

Inspection Report

Name of Service: Southern HSC Trust APA

Provider: Southern HSC Trust

Date of Inspection: 03 March 2025

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

1.0 Service information

Organisation/Registered Provider:	Southern HSC Trust (SHSCT)
Responsible Individual:	Mr Colm Mc Cafferty
Registered Manager:	Miss Teresa Quinn
Service Profile – The Southern HSC Trust Adult Placement Scheme (APA) offers long and short term placements to service users with a learning disability who have been assessed and referred by a HSC Trust professional. The longer term placements are within a host family home (who are not relatives) registered by the SHSCT, ensuring the host families are able to provide suitable care, accommodation and support for the service users who are placed with them.	

2.0 Inspection summary

An announced inspection took place on 3 March 2025, between 9.15 a.m. and 1:45 p.m. This was conducted by a care Inspector.

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 reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and Dysphagia management were also reviewed.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and draft standards.

No areas for improvement were identified.

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.

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.

Information was provided to service users, carers, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

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

We spoke to a service user, a carer and a staff member.

The service user shared that the carer and the social workers were good to them. The carer reported that the agency staff are very supportive, very easy to contact by phone, and they provide great advice and guidance.

Staff spoke very positively in regard to the agency. One told us that they loved their job and knew they were making a difference.

The responses received by carers and staff indicated no concerns in relation to the agency.

3.3 Inspection findings

3.3.1 Staffing and Carer Arrangements

A review of the agency's carer recruitment records confirmed that pre-employment checks to include criminal record checks (AccessNI) were completed and verified before carers had direct engagement with service users. The agency had a system for identifying and completing AccessNI checks on all required household members.

No new staff had been recruited since the last inspection.

There was evidence that all new carers had completed an induction.

The agency has maintained a record for each member of staff and carer of all training undertaken. The carer handbook had recently been updated.

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

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns.

The organisation had an identified Adult Safeguarding Champion (ASC). The agency had compiled an Annual Safeguarding Position report.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that a safeguarding incidence met the requirement of notification to RQIA, the agency had made RQIA aware of this incident.

The agency had undertaken monitoring visits to the homes of carers. Service users were included in this process.

The Mental Capacity Act (Northern Ireland) 2016 (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 are helped to do so when needed. 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 and carers had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their roles. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. The agency had evidence of contact with the HSC Trust representatives requesting appropriate documentation in relation to DoLS. This will be reviewed at future inspection.

3.3.3 What are the arrangements for promoting service user involvement?

From reviewing service users' care records, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require.

Service user involvement in placement agreements were evident.

The agency had undertaken an evaluation of the service which included feedback from service users.

3.3.4 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place in compliance with regulations and draft standards. Records reviewed showed that monitoring visits were undertaken on a regular basis.

The service delivered was regularly reviewed through a range of internal audits and there was an annual satisfaction survey where feedback from service users and their carers was sought.

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that no complaints were received since the last inspection.

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 agency has convened a working group to establish and review policies to include a carer recruitment policy. It is anticipated that this work will be completed in a timely manner. This will be reviewed at future inspections.

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 Teresa Quinn, Manager, as part of the inspection process and can be found in the main body of the report.



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