



THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
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Primary Inspection

Inspection No:	INO201003
Establishment ID No:	10938
Name of Establishment:	Southern Health & Social Care Trust Adult Placement Scheme
Date of Inspection:	27 March 2015
Inspector's Name:	Rhonda Simms

GENERAL INFORMATION

Name of agency:	Southern Health & Social Care Trust Adult Placement Scheme
Address:	Southern Health & Social Care Trust Adult Placement Scheme Drumcashel House 2a Rathfriland Road Newry BT34 1HU
Telephone Number:	028 3025 6780
E mail Address:	angela.murnion@southerntrust.hscni.net
Registered Organisation / Registered Provider:	Mrs Anne Mairead McAlinden
Registered Manager:	Angela Murnion
Person in Charge of the agency at the time of inspection:	Anne McGinn Shared care coordinator
Number of service users:	20
Date and type of previous inspection:	Primary Announced Inspection 17 September 2013
Date and time of inspection:	Primary Announced Inspection 27 March 2015 9.50am – 2.00pm
Name of inspector:	Rhonda Simms

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	1
Staff	2
Carer Visits	1
Carers interviewed during inspection day (prior to 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	18	8

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:

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- **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

There were no requirements or recommendations stated at the previous inspection of 17 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

The Southern Health and Social Care Trust Adult Placement Scheme (Shared Care Scheme) is part of a range of respite services offered to service users with a learning disability. The scheme is located in the Newry and Mourne locality. The option of shared respite is identified as a result of an assessment of need, which includes the approximate level and pattern of respite required. The service is provided by host families who have been assessed and approved to be included on the scheme. One of the aims of the scheme states:

“Respite care is there to support families and carers and to ensure that the person with a learning disability has a meaningful and enjoyable experience outside of their family home”.

SUMMARY OF INSPECTION

The inspection took place at the agency's registered office, Drumcashel House, Newry, on 27 March 2015. During the inspection the inspector spoke with Angela Murnion, registered manager, and Anne McGinn, scheme co-ordinator. The inspector met one service user and one carer during the inspection. Prior to the inspection, the inspector spoke with two carers.

The service user who took part in the inspection provided positive feedback regarding their experience of the adult placement scheme: 'I love it, I like going there'.

Carers who spoke with the inspector provided positive feedback regarding the organisation of the adult placement scheme and the communication with the agency. Comments included:

'All the service user's needs are explained.'

'All changes are fed through the review and care plans updated.'

Prior to the inspection eight carers completed and returned questionnaires to RQIA. Questionnaires reflected that carers receive appropriate training; receive information regarding the complaints process; and that care plans meet the service users' needs. Some issues which were highlighted on questionnaires were discussed with the scheme co-ordinator.

Carer questionnaire comments included:

'Advice and support is continuing as usual without problem.'

'I am satisfied with the service and support I get.'

'I feel the service offers the family continuity of care.'

'**** attends the review and is well able to speak for their self.'

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 of 'compliant' in relation to theme 1.

2 Feeling safe and secure:

The agency has achieved a compliance of 'compliant' in relation to theme 2.

3 Supporting communication:

The agency has achieved a compliance of 'compliant' in relation to theme 3.

4 Complaints:

The agency has achieved a compliance of 'compliant' in relation to theme 4.

Additional matters examined:

Quality Monitoring Report

The inspector viewed the annual quality monitoring report completed on behalf of the registered person. The report used the RQIA template, included the views of service users, carers, professionals, actions from the previous visits and progress towards improvements. The quality monitoring report provided assurance regarding the actions taken by the agency to ensure a quality service.

Theme 1 Referral and matching process:

Service users must be confident that the adult placement service works for them and enables them to choose the best possible adult placement carer:

Criterion Assessed:

- 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
- . 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

COMPLIANCE LEVEL**Provider's Self Assessment:**

There is a matching process in place that includes introductory visits, with the host family and the service user, both in their own home or placement , to inform the clients decision making process.

This process is now being recorded in the host family file and service user file.

For respite placements an assessment of need is completed by the service user's key worker on the Community Team and this informs a care plan for the respite placements. This process ensures that the service user's support needs are detailed and shared with the Host family.

Compliant

Inspection Findings:	
<p>The shared care co-ordinator discussed and showed the inspector evidence of the matching process undertaken by the agency. The inspector saw documentation relating to matching visits and the planning process for service users to meet with carers. Documentation seen by the inspector included discussions with the service user and their representative regarding their choice to visit the carer and decision to proceed with a placement. The co-ordinator discussed specialist assessment regarding capability to consent to the placement and showed the inspector records relating to this. Carers who spoke with the inspector discussed how the service user visited them prior commencing a placement. The co-ordinator showed records relating to a service user who had made introductory visits to a carer and then decided not to proceed with a placement.</p> <p>The co-ordinator discussed short term respite placements where service users receive a service from the same carer on each occasion. The records showed that an assessment of need is completed and care plan shared with the carer prior to the commencement of the placement.</p>	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 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: <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. 	COMPLIANCE LEVEL
Provider's Self Assessment:	
<p>Each service user is provided with individual information about how to deal with different emergency situations in the carer's home This is discussed and updated at the annual review.eg . fire safety information 999 in a user friendly format designed by the speech and language therapist in the host family home.</p> <p>At the review the service user is updated about the details of the scheme and that their host carers is part of a registered service. They are also informed that their host carers are trained and provided with updated training on an annual basis and as required. In addition to this there are announced and unannounced monitoring visits.</p> <p>The area of risk and risk taking is covered in the service user's needs assessment and care plan. This includes consideration of client choice and the associated risks. This ensures that the clients rights to engage in positive risk taking are respected.</p>	Moving towards Compliance

