

Announced Care Inspection Report 12 March 2020



Southern Health & Social Care Trust APA

Type of Service: Adult Placement Agency
Address: Manse View, 2a Rathfriland Road, Newry, BT34 1HU
Tel No: 028 3025 6780
Inspector: Jim McBride

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It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

The Southern Health and Social Care Trust Adult Placement Scheme (Shared Care Scheme) 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 scheme is located in the Newry and Mourne, Craigavon and Banbridge localities; operated by Angela Murnion the registered manager.

Shared Care host families (carers) provide weekend or short term planned support in order to provide existing carers with a short break (respite) and to provide individuals with opportunities to have new experiences. Long term placements are provided when an adult requires long term accommodation, similar to a fostering arrangement.

The agency has currently placed 27 adults within placements with 34 Adult Placement Carers.

3.0 Service details

Organisation/Registered Provider: Southern Health and Social Care Trust Responsible Individual: Mr Shane Devlin	Registered Manager: Angela Murnion.
Person in charge at the time of inspection: Angela Murnion.	Date manager registered: 4 January 2017

4.0 Inspection summary

An announced inspection took place on the 12 March 2020 from 09.00 to 11.30.

This inspection was underpinned by the Adult Placement Agencies Regulations (Northern Ireland) 2007 and The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

As a public-sector body, RQIA have a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of adult placement agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of the service have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

There were examples of good practice found throughout the inspection in relation to the processes for the recruitment, training and ongoing development of carers. The care records were well maintained and there was evidence of good communication with relevant stakeholders. Care and support was provided in an individualised manner. The agency promoted the involvement of service users. There were good governance and management arrangements in place, which focused on quality improvement initiatives and maintaining good working relationships.

It was evident in all four domains that the agency promoted the service users human rights; this was evident particularly in relation to the areas of consent, autonomy, equality, decision making, privacy, dignity, confidentiality and involvement.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Angela Murnion, registered manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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

- discussion with the manager
- examination of records
- evaluation and feedback
- review of the annual quality report

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the previous inspection report
- any correspondence received by RQIA since the previous inspection
- records of any notifiable events

During the inspection the inspector spoke with manager regarding the care and support provided by the agency, carer training and carers' general knowledge in respect of the agency.

Prior to the inspection the agency was asked to distribute a number of questionnaires to service users/relatives and carers seeking their views on the quality of the service provided. The responses show clear evidence that people were either satisfied or fully satisfied with the quality of the service highlighting that it is safe, effective, compassionate and well led.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Inspection findings

6.2 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

Training updates are organised annually by the agency and carers are given a choice of dates and times to attend. The training sessions cover all aspects of mandatory training including: safeguarding, infection control, keeping information safe, medication, finances and policy and procedures updates. It was good to note that carers had completed training on the General data

Protection Regulations (GDPR). The inspector noted some of the comments made by carers following the assessment of their training:

- “GDPR was well presented.”
- “All training is provided.”
- “Training is good.”
- “Training allows for open discussion.”
- “Very well delivered all good.”
- “I enjoyed the training.”

The agency’s carer recruitment policy outlines the process for ensuring that required checks are completed prior to commencement of any placement. The agency’s induction policy outlines the carer induction programme required within the adult placement regulations.

The agency’s procedures in relation to safeguarding adults and whistleblowing were reviewed. The ‘Safeguarding’ procedure provided information and guidance in accordance with the required standards. The procedure has been updated in line with the Department of Health, Social Services and Public Safety Northern Ireland’s (DHSSPSNI) updated adult safeguarding guidance issued in July 2015 (‘Adult Safeguarding Prevention and Protection in Partnership’).

The agency maintains a record of referrals made to the relevant Health and Social Care Trust (HSCT) safeguarding team and other relevant stakeholders relating to any alleged or actual incidences of abuse. It was identified that carers are required to complete safeguarding training during their induction programme and in addition a three yearly update.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the processes for the recruitment, training and ongoing development of carers.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Is care effective?

