The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Southern HSC Trust Adult Placement Scheme**

Provider: **Southern HSC Trust**

Date of Inspection: **13 March 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:	Southern HSC Trust (SHSCT)
Responsible Individual/Responsible Person:	Mr Steve Spoerry
Registered Manager:	Mrs Teresa Quinn
Service Profile The Southern Health & Social Care Trust Adult Placement Scheme (APA) 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 longer term placements are within a host family home (who are not relatives) registered by the SHSCT, ensuring 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 13 March 2026 between 10 a.m. and 3.20 p.m. by a care Inspector.

The last care inspection of the adult placement agency was undertaken on 3 March 2025 by a care Inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the adult placement agency is performing in relation to the regulations and draft standards; and to determine if the adult placement agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to service users and that the adult placement agency was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was established that carers 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. Carers felt that the support provided by Southern Health & Social Care Trust Adult Placement Scheme was a good experience. Refer to Section 3.2 for more details.

No areas for improvement were identified during this inspection.

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 adult placement 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 Southern Health & Social Care Trust Adult Placement Scheme. This included registration information, and any other written or verbal information received from service users, service user representatives, carers, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those supported by or working for the adult placement agency; and examine a sample of records to evidence how the adult placement agency is performing in relation to the regulations and standards.

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

3.2 What people told us about the service

Throughout the inspection the RQIA inspector will seek to speak with service users, their representatives, Adult Placement Carers and staff for their opinions on the quality of the care and support, and their experiences of Southern Health & Social Care Trust Adult Placement Scheme.

Feedback from service users obtained via the agency's surveys included comments such as, "I enjoy my visits to [carers'] house we have lots of fun and I feel good going to [carer]" and "I enjoy living with [carer]".

Carers consulted were highly complementary of staff describing them as "very good", "great" and "excellent". Several carers commented that they found staff to be accessible and responsive advising that staff "will do anything they can to help", "if you want them to call out they will" and that staff "are there whenever you need them". A carer, reflecting on a period of significant physical decline in a service user's health, described staff as a "tower of support". The carer expressed gratitude for the compassionate care provided by staff during this time stating, "I can't sing their [staffs] praises enough".

Communication between staff and carers was described as "very good". Carers explained that they felt able to speak openly with staff regarding any issues or concerns that they may have. One carer commented that staffs' knowledge and experience in relation to the needs and best practice interventions for adults with learning disabilities "makes a massive difference. With that knowledge and experience you feel that they can truly relate".

It was reassuring to hear carers speak positively about monitoring visits conducted by the agency. In discussion with carers they recognising that the unannounced monitoring visits act as an important safeguarding measure, offering an authentic overview of the day-to-day care provided within the placement. Carers advised that the visits were conducted by staff in an unobtrusive manner.

Staff described positive and collaborative working relationships and said they were supported in their role. Staff described effective communication within the team, as well as with service users and carers. It was positive to find that staff were aware as to objectives set to bring about service improvement. Discussions with the Registered Manager and staff illustrated the passion held regarding the work undertaken by adult placement agencies and the value held for carers and the contribution they make.

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 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. A review of these records confirmed that carers and the agency staff had completed sufficient training for their roles including mandatory training elements such as Safeguarding Adults and Children, Medication Management, Dysphagia and Deprivation of Liberty (DoLS). Where particular training needs were identified for carers such as Epilepsy training or use of specialised equipment, this was arranged.

One carer advised how beneficial the training had been, equipping them with the knowledge and skills required to respond effectively to a real-life emergency situation. Carers reported that they felt valued by the agency's flexible approach to training delivery. Training methods were adapted to meet individual's needs, including the provision of face-to-face sessions for those who were less confident in the use of technology.

The agency had also maintained a record for each member of staff of all training undertaken.

It was noted staff received regular professional supervision and procedures were in place for appraising staff performance. Staff told us they felt supported within their role.

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 and staff consulted were 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.

Carers and staff were required to complete adult safeguarding training during induction and at regular updates thereafter. Staff indicated they had a clear understanding of their responsibilities in identifying and reporting any actual or suspected incidences of abuse. A review of records relating to adult safeguarding concerns confirmed that these 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 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.

Carers and 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.

It was evident that restrictive practices had been assessed with input from the multi-disciplinary team and were regularly reviewed to ensure proportionality and necessity in line with regional policy and guidance. Restrictive practice interventions were clearly identified in service user plans. Discussion occurred with the Registered Manager regarding the expectations outlined within the Regional Policy on the use of Restrictive Practices in Health and Social Care Settings, specifically as it relates to maintaining a Restrictive Practice Register, this will be reviewed at a future inspection.

