



THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
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Primary Announced Inspection

Inspection No: 020951
Establishment ID No: 10863
Name of Establishment: Causeway Share the Care Scheme
Date of Inspection: 2 March 2015
Inspector's Name: Mr Jim McBride

GENERAL INFORMATION

Name of agency:	Causeway Share the Care Scheme
Address:	Mountfern Complex 8a Rugby Avenue Coleraine BT52 1JL
Telephone Number:	02870347871
E mail Address:	alec.walker@northerntrust.hscni.net
Registered Organisation / Registered Provider:	Mr Anthony Stevens
Registered Manager:	Mr Alex Walker
Person in Charge of the agency at the time of inspection:	Mr Alex Walker
Number of service users:	220
Date and type of previous inspection:	Primary Announced Inspection 26 September 2013
Date and time of inspection:	Primary Announced Inspection 2 March 2015 10:00- 15:00
Name of inspector:	Jim McBride

Introduction

The Regulation and Quality Improvement Authority (RQIA) will undertake an inspection of the Agency a minimum of once in every 12 month period as set out in The Regulation and Improvement Authority (Fees and Frequency of Inspections) Regulations (Northern Ireland) 2005. The purpose of the inspection is to assess compliance with the Regulations and draft Minimum Standards for Adult Placement Agencies published by The Department of Health, Social Services and Public Safety (DHSSPS).

1.1 PURPOSE OF THE INSPECTION

The purpose of this inspection was to ensure that the service is compliant with relevant regulations, minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of adult placement agencies, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.
- Adult Placement Agencies Regulations (Northern Ireland) 2007.
- The Department of Health, Social Services and Public Safety's (DHSSPS) **Draft** Adult Placement Agencies Minimum Standards (2008).

Other published standards which guide best practice may also be referenced during the inspection process.

1.2 METHODS/PROCESS

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection include the following:

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records

- Consultation with stakeholders
- File audit
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

CONSULTATION PROCESS

During the course of the inspection, the inspector spoke to the following:

Service users	2
Staff	1
Carer Visits	0
Carers interviewed during inspection day	2
Other Professionals	0

Questionnaires were provided, prior to the inspection, to carers to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Carers	82	30

1.3 INSPECTION FOCUS

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following quality themes:

The following four themes will be assessed during this inspection:

The Regulation and Quality Improvement Authority (RQIA) will undertake an inspection of the Agency a minimum of once in every 12 month period as set out in The Regulation and Improvement Authority (Fees and Frequency of Inspections) Regulations (Northern Ireland) 2005. The purpose of the inspection is to assess compliance with the Regulations and draft Minimum Standards for Adult Placement Agencies published by The Department of Health, Social Services and Public Safety (DHSSPS).

- **Theme 1: Referral and matching process:**
- **Theme 2: Feeling safe and secure:**
- **Theme 3: Supporting communication:**
- **Theme 4: Complaints:**

Review of action plans/progress to address outcomes from the previous inspection

No requirements or recommendations were issued during the previous inspection of the 26 September 2013.

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the Inspection Report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and being made within the inspection report.

PROFILE OF SERVICE

Causeway Share the Care Scheme aims to promote the rights of individuals, to access respite care in the community. The scheme, through the provision of a range of high quality adult placements, ensures that needs are met. Whilst on placement, individuals have the opportunity to share the family life of the adult placement carer, in a home from home environment. The aims of the scheme states:

“To ensure that the carer is able to offer appropriate care for the guest's assessed need”.

“To enable everyone involved within the project to develop their full potential”.

The share the care team of staff and the adult placement carers' are committed to promoting the physical, emotional and spiritual wellbeing of the individual service users, as well as protecting them from abuse and harm. The agency currently has seven staff in place sixty eight carers and two hundred and twenty service users. The Adult Placement Scheme is part of the Northern Health and Social Care Trust's Learning Disability Team and meets the needs of adults with learning disabilities, physical disabilities and sensory impairments.

SUMMARY OF INSPECTION

The inspection was undertaken on the 2 March 2015, the inspector met with the registered manager Mr Alec Walker during the inspection.

The inspector had the opportunity to meet two service users and two APA carers during the inspection.

Prior to the inspection thirty, APA carers forwarded to RQIA completed questionnaires in relation to the quality of service provision.

Feedback in relation to the inspection findings and comments made by APA carers in the questionnaires was provided to the manager during the inspection. It has to be noted the positive comments within the returned questionnaires.

