

Inspection Report

8 June 2023



Teach Sona

Type of Service: Domiciliary Care Agency
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Southern HSC Trust	Registered Manager: Mrs Emma Bradshaw
Responsible Individuals: Dr Maria O'Kane	Date registered: Acting Manager
Person in charge at the time of inspection: Mrs Emma Bradshaw	
Brief description of the accommodation/how the service operates: Teach Sona Supported Living service, provides long term 24-hour domiciliary Care/Support and housing support for up to 10 individuals with a learning disability. The Care/Support and housing support is offered & tailored to meet the needs of each individual. A care/support plan is developed in partnership with the individual or their representative to identify the areas of care /support which is required to maintain their tenancy and this will be reviewed on an annual basis through the annual review or more frequently, if required through an MDT meeting.	

2.0 Inspection summary

An unannounced inspection took place on 8 June 2023 between 10.00 a.m. and 12.30 p.m. The inspection 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, Dysphagia management and Covid-19 guidance was also reviewed.

Good practice was identified in relation to service user involvement. There was good governance and management arrangements in place.

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.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has 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 domiciliary care 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 domiciliary care services 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 individual choices and freedoms associated with any person living in their own home.

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

4.0 What did people tell us about the service?

During the inspection we provided a number of questionnaires for service users to comment on areas of service quality and their lived experiences. We also had discussions with staff.

Service user comments:

- "I like it here and have been here for a long time."
- "The staff are great."
- "I go to the manager if I have to talk."
- "I have my own keyworker, she's great."
- "Everyone is helpful."
- "Staff help me to get out and shopping."

Staff comments:

- "I am aware of NISCC their values and standards and my role as a care worker."
- "I received a good comprehensive induction that prepared me for the role."
- "Good person centred care."
- "The manager has an open door policy."
- "Good staff communication."
- "I have one to one supervision."
- "All my training is up to date."



- Do you feel your care is safe?
- Is the care and support you get effective?
- Do you feel staff treat you with compassion?
- How do you feel your care is managed?

The returned service user questionnaires all rated the service as excellent with a very positive response.

A returned staff questionnaire show that staff were satisfied or very satisfied.

Comments from staff:

“I commenced my employment in Teach Sona in xxx this year and I find all the staff very caring and supportive to both the tenants and their colleagues. The tenants that live in Teach Sona have a great quality of life with all their choices being acted upon. They have lots of fun and therapeutic activities which they really enjoy taking part in. It’s a very homely setting.”

5.0 The inspection

5.1 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 11 July 2022 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 11 July 2022		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (b) & (d) Stated: First time To be completed by: 25 August 2022	The registered person shall ensure that service users’ finances and property are administered in a manner that does not result in any loss or disadvantage to the service user.	Met
	A system should be implemented to ensure service users are not charged utility bills for premises occupied by Trust staff. RQIA should be informed of the arrangements for appropriate restitution to service users. Ref: 5.2.6	
	Action taken as confirmed during the inspection: This area has been met and the SHSCT are continuing to action.	

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 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).

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

Staff were required to complete adult safeguarding training during induction and every two years thereafter, all staff had undertaken training in relation to adult safeguarding. Following review of incident records, it was evident that staff understood their role in relation to reporting poor practice and the agency's policy and procedure with regard to whistleblowing.

The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

RQIA had been notified appropriately of any incidents in keeping with the regulations.

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

A review of care records identified that risk assessments and care plans were up to date.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management. The manager advised that on service user required their medicine to be administered with a syringe. The manager was aware that competency assessments must be undertaken before staff undertook this task.

The Mental Capacity Act (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 had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job 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.

5.2.2 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 were person-centred and contained details about their likes, dislikes and preferences. Care and support plans were kept under regular review and service users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

We noted some of the comments from annual reviews:

- "Supported living is good."
- "I'm very happy."
- "I'm getting a new keyworker."
- "I'm happy in Teach Sona."
- "I appreciate the staff help and support."
- "I'm glad things are getting back to normal."
- "I can tell staff if I need anything."
- "I'm treated with respect and dignity and can make my own decisions."
- "Staff are there if I need them."
- "I love my home I'm happy and love the staff."

The review of the care records identified that the agency focused on the service users' human rights. It was good to note the service users' consent was sought and that they had a choice.

Review of regular service users' meetings notes identified that service users were involved and were able to feedback to each other.

Teach Sona Tenants & Carers' Annual Survey shows good positive feedback we have added some of the information received from questions asked:

Service users:

- Tenants answered that they were happy living in Teach Sona.
- Tenants liked the transport that they have and use regularly for shopping and outings.
- Tenants answered that they were happy with staff.
- Tenants answered yes that they are offered choices
- Tenants were able to answer yes that they were happy with their activities
- Tenants answered yes that they feel staff keep them safe.

Carers:

- 'Always looks forward to going home',
- 'very content, happy and extremely well looked after
- 'Takes pride in their home' and family member always appears very happy,
- 'Full of chat about what they had done and what staff are planning to do in the days ahead,
- 'Enjoys chats with staff'.
- 'Views and wishes are respected' & 'yes 100% all the staff are so good to our family member and all things are upheld'.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

A number of service users were assessed by SALT as being at risk when they were eating and drinking. Documentation in place was satisfactory.

5.2.4 What systems are in place for staff recruitment and are they robust?

There was a robust recruitment procedure in place which ensured that all pre-employment checks, including criminal record checks (Access NI), were completed and verified before staff members commenced employment and had direct engagement with service users.

There were no volunteers working in the agency.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

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. Written records were retained by the agency of the person's capability and competency in relation to their job role.

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

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements. We noted some of the comments received during quality monitoring: An area for improvement was identified in relation to a review of the current report format.

Service users:

- "I like my home and get on well."
- "I enjoy my activities."
- "Staff take good care of me."

Staff:

- “Tenants are well settled.”
- “Great job satisfaction and I can make a difference.”
- “A great wee staff team.”

Relatives:

- “The staff are excellent and very supportive.”
- “It’s a good place and good for tenants.”
- “Teach Sona is a great community.”

HSC Staff:

- “I have no concerns or issues about the care and support.”
- “The quality offered is excellent.”
- “I find staff welcoming and my visits are positive.”

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

The agency’s registration certificate was up to date and displayed appropriately.

There was a system in place to ensure that any complaints were managed in accordance with the agency’s policy and procedure. Any complaints received were reviewed as part of the agency’s quality monitoring process. In some circumstances, complaints can be made directly to the commissioning body about agencies. No complaints had been received since the last inspection.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the Registered Manager as part of the inspection process and can be found in the main body of the report.



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