The right care, at the right time in the right place with the best outcome.

The agency’s arrangements for responding appropriately to and meeting the assessed needs of the service users were examined during the inspection.

The full nature and range of service provision is detailed in the Statement of Purpose, (2020) and Service User Guide, (2020).

The review of care records identified that they were comprehensive, person-centred and maintained in an organised manner. The care records included referral information, risk assessments, care plans and annual care reviews that had been completed in conjunction with the relevant HSCT representative. This supported the agency in conjunction with the people

supported to review and measure outcomes. It was good to note that care plans are regularly audited by staff and reviewed in conjunction with service users and key stakeholders.

Care plans were noted to be person-centred. Care records did indicate that the service users were central to the process. Care records were reviewed and it was noted that follow up action had been taken in response to identified actions. Any recommendations in relation to the care plan did show that there was a system in place for review feedback.

There were arrangements in place to obtain, and act in accordance with the consent of people using the service. Care and support plans had been signed by the service users or their representatives who indicated that they had been involved in their care and had agreed to it. It was noted that where care/support plans had been reviewed and relevant documentation was in place.

No concerns were raised during the inspection with regards to communication between the service users, staff, carers and other key stakeholders. Review of the care records evidenced that collaborative working arrangements were in place and where applicable other key stakeholders were involved.

The agency had robust quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the service users. Monitoring reports indicated consultation with a range of service users and carers. The agency completed their annual quality review with service users, carers and other stakeholders.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the quality monitoring process and the agency's engagement with service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspector sought to assess the agency's ability to treat the service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

The inspector discussed arrangements in place relating to the equality of opportunity for the service users and the need for carers to be aware of equality legislation whilst also recognising and responding to the diverse needs of service users in a safe and effective manner.

Quality monitoring visit records show good satisfaction levels for service users. The inspector noted some of the comments received during monitoring visits:

Service users:

- “I like it here.”
- “I can choose what I want to eat.”
- “I want to thank them for having me in their house.”
- “I like my host family lots.”

Carers:

- “We enjoy having **** in our home.”
- “I get good support from the team.”
- “A social worker is always on hand if needed.”
- “The team are very good.”
- “I’m always kept up to date with information or any changes.”

Some of the other areas of equality awareness identified during the inspection include:

- Effective communication
- Peoples involvement
- Adult safeguarding
- Advocacy
- Equity of care and support
- Individualised person-centred care
- Individualised risk assessment
- Disability awareness.

Areas of good practice

The agency promoted the involvement of the service users within the service. There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care and engagement, both with the service users and other relevant stakeholders with the aim of promoting the safety of service users and improving the quality of the service provided.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspector reviewed the management and governance systems in place within the agency to meet the needs of the service users. It was noted that the agency has effective systems of management and governance in place.

There had been no complaints received by the agency from the date of the last inspection.

The annual quality monitoring report was completed. An action plan was generated to address any identified areas for improvement and it was noted that these had been followed up to ensure that identified areas had been actioned. The inspector noted some of the comments recorded on the annual quality report from service users and carers:

- “I like spending time with the family.”
- “I can contact my social worker at any time.”
- “I like living with ***** she takes me shopping.”
- “I like my host family.”
- “Everyone is nice to me.”
- “The social worker provides an excellent support.”
- “We have developed a very trusting relationship.”
- “The level of support I get is very good.”
- “All aspects of training are interesting and informative.”

Policies were accessible to carers. The inspector reviewed the following policies:

- Complaints
- Confidentiality
- Safeguarding
- Whistleblowing
- GDPR

There was evidence of effective collaborative working relationships with key stakeholders, including the HSCT, carers and the people supported. The agency had received positive feedback through their quality monitoring processes.

Areas of good practice

There were good governance and management arrangements in place, which focused on quality improvement initiatives and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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