Inspection Findings:	
<p>The inspector viewed information devised by the agency to advise carers and service users of what to do in an emergency situation. Records of annual reviews seen by the inspector include an evaluation of fire safety and the service users' understanding of what to do in an emergency. Emergency out of hours contact numbers are included in the information pack provided to carers.</p> <p>The inspector read records of training provided to carers, including material covered at training given to carers for future reference. Records and feedback from carers showed that they are appropriately trained for their role.</p> <p>Documentation seen by the inspector included up to date care plans, risk assessments and annual review records. These documents reflected the service user's choices and preferences and provided examples of positive risk taking. Feedback from carers indicated that service users are allowed to balance risk and safety in their choice of activity. Records showed that carers receive human rights training, and discussion with carers indicated that the rights of service users are promoted.</p>	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially 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: <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. 	COMPLIANCE LEVEL
Provider's Self Assessment: Each service user has an assessment of need, there is a specific area in the needs assessment relating to the area of communication. If there are any issues with communication a referral is completed and sent to the Speech and Language Therapist for a specific assessment and recommendations about how to support the client with their communication needs. Service users are part of the review process, if they cannot attend they are met with separately. They are also there for the unannounced monitoring visits. Service users are provided with information about the inspection visit and are supported to attend to meet the inspector. They are also supported to complete an individual questionnaire as part of the quality assurance process for the scheme and they also have the opportunity to meet the person who completes the monitoring visit for the Trust.	Compliant

<p>If there are any identified issues with the service user's communication needs these are reviewed and a referral to S&L completed. Communication awareness raising has been included in the annual training for Host families. Any current communication needs are reviewed as part of the annual review process.</p> <p>To date there are no clients who avail of the scheme that require specialist equipment to aid communication. Makaton training is being offered to families early 2015 where it is likely that the service user will use Makaton.</p>	
Inspection Findings:	
<p>The inspector reviewed specialist needs assessments, care plans and review records which included service users' communication needs. Review forms and monitoring visits included the views of service users; one service user was supported to take part in the inspection.</p> <p>Carers provided feedback that they received appropriate information and training regarding service users' communication needs. The inspector viewed records of training material which included specialist speech and language input.</p>	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 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:	
Criterion Assessed: <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. 	COMPLIANCE LEVEL
Provider's Self Assessment:	
<p>The scheme a Southern Health and Social Care Trust service therefore all complaints are managed through the Trusts complaints procedure, this includes a nominated person who liaises with the manager and coordinator for the scheme.</p> <p>The complaints procedure involves a communication process in writing and any issues that are highlighted are used to make any necessary changes to the scheme.</p> <p>Any serious concerns would be reported immediately to RQIA and the Trust's complaints department.</p> <p>The Trust does complaints process in an accessible format but for the purposes of the scheme one is being developed and will shared with the service user's.</p>	<p>Compliant</p>

<p>There are advocacy services through Mencap and Disability Action and a referral can be made as and when required to facilitate the complaints process.</p> <p>The complaints records were viewed by the inspector, there have been no complaints in the last year.</p>	
Inspection Findings:	
<p>The inspector saw the agency's complaints policy, and read complaints information which is included in the carers' information pack. The co-ordinator shared documentation with the inspector regarding the development of complaints information in a flexible format suitable for service users. The co-ordinator described this information as almost ready to be shared with service users.</p> <p>Feedback from service users gathered by the agency indicated that service users knew who to complain to and how to make a complaint.</p> <p>The co-ordinator stated that no complaints have been received since the last inspection. The co-ordinator discussed the agency's range of methods to ascertain the views of service users and carers including: a service users' evaluation questionnaire, monitoring visits undertaken individually by the co-ordinator and by an officer on behalf of the registered person, review records. In addition to this the co-ordinator makes regular contact with carers and is available for discussion when required.</p> <p>The inspector was advised that the agency can report serious concerns to the Trust and RQIA as required. The co-ordinator described the advocacy arrangements and how service users can access these.</p>	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

QUALITY IMPROVEMENT PLAN

No requirements or recommendations were made following the inspection, a Quality Improvement Plan (QIP) has not been appended on this occasion.

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:

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



No requirements or recommendations resulted from the **primary announced** inspection of **Southern Health and Social Care Trust APA** which was undertaken on **27 March 2015** and I agree with the content of the report.

Please provide any additional comments or observations you may wish to make below:

SIGNED: *J Clabby*

NAME: _____
Registered Provider

DATE _____

SIGNED: *Angela Munnies*

NAME: *Angela Munnies*
Registered Manager

DATE *05/05/15*

Approved by:	Date



No requirements or recommendations resulted from the **primary announced** inspection of **Southern Health and Social Care Trust APA** which was undertaken on **27 March 2015** and I agree with the content of the report.

Please provide any additional comments or observations you may wish to make below:

SIGNED: _____

SIGNED: _____

NAME: _____
Registered Provider

NAME: _____
Registered Manager

DATE _____

DATE _____

Approved by: Rhonda Simms	Date 3 July 2015