

Inspection Report

Name of Service: Causeway Share the Care Scheme

Provider: Northern Health and Social Care Trust

Date of Inspection: 19 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:	Northern Health and Social Care Trust
Responsible Individual/Responsible Person:	Mrs. Jennifer Welsh
Registered Manager:	Mrs. Beverley Spence
Service Profile - Causeway Share the Care Scheme is an Adult Placement Agency that arranges short and long terms placements for adults who have learning disability. The Scheme promotes the rights of individuals to access respite care in the community. Whilst on placement, individuals have the opportunity to share the family life of the adult placement carer in a 'home from home' environment. Causeway Share the Care ensures the host families are able to provide suitable care, accommodation and support for the service users who are placed with them. The agency currently has 128 adults within placements supported by 110 Adult Placement Carers.	

2.0 Inspection summary

An announced inspection took place on 19 March 2025 between 9.35 a.m. and 2.40 p.m. This was carried out by two care inspectors.

The last care inspection of the adult placement agency was undertaken on 30 June 2023 by a care inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the adult placement agency was performing in relation to the regulations and standards, and to determine if the adult placement agency was delivering safe, effective and compassionate care and if the service is well led.

The inspection evidenced that safe, effective and compassionate care was delivered to service users and that the agency was well led. No areas for improvement were identified. Details and examples of the inspection findings can be found in the main body of the report.

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, and to address any deficits identified during our inspections.

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, carers or staff.

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 received feedback from service users, carers, relatives and staff in regard to the agency.

Service users all told us that they were very satisfied with the agency and that the care they received was safe, effective compassionate and well led. Carers were extremely complimentary about the service provided by the agency. One described their social worker as 'the best we have ever had'. Other carers described the agency as 'excellent' and a 'brilliant service'. A service user's relative commented 'I am very happy with my respite (arrangement) and we are now like a family as (the placement) has been going for 14 years'.

Staff indicated that they had no concerns about the care and support offered by the agency. They reported that if they raised an issue, it would be dealt with quickly.

3.3 Inspection findings

3.3.1 Staffing and Carer Arrangements

Safety in Adult Placement Agencies begins at the point of staff and carer recruitment and continues through to induction with regular training, continued monitoring and support for carers and supervision for agency staff.

A review of records evidenced that there were robust arrangements in place for the recruitment of staff and carers; for carers, this included full employment histories, obtaining criminal record checks (AccessNI) for all household members over 10 years, suitable references and proof or declaration of medical fitness.

All applications to become an Adult Placement Carer were fully scrutinised by a Panel before being approved. There was also a system to match the needs of individual service users with suitable carers.

There were records of carer induction and training; where the carers were a couple, the training was recorded as such. Advice was provided to the manager regarding having each training item recorded against the individual who completed the training to ensure accuracy of the record for each carer.

Staff described the learning culture within the agency and how they were encouraged to avail of relevant training opportunities. The agency had maintained a record for each member of staff of all training undertaken. There was discussion with the manager regarding the benefits of maintaining a single matrix on which to record all training to ensure accuracy and to note the designation of staff. Staff were also provided with supervision by the manager or an appropriate clinical lead where necessary.

There were arrangements in place for each placement to be regularly monitored by agency staff to ensure service users received safe and effective care and that carers were sufficiently supported by the agency. Advice was provided to the manager regarding the inclusion of a prompt within the template of the monitoring meetings for any children in the carer's household approaching 10 years of age to have an AccessNI check completed in a timely manner.

This agency employs a registered nurse who delivers training to those carers who may need to administer medications to service users, and to other carers who may need advice or guidance on particular aspects of care. Of particular note is the arrangement for the nurse to transcribe medications for service users, with other staff to act as a second signatory, and how this has led to fewer medication errors. This represents good practice.

3.3.2 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 reflected information contained within 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 has an identified Adult Safeguarding Champion (ASC). The manager was knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. The agency has a system for retaining a record of any referrals made to the HSCT in relation to adult safeguarding.

Staff were required to complete adult safeguarding training and regular updates thereafter. Staff indicated they had a clear understanding of their responsibilities 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.

Carers were required to complete adult safeguarding training during their induction programme and updates thereafter in line with legislation and draft standards.

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

A review of care records identified that moving and handling risk assessments and care plans were up to date. Where relevant, carers been supplied with a moving and handling information pack.

Some service users had been assessed by a Speech and Language Therapist as requiring their food and fluids to be modified. These recommendations were recorded in service users' care plans.

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, being helped to do so when needed, and any decisions made on their behalf are in their best interests and as least restrictive as possible.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their roles. Where service users were subject to DoLS, the required documentation was in place and was kept under regular review.

The manager informed the inspectors that a DoLS training session is planned for carers in the upcoming months. Carers who supported a service user with a DoLS had received relevant written information.

The agency maintained a detailed Restrictive Practice register.

3.3.3 Arrangements for promoting service user involvement

RQIA was assured that service users were central in directing their care plans as far as possible. This was confirmed by service users, carers and staff. The service users' care plans contained details about their likes and dislikes, the level of support they required and how this should be delivered; annual reviews of care were signed by service users, their family or representative or by an advocate. Care plans and associated risk assessments were noted to be written in a professional and respectful manner which promoted the dignity and confidentiality of the service user and all other relevant parties.

There was evidence of regular contact with service users and their representatives.

3.3.4 Quality of Management Systems

There have been no changes to the managerial arrangements within the agency since the previous inspection. Staff described the manager as 'very supportive' and told us how the manager will regularly meet with the team to discuss any issues.

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 service user was present, so that daily tasks could be observed in order to verify that carers were meeting the required standards. Reports relating to the agency's monitoring visits were reviewed and found to be robust.

The provider had ensured that the quality assurance systems in place were effective in achieving positive outcomes for service users. There was a system of internal audits and an annual satisfaction survey where feedback from service users, their relatives, carers and other stakeholders was sought. The feedback was incorporated into an annual Monitoring Quality in Adult Placement Agencies report. Advice was given to the manager regarding the need to have the report template adjusted to include the manager's signature and date as confirmation that the manager has received the report. This will be examined at the next care inspection.

The manager was aware of the type of incidents which are required to be notified to RQIA. No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that any complaints received since the last inspection had been managed in accordance with the organisation's policy and procedures.

4.0 Quality Improvement Plan/Areas for Improvement

No 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	0	0

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



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