Discussions occurred with the Registered Manager regarding the type of incidents which are required to be notified to RQIA to ensure compliance is maintained. The Registered Manager agreeing to undertake an audit to ensure notifications had been made in line with regulatory requirements. This will be reviewed at a future inspection.

3.3.3 Management of Care Records

Service users care records were stored securely and accessible to authorised personnel in accordance with data protection regulations.

Service agreements were found to comprehensively outline the roles and responsibilities of carers, including expectations regarding the provision of care, safeguarding, record-keeping and engagement with the agency. The agreements also detailed the level of support provided by

the agency, including training, monitoring visits and out-of-hours assistance. Information was presented in a clear and user-friendly format, supporting carers to fully understand their obligations and the standards expected of them in line with regulatory requirements.

Service user records were observed to include a clearly presented summary page containing essential information. This provided quick access to key details such as health needs, communication preferences, risk considerations, and emergency contacts. The inclusion of this overview supported the delivery of safe and responsive care, ensuring that important information could be readily accessed, particularly in time-sensitive situations.

Care and risk plans were found to be comprehensive and reflective of individual's assessed needs. However, when it was recommended that additional detail be incorporated into a specific element of the plans the Registered Manager advised that these documents were owned by the community care team.

This presented a potential limitation in ensuring that records remained fully reflective of current needs and risks as identified by the agency. The importance of maintaining accurate, detailed and contemporaneous plans was discussed. The Registered Manager acknowledged this and confirmed that required amendments identified would be communicated to the community care team for review and update.

Current practice also meant that plans appeared to be written for, rather than with individuals. The importance of ensuring that the service user's voice is clearly reflected and evidenced participation in the development of plans to support a person-centred approach was discussed with the Registered Manager. The Registered Manager acknowledged the need to strengthen evidence of service user participation within care planning processes. They agreed to review current practices and implement measures to ensure that person-centred approaches are reflected within service user records. This will be reviewed at a future inspection.

The agency retained copies of relevant multidisciplinary assessments and care plans, for example, Speech and Language Therapy (SALT) assessments, manual handling plans and epilepsy management plans. This ensured that staff, and in particular carers, were fully informed of service user's individual assessed needs and supported the delivery of safe, consistent and person-centred care. In discussion with staff they demonstrated strong knowledge in relation to service user needs, prescribed care and presenting risks.

3.3.4 Arrangements for promoting service user involvement

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

Monitoring visit templates evidenced whether service users were present within the home at the time of the visit. Where individuals were in attendance, observations and/or verbal feedback from service users were recorded. This supports meaningful engagement and provides insight into the lived experience of the placement, informing ongoing review and quality assurance processes.

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 agency's service user guide detailed how individuals could provide feedback, including complaints. There was a process in place for management and investigation of any complaints received.

Review of records indicated that the agency had received a number of compliments from service users, their representatives, carers and professionals however these had not consistently been formally recorded as compliments. This was discussed with the Registered Manager and the importance of capturing and recording compliments as part of quality assurance.

It was positive to find service users and/or their representatives had engaged in the annual review process with their opinions documented.

3.3.5 Quality of Management Systems

There has been no change in the management of the adult placement agency since the last inspection. Mrs Teresa Quinn has been the manager in this adult placement agency since 15 August 2024. Carers and staff commented positively about the manager describing her as supportive, knowledgeable and as a strong advocate for the service.

The agency were found to have undertaken monitoring visits at frequencies that aligned with regulations and draft standards. These visits were identified as beneficial in supporting placements, providing opportunity to assess changes in service user needs and/or risks as well as consider any changes affecting the household. Oversight of health and safety of the living environment was also found to have been undertaken by the agency. This regular review process helped to ensure care remained responsive and that placements continued to effectively and safely meet the needs of service users.

The Quality Monitoring Report evidenced consultation with service users, their representatives, carers, staff and professionals. The report sought to identify any developing patterns or trends in relation to incidents, accidents, complaints and safeguarding. It was suggested that the quality monitoring report be strengthened through the inclusion of random sampling of daily records, panel minutes and other relevant documentation. This would provide an additional layer of assurance regarding the quality and consistency of records as well as help confirm that all reportable events have been appropriately identified and escalated. This will be reviewed at a future inspection.

The annual quality report was found to incorporate feedback received from surveys and provided a succinct analysis of the agency's activity over the reporting period. It demonstrated a reflective and learning-focused approach, identify areas for improvement and outlining bespoke objectives for the year ahead.

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 Teresa Quinn, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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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