

Inspection Report

10 March 2022



Derramore View

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: Autism Initiatives NI	Registered Manager: Miss Orlagh Teresa Dillon
Responsible Individual: Dr Eamonn James Edward Slevin	Date registered: 21 May 2019
Person in charge at the time of inspection: Miss Orlagh Teresa Dillon	
Brief description of the accommodation/how the service operates: Derramore View is a domiciliary care agency supported living type which provides services to two service users living in their own homes within the Northern Health and Social Care Trust (NHSCT) area, who require care and support with autism, asperger's and mental health disabilities. The service users are supported by nine staff (including the manager).	

2.0 Inspection summary

The care inspector undertook an announced inspection on 10 March 2022 between 10.15 a.m. and 12.45 p.m.

The inspection focused on the agency's governance and management arrangements as well as staff recruitment, staff' registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguarding (DoLS) including money and valuables, restrictive practices, monthly quality monitoring, Dysphagia and Covid-19 guidance.

Service users spoken with said that they were very satisfied with the standard of care and support provided.

Good practice was identified in relation to appropriate checks being undertaken before staff started to provide care and support to the service users. Good practice was found in relation to the system in place for disseminating Covid-19 related information to staff.

An area for improvement had been identified in relation to staff training. However, we were satisfied that this had been addressed before the issuing of this report.

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 guidance, and to address any deficits identified during our inspections.

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, records of Notifiable incidents, written and verbal communication received since the last care inspection.

The inspection focused on reviewing relevant documents relating to the agency's governance and management arrangements. This included checking how support workers' registrations with the NISCC were monitored by the agency.

During the inspection we discussed any complaints that had been received and any incidents that had occurred with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 23.

Information was provided to staff, service users and their relatives to request feedback on the quality of service provided. This included an electronic survey to enable them to provide feedback to the RQIA.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection, we met with staff and two service users. No concerns were raised by staff. The service users spoken with indicated that they were very happy with the care and support provided. Comments included:

- "I like it here."
- "They are very good."

A number of staff responded to the electronic survey. Comments received are detailed below:

- "I feel the manager is approachable and I could go to her about anything, no matter what the issue may be. I feel all the staff here support the service users with dignity and respect and always put their needs first."
- "Great place to work. A very nice environment which the service users have stated they 'love living there.' Very supportive work colleagues and great management. Overall a fantastic, well run place of work."

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. No written comments were received.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Derramore was undertaken on 27 January 2020 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Are there 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 procedures reflect information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC). The annual safeguarding position report had been completed.

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. There had been no incidents referred to the Adult Safeguarding Gateway Protection Team since the date of the last inspection.

It was noted that incidents had been managed in accordance with the agency's policy and procedures. The manager was aware of which incidents required to be notified to RQIA.

The manager demonstrated that they have an understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. There were no service users who were subject to DoLS on the day of the inspection. However, staff are required to have training in relation to DoLS, to enable them to recognise when a person may be deprived of their liberty. A review of staff training records identified that a number of staff had yet to complete the training. Confirmation was received by email on 21 March 2022 that the required training had been completed. We were satisfied that this area for improvement had been addressed before the issuing of this report.

The manager confirmed the agency does not manage individual monies belonging to the service users. None of the service users were currently taking part in any research projects. Advice was given in relation to accessing the Department of Health Codes of Practice, as a resource for the staff.

5.2.2 Is there a system in place for identifying care partners who visit the service users to promote their mental health and wellbeing during Covid-19 restrictions?

The manager advised us that there were no restrictions on visiting service users unless in the event of a Covid-19 infection. The manager was familiar with the Care Partner approach should tighter visiting restrictions return in the future.

5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). Discussion with the manager confirmed training in dysphagia was available on the NISCC e-learning platform. A review of the training records identified that a number of staff had yet to undertake the training. Following the inspection, the manager confirmed to RQIA on 21 March 2022, that all staff had completed the required training. Therefore this area for improvement is not included in the QIP.

Neither of the service users required their diets to be modified.

5.2.4 Are there robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before support workers are supplied to work with the service users. Records viewed evidenced that the required checks had been completed for staff.

A review of the records confirmed that all support workers are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards.

5.2.5 Are there robust governance processes in place?

The quality monitoring processes were reviewed to ensure that complaints and any incidents were routinely monitored as part of the monthly checks in line with Regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2005.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs)/Significant Event Analyses (SEAs) or Early Alerts (EAs).

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control (IPC) practices.

6.0 Conclusion

Based on the inspection findings, we were satisfied that the service was providing safe, effective and compassionate care and that the service was well led.

7.0 Quality Improvement Plan/Areas for Improvement

No area for improvement were identified. Findings of the inspection were discussed with the manager, as part of the inspection process and can be found in the main body of the report.



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