

# Inspection Report Adult Placement Agency

12 May 2022



## Southern Health & Social Care Trust APA

Type of service: Adult Placement Agency  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Southern HSC Trust	<b>Registered Manager:</b> Mrs Angela Murnion
<b>Responsible Individual:</b> Mr Shane Devlin	<b>Date registered:</b> 4/1/2017
<b>Person in charge at the time of inspection:</b> Mrs Angela Murnion	
<b>Brief description of the accommodation/how the service operates:</b> <p>The Southern HSC 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.</p> <p>The agency had placed 16 adults with 26 Adult Placement Carers.</p>	

## 2.0 Inspection summary

An announced inspection took place on 12 May 2022, from 09.15 am to 11.30 am conducted by the care inspector. This inspection focused on carer recruitment and induction, adult safeguarding, notifications, complaints, whistleblowing, deprivation of liberty safeguards DoLS, the involvement of those supported, monthly quality monitoring, Dysphasia and Covid-19 guidance.

Good practice was identified in relation to the involvement of those supported, Covid-19 and quality monitoring arrangements. There were good governance and management arrangements in place. Carers we spoke with demonstrated effective caring values and a desire to provide those supported with good quality, personalised care. Carers knew the choices and preferences of those people supported well, and benefited from a well led service.

There was a clear leadership and management structure in place which helped to ensure carers were clear about their role and responsibilities. The agency was well organised and had a range of systems in place to ensure its function and to support effective communication.

The inspector would like to thank the manager, staff, those supported and APA carers for their support and feedback during the inspection.

### 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

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 seek assurances from providers that they take all reasonable steps to promote people's rights. Users of adult placement agencies have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home. Having reviewed the model *"We Matter" Adult Learning Disability Model for NI 2020*, the Vision states, 'We want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community'.

RQIA shares this vision and want to review the support individuals are offered to make choices and decisions in their life that enable them to develop and to live a safe, active and valued life. RQIA will review how service users are respected and empowered to lead a full and healthy life in the community and are supported to make choices and decisions that enables them to develop, and live safe, active and valued lives.

Our reports reflect how services were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

The inspection focused on:

- consultation with the those supported, the APA carers and the agency manager to find out their views on the service
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

### 4.0 What people told us about the service

We spoke with a selection of APA carers prior to the inspection. Information was provided to APA carers and those supported on how they could give feedback on the quality of service provided and this included questionnaires. A number of questionnaires were returned in which people stated that they were satisfied or very satisfied with the service provided. Carers' outcomes were consistently good, and their feedback confirmed this.

#### Carer comments:

- "Happy with the service, it seems really good. Initial placement they were not too happy with and this was changed quite quickly, which was great."

- “They ring every month to see how things are going and the communication is good.”
- “xxxxx is aware how to raise any concerns overall she is happy with the service.”
- “Good contact with the service.”
- “Good activities with xxxxx.”
- “All my training as been completed.”
- “I have no complaints.”
- “We have a very positive relationship with the service.”
- “Good keyworker contact.”

#### **Questionnaire comments:**

- “All aspects of the care provided is satisfactory.”
- “I am satisfied with all the arrangements.”
- “My son really enjoys going to his share care family.”

### **5.0 The inspection**

#### **5.1 What has this service done to meet any areas for improvement identified at or since last inspection?**

The last inspection to Southern HSC Trust was undertaken on 4 May 2021 by a care inspector; no areas for improvement were identified.

### **5.2 Inspection findings**

#### **5.2.1 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 policy and procedures were reflective of the Department of Health’s (DOH) regional policy ‘Adult Safeguarding Prevention and Protection in Partnership’ July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns.

It was noted that carers were required to complete adult safeguarding training during their induction programme and updates thereafter in line with legislation and draft standards.

The manager indicated that they and the carers had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency’s policy and procedure with regard to whistleblowing.

The agency had a system for retaining a record of referrals made to the HSCT in relation to adult safeguarding. Records viewed and discussions with the manager indicated that no adult safeguarding referrals have been made since the last inspection.

Carers who spoke to us stated that they had no concerns regarding the safety of those supported; they described how they could speak to agency staff if they had any concerns in relation to safety or the care being provided. The agency has provided those supported and carers with information in relation to keeping those supported safe and the details of the process for reporting any concerns.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents are managed in accordance with the agency's policy and procedures.

Carers were provided with training appropriate to the requirements of their role. Review of the training records identified that all training required was up to date.

None of the people supported currently required the use of specialised equipment. The manager was aware of how to source training should any equipment be required in the future.

Agency staff had completed Deprivation of Liberty Safeguards DoLS training appropriate to their job roles. None of the people supported were subject to DoLS. The manager confirmed that APA carer DoLS awareness training will be assessed and will be reviewed during the next inspection.

The manager and staff demonstrated that they had an understanding that those supported who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act MCA. The MCA requires that, as far as possible, those supported make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. (MCA) training had been completed by all carers as part of their induction programme.

