The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Causeway Share the Care Scheme

Provider: Northern Health and Social Care Trust

Date of Inspection: 24 February 2026

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.

2.0 Inspection summary

An announced inspection took place on 24 February 2026, between 10.30 am and 4.45 pm by care Inspector.

The last care inspection of the adult placement agency was undertaken on 19 March 2025 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 draft 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 draft 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

Feedback was received from carers and staff regarding the agency.

Carers' comments included: "The communication with the service is excellent. It is a well-led service. They provide me with mandatory training, which is good. I have no concerns with the service; if I did, I would inform them. The staff are all great."

Staff comments included: “The manager is very supportive; she has an open-door policy and is easy to talk to. I receive sufficient training and can request additional training, for example, Makaton.” One staff member told us, “The service users are present at all the reviews, and provision is made for the service users to be involved in their care planning. Sometimes visual aids, for example, pictures, are used to help with communication, and we also use Makaton to enable service user engagement. The manager is very supportive and flexible; she is responsive and acts on any concerns. We have a very efficient team. There is an open culture, and we are encouraged to ask questions.”

It was evident that staff promoted the dignity and well-being of service users, and that staff and carers were knowledgeable and well trained to deliver safe and effective care.

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 robust arrangements were in place for the recruitment of staff and carers. No new staff have been recruited since the last inspection. For newly appointed carers, arrangements included obtaining full employment histories, criminal record checks (AccessNI) for all household members over 10 years old, suitable references, proof or declaration of medical fitness, and the applicant’s driving licence, if applicable. Additionally, Ministry of Transport (MOT) and insurance certificates were required for any vehicles in the household used for transporting service users.

Applications to become an Adult Placement Carer were scrutinised by a Panel prior to approval. Additionally, a system was established to match the specific needs of the service users with suitable carers.

Staff and carers spoke positively regarding the mandatory training provided by the agency. It was noted that additional training, including Makaton, was offered to staff.

A review of the carers' training records established that the majority of carers were up to date with mandatory training. Carers who required refresher Basic Life Support (BLS) training had a scheduled date to attend this training.

Procedures were in place for appraising staff performance, and supervisions were undertaken in accordance with the agency's policy and procedure.

A registered nurse is employed by the agency to support care staff. The nature of this support is currently being considered by RQIA in ongoing discussions with the agency.

3.3.2 Care Delivery/ Quality of Management Systems

The care plans for service users included details of their likes, dislikes, preferences, and the level of care and support they require. Care records demonstrated that the service users, or their representatives where possible, were involved in planning their own care. Efforts were made to ascertain their preferences and choices regarding how support was provided. The care plans and associated risk assessments were detailed, promoting the dignity and well-being of the service user.

Care records were person centred, regularly reviewed, and updated to ensure they continued to meet the service users' needs. There was evidence of regular contact with service users and their representatives.

Good nutrition and a positive dining experience are important to the health and social wellbeing of service users. Service users may need a range of support with meals; this may include simple encouragement through to full assistance from carers, and their diet may be modified. A review of records and discussion with the manager evidenced that there were systems in place to manage service users' nutrition and mealtime experience. It was positive to note that all carers had received training in dysphagia.

Care reviews had been undertaken in accordance with the agency's policies and procedures.

3.3.3 Quality of Management Systems

There has been no change in the management of the agency since the last inspection. Mrs Beverley Spence has been the manager since 24 December 2019. Staff described the manager as "easy to talk to" and "very supportive".

Monitoring arrangements were in place in compliance with regulation and draft standards. Records reviewed showed that monitoring visits were undertaken regularly. During these visits, agency staff members visit the carer's home while the service user is present to observe

daily tasks and verify if carers met the required standards. Reports related to the monitoring visits were reviewed and found to be robust.

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.

A system of internal audits and an annual satisfaction survey were completed to gather feedback from service users, relatives, carers, and other stakeholders. This feedback was incorporated into the annual "Monitoring Quality in Adult Placement Agencies" report.

A system was in place to ensure that complaints were managed in accordance with the agency's policy and procedure. The manager advised that no complaints had been received since the last inspection.

3.3.4 Systems in place for identifying and addressing risks

Adult Placement Agencies are required to have a designated person known as an Adult Safeguarding Champion (ASC), who is responsible for implementing the regional protocol and the agency's adult safeguarding policy. An ASC was appointed for the agency, and it was established that effective systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

Staff and carers are required to complete adult safeguarding training and receive regular updates thereafter. Staff indicated that they had a clear understanding of their responsibilities in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure regarding safeguarding.

Carers are required to complete safeguarding training during the induction programme and receive updates thereafter in line with local legislation and draft standards. It was positive to note that carers also received training in children's safeguarding.

The agency retained records of any referrals made to the Health and Social Care (HSC) Trust in relation to adult safeguarding. A review of these records indicated that the referrals had been managed appropriately.

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 themselves. The MCA requires that, as far as possible, service users make their own decisions, with assistance provided when needed. Any decisions made on their behalf must be in their best interests and as least restrictive as possible. Where service users were subject to Deprivation of Liberty Safeguards (DoLS), the required documentation was in place and was kept under regular review. It was positive to note that the agency maintains a DoLS register and that staff and carers have completed DoLS training appropriate to their roles.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs. 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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