

Inspection Report

Name of Service: Teach Sona

Provider: Southern Health and Social Care Trust

Date of Inspection: 7 January 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 Health and Social Care Trust (SHSCT)
Responsible Individual:	Dr Maria O'Kane
Registered Manager:	Mr Patrick Murtagh
Teach Sona is a domiciliary care agency, supported living type service operated by the Southern Health and Social Care Trust (SHSCT) which currently provides care and support for up to 10 adults with a learning disability.	

2.0 Inspection summary

An unannounced inspection took place on 7 January 2025, between 9:00 a.m. and 2:50 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 standards.

One new area for improvement was identified, this related to recruitment- specifically the checking of Enhanced pre employment Access NI checks

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, 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 range of service users and staff to seek their views of the agency.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Service users spoke positively about their experience of the agency; they said they loved living there, they had great craic, they felt safe and that the staff were great.

Staff spoke very positively in regard to the care delivery and management support in the agency. One told us that although the manager was new, they were approachable and supportive, another stated that they had no concerns about the service and they loved being part of a stable team.

Two service users responded to the questionnaires. The respondents indicated that they were very satisfied that care provided was safe, effective and compassionate and that the service was well led.

There were no responses to the electronic survey.

3.3 What has this service done to meet any areas for improvement identified at or since the last inspection?

The last care inspection of the agency was undertaken on 8 June 2023 by a care inspector. No areas for improvement were identified.

3.4 Inspection findings

3.4.1 Staffing Arrangements

A review of the agency's staff recruitment records confirmed that criminal record checks (AccessNI) were not consistently completed and verified before a staff member commenced employment and had direct engagement with service users. It was explained that this because of the Trust's policy and procedure in relation to the internal transfer of staff. This was discussed with the manager who provided assurance that corrective action has been undertaken. An area for improvement has been identified.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, induction programme which also included shadowing of a more experienced staff member. Discussion regarding the use of the correct documentation was held with the manager. This will be reviewed at future inspections.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

3.4.2 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).

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

Staff were provided with training appropriate to the requirements of their role. The manager confirmed that no service users required the use of specialised equipment to assist them with moving.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their oral medicine to be administered with a syringe. The manager was aware that should this be required; a competency assessment would be completed before staff undertook this task.

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. Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS.

Care and support plans are kept under regular review.

A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

Where staff are unable to gain access to a service users home, the service has an operational procedure that clearly directs staff from the agency as to what actions they should take to manage and report such situations in a timely manner. The manager has confirmed that this will be discussed at the next team meeting.

3.4.3 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users, 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. Person centred support plans were reviewed and found to involve the service user.

The agency had undertaken an evaluation of the service and produced a report which included feedback from service users with recommendations and actions. The Manager outlined the plan for sharing this report with the service users.

It was also good to note that the agency had service users' meetings on a regular basis which enabled the service users to discuss the provisions of their care.

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

There were monitoring arrangements in place. A review of the reports of the agency's quality monitoring established that there was engagement with service users, staff and HSC Trust representatives. The reports included details of a review of accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

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.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. No complaints were received since the last inspection.

There was a system in place for notifying RQIA if the agency was managing individual service users' monies in accordance with the guidance.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	1	0

The area for improvement and details of the Quality Improvement Plan were discussed with Mr Patrick Murtagh, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 13(d)Schedule 3 (12)(a) Stated: First time To be completed by: Immediately from the date of inspection	<p>The Registered Person shall ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to him, specifically Enhanced Access NI checks</p> <p>Ref: 3.4.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All external appointees to Teach Sona have an Access Northern Ireland check undertaken as part of their pre- employment checks. Any issues of concern highlighted in the Access Northern Ireland check are shared with the appointing manager for consideration / decision before any final offers of employment are made.</p> <p>All appointees who are internal Trust candidates i.e. already an employee of the SHSCT are assessed by the recruitment team to determine whether or not an Access NI check is required.</p> <p>For internal transfers an Access NI check is undertaken when the candidate is moving from a non-regulated post to a regulated post OR where the candidate is in a regulated post but moving to work with a different service user group i.e. adults to children or vice versa.</p> <p>Trusts are engaging with RQIA and DOH in respect of this matter.</p> <p>An Access NI check is being processed for the staff member identified during the inspection.</p>



The Regulation and
Quality Improvement
Authority

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James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews