

# Inspection Report

02 February 2023



## 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

<b>Organisation/Registered Provider:</b> Autism Initiatives NI	<b>Registered Manager:</b> Mrs Lorna Gillen
<b>Responsible Individual:</b> Dr Eamonn James Edward Slevin	<b>Date registered:</b> 9 November 2022
<b>Person in charge at the time of inspection:</b> Mrs Lorna Gillen	
<b>Brief description of the accommodation/how the service operates:</b>  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).	

## 2.0 Inspection summary

An unannounced inspection took place on 2 February 2023 between 11.15 a.m. and 2.45 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, dysphagia management and Covid-19 guidance was also reviewed.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

Service users consulted with spoke positively about 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?

No questionnaires were returned.

During the inspection we spoke with a number of service users and staff members.

Service users spoke positively in relation to how they felt they were supported. They appeared relaxed and comfortable in their interactions with staff. Staff spoken with similarly spoke in positive terms about working in Derramore View. Comments received included:

- “We have two of the happiest service users in Autism Initiatives.”

We also noted positive comments that relatives had made in the quality monitoring reports. These included:

- “We are very happy with the support provided. The team are very supportive and look out for their best interests.”
- “We are happy to see (name of service user) making plans with (staff). Shows they have a good life and have their own min to make/refuse choices.”

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 10 March 2022 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 agency’s provision for the welfare, care and protection of service users was reviewed. 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 annual adult safeguarding position report had been completed.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding 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.

The manager advised that no concerns had been raised to her under the Whistleblowing policy and procedure. It was good to note that Autism Initiatives had a dedicated telephone number and email address for any staff who wanted to raise concerns anonymously.

The agency has a system for retaining a record of any referrals made in relation to adult safeguarding. Records reviewed and discussion with the manager indicated that any safeguarding referrals made since the last inspection were managed appropriately.

Service users said they had no concerns regarding their safety.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

Staff were provided with training appropriate to the requirements of their role. It was good to note that the agency had a 98 percent compliance rate with staff training.

Service reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered with a syringe. A competency assessment was in place in relation to this aspect of medicines management should it be required.

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. A resource folder was available for staff to access information in relation to DoLS.

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

The manager was aware that RQIA are to be notified should the agency manage individual service users' monies in accordance with the guidance.

### 5.2.2 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 care and support plans. The service users' summary plans were person-centred and were kept under regular review. Services users and/or their relatives participated, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

Review of care records and service users' meeting notes identified that service users were involved in a range of activities. These included supporting them with:

- