. It was reassuring to note that staff consulted service users about the activities they preferred, ensuring their views informed and shaped the day-to day activities.

3.3.3 Management of Care Records

The Inspector reviewed care records, which staff record on the Epic single care record which has been introduced regionally. Discussion with service users, staff and the manager confirmed that there were robust systems in place to manage service users' nutrition and mealtime experience. Several service users required a modified diet. The eating and drinking care plan referenced the specific level of diet noted within the Speech and Language Therapy (SALT) Care Plan.

Risk assessments such as those for bedrails and moving and handling were in date.

Care records were person centred, well maintained, regularly reviewed, and updated to ensure they continued to meet the service users' needs.

The manager confirmed that none of the service users was subject to Deprivation of Liberty Standards (DoLS). A resource file was available for staff reference.

There was a policy in place for the use of restrictive interventions and the agency maintained a register, which was reviewed and updated annually. The manager reported that several service users were subject to restrictive practices.

3.3.4 Quality of Management Systems

The Inspector reviewed of a sample of monthly monitoring reports, which evidenced that a robust system for reviewing the quality of care and staff practices was in place. 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.

The Inspector reviewed the agency's process for the management of complaints and noted that the agency had not received any complaints since the last inspection. The manager and deputy manager had undertaken further complaints training in the model for complaints handling, which has been developed by the Office of the Northern Ireland Ombudsman.

Review of incident records identified that the manager had managed these appropriately. There was evidence that the manager audited incidents on a regular basis, to establish any patterns/trends. The agency also reviewed incidents as part of the monthly quality monitoring process

The Inspector viewed the agency's annual quality report, which included stakeholder feedback.

The Inspector confirmed that effective systems and processes were in place to manage the safeguarding and protection of adults at risk of harm. The Inspector viewed the annual safeguarding position report. The agency had managed the one safeguarding incident

appropriately. There was evidence that the agency responded to concerns raised with them and implemented measures to enhance both practice and the quality of service provided.

Fire risk assessments had been completed for the service user dwellings. There was evidence that staff completed fire safety checks as required. Staff had completed training fire safety and had participated in a fire evacuation drill.

4.0 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. Pauline Burns (Deputy Manager) and Mrs. Abigail Gourley (Head of Service) via Teams as part of the inspection process. These can be found in the main body of the report.



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



Web: www.rqia.org.uk



Twitter: @RQIANews