

Inspection Report

25 July 2023



Derramore View

Type of Service: Domiciliary Care Agency
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www.rqia.org.uk

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: Mrs Lorna Gillen
Responsible Individual: Dr Eamonn James Edward Slevin	Date registered: 9 November 2022
Person in charge at the time of inspection:	
Brief description of the accommodation/how the service operates:	
<p>Derramore View is a domiciliary care agency supported living type which provides services to two service users living in their own home 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 five staff (including the manager).</p> <p>This organisation also provides community outreach to service users who live in the community. RQIA does not regulate these elements of support.</p>	

2.0 Inspection summary

An unannounced inspection took place on 25 July 2023 between 10.05 a.m. and 12.45 p.m. The inspection 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 was also reviewed.

Good practice was identified in relation to service user involvement and the person centred approach to care planning. There were good governance and management arrangements in place.

Service users consulted with indicated they were happy with the care and support provided.

Derramore View uses the term 'tenants' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

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, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, 'We want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community'.

RQIA shares this vision and want to review the support individuals are offered to make choices and decisions in their life that enable them to develop and to live a safe, active and valued life. RQIA will review how service users who have a learning disability are respected and empowered to lead a full and healthy life in the community and are supported to make choices and decisions that enables them to develop and live safe, active and valued lives.

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

4.0 What did people tell us about the service?

During the inspection we provided a number of easy read questionnaires for those supported to comment on the following areas of service quality and their lived experiences:



- Do you feel your care is safe?
- Is the care and support you get effective?

- Do you feel staff treat you with compassion?
- How do you feel your care is managed?

Returned questionnaires indicated the service users felt the care and support they received was excellent.

During the inspection we spoke with a number of service users and staff members. Service users spoken with indicated they were happy living in Derramore View. They appeared relaxed and comfortable in their interactions with staff. Staff spoken with also spoke in positive terms about working in Derramore View. Comments received included:

- “It’s very good here, I have no concerns at all. The manager is very supportive.”
- “Absolutely no concerns.”

We also noted positive comments that relatives had made in the quality monitoring reports. One comment described Autism Initiatives as ‘a blessing’ for the service user and described how they ‘could go away and not worry because they knew the staff would take care of (the service user)’.

No responses were received to the electronic survey.

5.0 The inspection

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

The last care inspection of the agency was undertaken on 2 February 2023 by a care inspector. No areas for improvement were identified.

5.2 Inspection findings

5.2.1 What are the systems in place for identifying and addressing risks?

The organisation’s adult safeguarding procedures were reflective of the Department of Health’s (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns.

The organisation had an identified Adult Safeguarding Champion (ASC). The agency’s annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

Staff were required to complete adult safeguarding training during induction and every two years thereafter.

Staff spoken with stated that they had no concerns regarding the safety of service users and were aware of the procedures to raise their concerns within and outside of normal business hours. The manager advised that no concerns had been raised under the whistleblowing policy and procedures.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI). No such incidents had occurred since the last inspection.

Staff were provided with training appropriate to the requirements of their role. It was good to note that the agency staff had a 100 percent compliance rate with staff training in successive months.

The Mental Capacity Act (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 relevant to their job roles.

The manager reported that none of the current service users were subject to DoLS arrangements.

5.2.2 What are the arrangements for promoting service user involvement?

From discussion with the manager, service users and review of records it was evident that the service users were involved in all aspects of their care, as appropriate. Care plans were written in a very person-centred manner, which were underpinned by a human rights approach. A number of documents were available in easy read format.

Service users and their representatives were encouraged to attend their care review meetings. The staff used a consultation document to record formal discussions they had with the service users on a monthly basis; they also used informal opportunities on a daily basis to ascertain the service users' views on their care and support.

Service users' feedback was also sought as part of the annual quality review process.

Service users' meeting were held on a regular basis. Review of the service users' meeting minutes identified that they were asked for their views on the activities they wished to participate in. It was good to note the service users plans to go to Dublin later this summer.

Review of records and discussion with service users also noted a number of activities which the staff supported them with. These included:

- Self-administering their own medicines
- Managing their own personal care
- Developing and maintaining life skills
- Activities around the house, such as cleaning and laundry
- Shopping and Meal preparation
- Making choices in all aspects of their lives.

Service users were supported to become involved in the local community and to become involved in voluntary work. Some of the service users attended the Woodlands Social Club, the O4O Club and day opportunities at Superstars Café. Service users were also encouraged to volunteer at an animal farm. Staff also supported service users to become involved in Fandom Con, a social forum for people with autism. This forum enables participants to make new friends with similar interests to them such as comics.

It was good to note that the agency had asked the service users to become involved in the staff recruitment process.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

No service users were assessed by SALT. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

5.2.4 What systems are in place for staff recruitment and are they robust?

Review of recruitment records confirmed that all pre-employment checks had been undertaken in keeping with the regulations and standards.

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.

There were no volunteers working in the agency.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

Newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, induction programme which also included shadowing of a more experienced staff member.

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

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

There were quality monitoring arrangements in place in compliance with Regulations and Standards.

A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

The manager advised that there had been no Serious Adverse Incidents had occurred since the last inspection.

The agency's registration certificate was up to date and displayed appropriately, along with public and employers' liability insurances.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. There had been no complaints received since the date of the last inspection.

Staff were able to gain access to the service users' accommodation in the event of an emergency.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

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



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