The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Granville**

Provider: **Southern Health and Social Care Trust**

Date of Inspection: **31 July 2026**

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1.0 Service information

Organisation/Registered Provider:	Southern Health and Social Care Trust
Responsible Individual/Responsible Person:	Mr Steve Spoerry
Registered Manager:	Miss Dympna Casey (Acting)
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 31 July 2026, between 9.15 am and 5.10 pm. A care Inspector conducted the inspection.

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 5 August 2025; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to the service users and that the agency was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of the service users and that staff were knowledgeable and well trained to deliver safe and effective care.

Staff worked collaboratively, communicated effectively and consistently provided compassionate and respectful support. Observations and feedback evidenced that relationships between staff and the service users were warm, respectful and focused on promoting well-being.

Good practice was identified in relation to managerial governance and oversight and service user involvement.

As a result of this inspection all of the previous areas for improvement were assessed as having been addressed by the provider and no new areas for improvement were identified.
The Inspector would like to thank the manager, the service user 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 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 Quality Improvement Plan 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 or being supported by the agency and review 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

The Inspector spoke with a service user and staff to seek their views of living and working within the agency.

The service user spoke positively about their experience of the support provided by the agency; they said they enjoyed living in the supported living service and that the staff supported them well. The service user told us that they were able to choose how they spend their day. Service user's comments included; "Everyone is good to me" and "I like going out walking in the park and going for coffee".

Staff told us that they were satisfied that the care and support was safe, effective, compassionate and well led. Staff spoke positively about the care delivery, training and management support in the agency. Staff comments included; "There is good communication in the agency which includes a daily safety huddle and weekly team huddle", "Very good management team" and "Care and support is based on individual needs".

Returned service user questionnaires indicated that the respondents were very satisfied with the care and support provided. Comments included "I like living here".

3.3 Inspection findings

3.3.1 Staffing Arrangements (recruitment and selection, induction and training)

Safe staffing begins at the point of recruitment and continues through to staff induction and through completion of regular staff training to ensure the agency safely and continually 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.

An area for improvement identified during the previous inspection related to obtaining reasons for leaving previous employment as part of the recruitment process. Review of two staff recruitment records confirmed that reasons for leaving previous employment were recorded. On this basis, the area for improvement was assessed as met.

An area for improvement identified during the previous inspection related to implementing a robust system for the monitoring of staffs' professional registrations. Review evidenced there was a system in place for professional registrations, to be monitored by the manager on a monthly basis and a record of checks retained. On this basis, the area for improvement was assessed as met.

An area for improvement stated for a second time during the previous inspection related to the completion of a structured orientation and induction, having regard to NISCC Induction Standards for new staff. Review of two recently recruited staff files evidenced that a detailed staff induction had been completed for these staff. Induction also included shadowing of a more experienced staff member. On this basis, the area for improvement was assessed as met.

Staff provided positive feedback regarding the training they received and confirmed that it enabled them to fulfil the duties and responsibilities of their roles. Staff were provided with training appropriate to the requirements of their roles, which was recorded and monitored on a colour coded training matrix. The review concluded that staff had received mandatory and other role specific training since the last care inspection, including moving and handling, dysphagia and medicines management. The agency had also provided training in regard to learning disability and autism spectrum disorder, which strengthened staff competence in these areas.

An area for improvement identified during the previous inspection related to the completion of dysphagia awareness, food safety and catheter management training commensurate to staff roles. Review of the staff training matrix and discussion with the manager evidenced that staff had completed the identified training. On this basis, the area for improvement was assessed as met.

An area for improvement stated for a second time during the previous inspection related to the completion of competency assessments for those who may be in charge of the service, in the absence of the manager. Review evidenced competency assessments had been completed. On this basis, the area for improvement was assessed as met.

A competency assessment was also undertaken for staff involved in the management and administration of medicines.

There was evidence of effective systems in place to manage staffing. Staff reported collaborative team working and confirmed that they felt well supported in their roles by the manager. Staff also reported staffing levels were sufficient to meet the needs of the service users, and staff demonstrated a clear understanding of the needs, preferences and wishes of individual service users.

There was evidence of staff meetings. Staff stated they could add to the meeting agenda if there were items they wished to discuss. Minutes were maintained of the meetings for staff unable to attend, to read for information sharing.

