The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Teach Sona**

Provider: **Southern Health and Social Care Trust**

Date of Inspection: **24 November 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
Responsible Individual/Responsible Person:	Mr Steve Spoerry
Registered Manager:	Mr Patrick Murtagh, Acting
Service Profile: 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 24 November 2025, between 8.40 am and 1.40 pm. 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, and to assess progress with the areas for improvement identified during the last care inspection on 7 January 2025.

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

As a result of this inspection, the area for improvement previously identified was assessed as having been addressed by the provider. No new areas for improvement were identified.

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 the previous Quality Improvement Plan issued, 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 number of service users and members of staff to seek their views of the agency.

Service users shared that they were happy living in this agency, that the staff were supportive, they felt safe and they enjoyed their activities.

Staff spoke very positively concerning; the care delivery and management support in the agency and the wide range of activities for the service users. Although staff remarked on staffing vacancies, they had no concerns regarding staffing levels or impact on the support of service users.

3.3 Inspection findings

3.3.1 Staffing Arrangements

A review of the agency's staff recruitment records confirmed that no new staff had been recruited since the last inspection.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). There was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

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

Procedures were in place for supervision and for appraising staff performance and staff confirmed that appraisals had taken place. Staff told us they felt supported and involved in discussions about their personal development.

3.3.2 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.

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.

All staff had been provided with training in relation to medicines management. Monthly medication audits have been consistently undertaken.

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. 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.

The agency maintained a restrictive practice register which had clear review periods and evidence on working towards least restrictive practices.

Care and support plans are kept under regular review.

3.3.3 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 contained details about their likes and dislikes and the level of support they may require.

Activities undertaken by service users demonstrate independence, choice, person centeredness, social inclusion and community integration, some examples of these activities included: attending concerts, water aerobics, grocery shopping, reflexology, work placement, attending the rainbow club, spa, music, hairdressers, lunches out, batch cooking and menu planning.

3.3.4 Care Delivery

There was a handover meeting held at the beginning of each shift, this included the sharing of information about any changes to the service users' care. A document was available for the handover, which was used to communicate any specific information pertaining to service users' care.

Staff were knowledgeable of individual service users' needs, their daily routine wishes and preferences. Limited staff interactions with service users were observed, these were noted to be friendly and supportive.

Records reviewed evidenced that staff were prompt in recognising service users' needs and any early signs of distress or illness, including those service users who had difficulty in making their wishes or feelings known.

Regular staff meetings were held and minutes maintained of the meetings for staff, unable to attend, to read for information sharing.

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

Mr Patrick Murtagh has been the acting manager in this agency since 16 October 2024. Mr Murtagh also manages another supported living service. An application to become registered as the manager of this service was discussed. Staff spoken with commented positively about the manager, describing them as "approachable"

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.

There was a process in place to manage any complaints. No complaints had been received since the last inspection.

Review of incident records identified that they were managed appropriately.

The annual quality report was reviewed and noted to include stakeholder feedback.

Domiciliary care agencies are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the agency's adult safeguarding policy. A specific individual was identified as the day care setting's ASC. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided within the agency.

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.

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 Mr Patrick Murtagh, Manager, as part of the inspection process and can be found in the main body of the report.

The Regulation and Quality Improvement Authority

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