### **5.2.2 What are the systems in place to ensure robust Carer recruitment?**

Records evidenced that recruitment was completed in conjunction with the organisation's Human Resources (HR) department. The review of the agency's recruitment records confirmed that recruitment was managed in accordance with the Regulations and Minimum Standards. The records reviewed evidenced that criminal record checks (Access NI) had been completed for all current Carers.

### **5.2.3 People supported involvement**

A review of the care records of those supported care records and through discussions with the manager and carers, it was positive to note that service users had an active input into planning their care, thus placing them at the centre of care. The care plans contained details about the individual's likes and dislikes and the level of support required, and this assisted the agency and carers to support people in making daily choices and decisions.

There were enough carers to make sure people received the support they needed, including facilitating their chosen activities.

RQIA was satisfied that care was person-centred and delivered in a way that promoted dignity, privacy and human rights. Care plans were person centred and ensured the person was involved in the development and review of their plan as far as possible.

The agency complete a service user evaluation on easy read and we have noted some of the comments received:

- "I love it here it's a god place."
- "I like talking to \*\*\*\*\*."
- "They are good friends."
- "We make buns and bread for \*\*\*\*\*."
- "I like knitting and making lunch."
- "They treat me like their brother and the children call me uncle."
- "I love the family to bits."
- "I love the peace and quiet."
- "I loved this house the minute I stepped into it."
- "It's good playing games with the boys."
- "Everyone makes me feel included."
- "Thank you for having me over."

#### **5.2.4 What are the arrangements for the induction of Carers?**

The manager confirmed that an induction programme was available for newly recruited carers. This document was reviewed and found to comprehensively meet the induction requirements in line with regulations and the draft standards.

#### **5.2.5 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. This was where an agency staff member visited a carer's home when the person supported was present, so that daily tasks could be observed and it verified that carers were meeting the required standards. Reports relating to the agency's monitoring visits were reviewed and found to be robust. The feedback provided to monitoring staff included the following:

##### **Those supported:**

- "I love \*\*\*\*\* and \*\*\*\*\* I'm always happy to go to them."
- "I have no issues."
- "\*\*\*\*\* looks forward to going to \*\*\*\*\* home."
- "I love going to \*\*\*\*\* and \*\*\*\*\* house."

##### **Carers' comments:**

- "I have no concerns."
- "I'm happy to continue as a carer."
- "I have a good awareness of training."
- "No current issues."

The provider had ensured that the quality assurance systems in place were effectively and positively impacting the quality of the service received by those supported. The service delivered was regularly reviewed through a range of internal audits and there was an annual satisfaction



survey where feedback from people supported and their carers was sought. A review of the feedback indicated a high level of satisfaction. Some of the comments received from the annual survey (Regulation 25.) Were as follows:

**Those Supported:**

- “Xxxx has a good relationship with carers.”
- “I choose my own meals here.”
- “I like the family.”
- “I am content and happy.”

**Adult Placement Carer/ Host Carer feedback:**

- “The agency provides good support.”
- “We had good support during the pandemic.”
- “I can contact the social worker at any time.”
- “We have worked jointly to ensure needs are met.”
- “My training needs are all met.”

**Staff feedback:**

- “We provide a high quality service.”
- “We are working to promote the service.”
- “We have been supportive to families.”

**HSC Trust feedback:**

- “The team leads are very aware of the service.”
- “Good working relationships.”
- “Good grateful and team respect.”
- “Great work offered by the team.”

**5.2.6 What Covid-19 arrangements were in place to support carers?**

It was established that carers were made aware of covid-19 plans in line with good practice. The agency had provided written guidance in relation to the use of personal protective Equipment (PPE) which was also available in easy read format.

The agency had also shared updated guidance and good practice information relating to Covid-19 about infection prevention and control (IPC) and the safe storage and disposal of PPE.

**5.2.7 Are their arrangements in place for carer training? What are the arrangements**

Carers consulted with prior to the inspection spoke positively about the variety and level of training they had received to enable them to fulfil the duties and responsibilities of their role. Carers stated that training was of a good standard. A review of a sample of staff training records concluded that carers had received mandatory and other training relevant to their roles and responsibilities throughout 2020 and 2021. The manager confirmed that the agency was reviewing DoLS training for carers; this will be reviewed during the next inspection.

We noted some of the comments made by carers following training:

- “Training was completed at home which was great.”
- “Training was not rushed and I could ask questions.”
- “I was quite happy that the training was at home under the current circumstances.”

#### **5.2.8 What are the systems in place for identifying service users’ Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?**

The manager confirmed that the agency had received one specific recommendation from Speech and Language Therapy SALT in relation to current service users. Records in place were reviewed and were satisfactory.

### **6.0 Conclusion**

Based on the inspection findings and discussions held, RQIA was satisfied that this agency was providing services in a safe, effective, caring and compassionate manner and that the service was well led by the manager/management team.

### **7.0 Quality Improvement Plan/Areas for Improvement**

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.





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