An area for improvement identified during the previous inspection related to ensuring all staff have recorded formal supervision meetings in accordance with the agency's policies and procedures. Review of the supervision matrix evidenced staff had received supervision in in accordance with the agency's policies and procedures. On this basis, the area for improvement was assessed as met.

Procedures were in place for appraising staff performance and records reviewed demonstrated that appraisals had taken place.

3.3.2 Care Delivery

There was a handover at the beginning of each shift, which all staff attended. These meetings focused on information about any changes in the service users' care needs.

Discussion with staff confirmed that service users are in control of their day and are supported to choose activities and that are meaningful to them. It was positive to note that staff were responsive to the suggestions of the service users regarding the type of activities that they wished to engage in. The service users availed of a variety of activities, which included going to the cinema, shopping trips, a walking group, visiting restaurants and music sessions.

Staff demonstrated a good understanding of the needs of the service users they supported and were confident in discussing key aspects of the service users' care and support plans. During conversations with the Inspector, staff spoke about the service users in a respectful and dignified manner, focusing upon the individuals' strengths, abilities and achievements. Staff conveyed genuine passion for their roles and a strong commitment to delivering the highest possible standard of care and support.

The agency held meetings with service users on a regular basis which enabled the service users to discuss the provisions of their care and prepare for their annual care review meetings.

Staff interactions with service users were observed to be respectful, friendly and supportive. Engagement observed, illustrated the positive rapport developed between the service users and staff on duty.

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.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

A review of a sample of care records evidenced that plans were in place to direct staff on how to meet the service users' needs. Care records reviewed were found to be person centred, well maintained and regularly reviewed and updated to ensure they continued to meet the service users' needs. Care records evidenced service user involvement in planning their own care, with efforts made to ascertain their preferences around how their support was provided.

An area for improvement identified during the previous inspection related to the completion of a person centred care plan and risk assessment pertaining to catheter management. Review of care records and discussion with the manager confirmed that a person centred care plan and risk assessment had been developed. On this basis, the area for improvement was assessed as met.

There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty (DoLS), the care records contained details of assessments completed and agreed outcomes developed in conjunction with the Health and Social Care (HSC) Trust representative.

There was a policy in place for the use of restrictive interventions and a register was in place which was reviewed and updated regularly.

Discussion with the manager and review of arrangements concerning the storage of confidential records confirmed that service users' records were stored safely and securely in compliance with legislative. Staff recognised the importance of maintaining accurate and contemporaneous records to guide their practice and ensure that care provided was safe, effective and timely.

Staff recorded regular evaluations about the care and support provided. A review of a sample of these records evidenced that they were person centred and detailed.

Care reviews had been undertaken in keeping with the agency's policies and procedures.

3.3.4 Quality of Management Systems

Miss Dympna Casey has been the acting manager in this service since 5 May 2025 and is in the process of registering with RQIA as manager.

Those consulted commented positively about the manager and described her as dedicated and committed to providing high standards of care and achieving the best outcomes for service users.

A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and Health and Social Care (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 reports reviewed contained comprehensive analysis, with findings evaluated and areas for improvement identified as needed. This provided assurances that robust systems were in place to maintain standards and drive quality improvement.

Discussion with the manager illustrated knowledge and understanding regarding the statutory notification requirements. The agency had a system in place to ensure that all accidents and incidents were managed appropriately. It was also positive to note that these were reviewed as part of the monthly quality monitoring process.

The manager described a transparent learning culture within the agency in which staff are supported and encouraged to engage in reflective practice; the manager stated that this approach allows staff to consider any lessons learnt and review how to improve service delivery.

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. There was an individual within the organisation's senior management team who was identified as the appointed ASC for the agency.

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.

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

There was a process in place for the management of complaints. Records reviewed and discussion with the manager indicated that no complaints had been made since the last inspection.

Staff demonstrated an awareness of their role, responsibilities and knowledge of lines of accountability and knew when and who to discuss concerns with. All staff consulted with described an open door policy with the manager and that they were confident that any concerns or suggestions made would be listened to and addressed.

A range of policies were held electronically and available to direct staff in care delivery and support.

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Miss Dympna Casey, Manager, as part of the inspection process and can be found in the main body of the report.



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