Service user's comments:

“Carers are good”

“I visited my carers prior to my placement”

“I have been made aware of how to complain”

“I can contact my social worker at any time”

“The placement makes me feel good; I look forward to week end visits”

“I always feel safe and secure with my carers”

“I'm treated as a family member at all times”

“My own family are good but I do enjoy the respite placement”

“I feel good in **** house”

“**** treats me well we do loads of activities together”

“My placement was discussed with me and **** I really wanted to go there”

Carers Comments:

“The staff in the share the care scheme are very good”

“Staff communicate well with families”

“We have excellent contact with the schemes social workers”

“Our placement has been very positive”

“***** was matched well with my family”

“**** knows how to complain and can communicate needs directly with the family”

“We know by mood and actions if ***** is unsettled or if anything is worrying him”

“I have no complaints about the share the care staff; they are informative and meet the needs well”

“My training has been excellent and I have learned a lot from the service”

The Thirty questionnaires returned indicated the following:

- The current care and support plans meet the person supported needs.
- The person supported is encouraged to take part in their review or any monitoring of the service
- The following training has been completed by all thirty carers who responded:
 - Vulnerable adults and Child Protection
 - Medication
 - Human rights
- The APA carers have all stated that they are familiar with the complaints procedure
- They have all received an annual review

The inspector verified the above statements received from APA carers during discussion and by the records examined.

APA carers comments received on returned questionnaires:

“I receive full support the agency as and when required”

“We have found the care and support to be good. Social workers make themselves available when we have any concerns”

“***** ***** is one of the best social workers, he is always there if needed. I have a good relationship with the team”

“The agency is very efficient in dealing with queries”

“I’m am very satisfied with the level of support I receive from the share the care team”

“Support is excellent with regular visits from social workers and appropriate training provided”

“I have always found the staff of the agency very helpful”

“I have been trained to meet the service user needs”

“I’m am well supported and training is up to date”

“The young person supported and I feel comfortable talking to the social worker”

“The support is second to none and the training is thorough with consideration given to a wide range of carers and clients’ needs”

“I don’t know what would have happened to this young person without this scheme it’s second to none”

Detail of inspection process

The following four themes will be assessed during this inspection:

1 Referral and matching process:

The agency has achieved a compliance level of 'compliant' in relation to Theme 1

The inspector seen evidence of how the service users choose the APA carers this was confirmed by the service users and the APA carers interviewed during the inspection one service stated: "I visited my carers prior to my placement". The manager discussed with the inspector how the decisions are made and how the possible placements are discussed with the service user. One service user stated: "My placement was discussed with me and **** I really wanted to go there".

2 Feeling safe and secure:

The agency has achieved a compliance level of 'compliant' in relation to Theme 2

The inspector read a number of care plans in place. These included risk assessments and risk management information. The inspector also read the staff training records in place for APA carers and these clearly show the agencies adherence to the required training. The inspector noted that each service user has in place emergency contact details within the APA carers home these information leaflets have been developed in line with the needs of the service users communication needs and do include pictorial versions.

3 Supporting communication:

The agency has achieved a compliance level of 'not compliant' in relation to Theme 3

The agency does provide information to service users in a format suitable to their needs. The inspector met two service users during the inspection who were aware of the RQIA and wanted to be involved in the inspection.

However, the agencies annual monitoring visit carried out by the registered provider did not include any comments by service users although, evidence was in place that the staff have completed a number of monitoring visits to the APA carers throughout the year. Two requirements have been stated by the inspector.

4 Complaints:

The agency has achieved a compliance level of 'compliant' in relation to Theme 4

The agency has had no complaints since the previous inspection. The agency has in place a comprehensive complaints procedure with an identified accountable person. The registered manager shared with the inspector the new format for complaints that will help all service users understand the system, these have been pictorially designed. One service user stated: "I have been made aware of how to complain" One carer stated: "**** knows how to complain and can communicate needs directly with the family"

Additional matters examined:

The agency had completed their annual monitoring visit on behalf of the registered provider. The report shows clear evidence of discussion with APA carers and well as APA staff however; during the annual visit to the carers no service users were available or consulted. Two requirements have been made in relation to the annual Monitoring.

It was good to note that the agency has now in place the following draft documentation that is user friendly and pictorial that will help service users in:

- How to make a complaint
- How to choose the APA scheme

The agency completed their annual quality review of the service by asking service users about the carers and the service the results were positive, however 120 questionnaires were issued and only 49 returned. Most service users stated that they did enjoy the respite service and that they liked their carer and described the type of activities they enjoyed doing with the carers.

<p>Theme 1 Referral and matching process:</p> <p>Service users must be confident that the adult placement service works for them and enables them to choose the best possible adult placement carer:</p>	
<p>Criterion Assessed:</p> <ul style="list-style-type: none"> - Wherever possible, the service user should be able to choose the adult placement carer by meeting them and their family prior to reaching their decision. - Service users can visit the placement at least once to help them make a decision about using the service - The agency should show how the decision was discussed with the service user - The agency must ensure that where short periods of respite are part of the service, the service users' needs are effectively communicated to the adult placement carer 	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p> <p>The individual's choice is important to the team. They are matched with the service provider who receives all information relevant to person placed. Visits can be organised pre start of respite. The team organise those requests. The service user is fully involved and if happy signs a service user agreement.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>The inspector seen evidence of how the service users choose the APA carers this was confirmed by the service user and the APA carers interviewed during the inspection one service stated: "I visited my carers prior to my placement". The manager discussed with the inspector how the decisions are made and how the possible placements are discussed with the service user. One service user stated: "My placement was discussed with me and **** I really wanted to go there". The carer's records examined show clear evidence that they have received a copy of the care and support plan for the person supported.</p>	<p>Compliant</p>

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

Theme 2 Feeling safe and secure: Service users must feel safe and secure, and can choose the risks they want to take when they know what is involved:	
Criterion Assessed:	COMPLIANCE LEVEL
<ul style="list-style-type: none"> - Service users have information about what to do if there's is an emergency in the carer's home. - Service users must be assured that they have competent AP carers to support them. - The carer has access to emergency contact out of hours. - Service users must be confident carers will allow them to choose the risks they want to take as long as there is balance between their individual needs and their safety. - Carers must always respect and activity promote service users rights - Assessments are reviewed regularly and not less than once annually - Service users are supported to take calculated risks on the basis of individual assessments completed with them in conjunction with their keyworker. 	
Provider's Self-Assessment:	
The Share the Care Scheme has a rigorous assessment process for care providers to ensure they can provide required support for service user. Carer receives a pack with all required information inside. These are all family based placements who include service user as an extended member of the family. Care plans are in place which enables the service user to get all the support they require.	Compliant
Inspection Findings:	
The inspector read a number of care plans in place. These included risk assessments and risk management information. The inspector also read the staff training records in place for APA carers and these clearly show the agencies adherence to the required training. The inspector noted that each service user has in place emergency contact details within the APA carers home these information leaflets are in line with the needs of the service users ability to communicate and do include pictorial versions.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

Theme 3 Supporting communication: Service users must have help to use services, aids and equipment for communication if they have communication needs:	
Criterion Assessed:	COMPLIANCE LEVEL
<ul style="list-style-type: none"> - Service users' assessments are comprehensive and communication needs are assessed by relevant persons to ensure service users' can communicate in a way that meets their needs and requirements. - Service users are supported by the agency to contribute to any individual review or monitoring visit. - Service users are supported to take part in the monitoring and RQIA inspection process. - Service users' communication needs are reviewed regularly. - Service users must be able to communicate in a way that is most suitable to their needs and strengths. - AP carers can help service users to use specialist communication equipment and individual training when required. 	
Provider's Self-Assessment:	
<p>Service Users needs are clearly identified by the team. It provides easy read information to ensure they are included in all decisions. Any changes in need are identified by key workers and Share the Care Team. Client choice is important and the team ensures the client has the means to make their own choices. We work with allied health professionals to ensure all the client's needs are met in all areas.</p>	Compliant
Inspection Findings:	
<p>The agency does provide information to service users in a format suitable to their needs. The inspector met two service users during the inspection who were aware of the RQIA and wanted to be involved in the inspection. However, the agencies annual monitoring visit carried out by the registered provider did not include any comments by service users, although evidence was in place that the staff have completed a number of monitoring visits to the APA carers throughout the year. Two requirements have been issued by the inspector.</p>	Not Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Not Compliant

<p>Theme 4 Complaints: Service users and those acting on their behalf must be confident that their comments and complaints are listened to and dealt with effectively:</p>	
<p>Criterion Assessed:</p> <ul style="list-style-type: none"> - The agency has in place a clear procedure to be followed in handling and responding to complaints. - The agency has a nominated individual who is accountable for reviewing and responding to comments/complaints. - The procedures in place takes account of the service users' abilities, and are available in different formats. - A documented complaints audit trail of the steps taken and the decision reached is kept. - The agency has in place mechanisms that use the information gained to improve the quality of the service and respond to requested changes. - The agency has in place procedures for reporting serious concerns to the local HSC Trust and RQIA. Service users can avail of the services of an independent advocate to assist with concerns/complaints. 	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p>	
<p>The agency has a clear procedure when handling and responding to complaints. We are bound by Trust policy and procedures and follow complaints in line with these.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The inspector read the agency's complaints procedure in place this was updated by the NHSCT on the 15 April 2013 and is due to be reviewed on the 20 November 2015. The agency does have in place draft documentation that will enable service users with the complaints system. The manager stated that the agency has had no complaints since the last inspection. The inspector discussed the complaint system with the carers and the service users interviewed during the inspection, they stated that they had no complaints but were aware of the person to contact if they wished to complain. The manager stated that he was the contact person for complaints and described to the inspector the process they use for complaints. The manager was able to describe to the inspector the outcome process and how lessons learned from complaints would be passed on to staff and carers. The manager discussed with the inspector their internal system of advocacy service available to service users.</p>	<p>Compliant</p>

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Mr Alec walker the registered manager as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider / manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Jim McBride
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

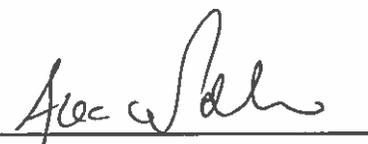
The registered provider is required to record comments on the quality improvement plan. It must be signed below by the registered provider and registered manager and returned to:

Jim McBride
The Regulation and Quality Improvement Authority
9th floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

SIGNED: 

NAME: P.D. A. Steurs
Registered Provider

DATE 31/1/15

SIGNED: 

NAME: ALEXANDER WALKER
Registered Manager

DATE 18/3/15

DATE APPROVED	SIGNATURE OF INSPECTOR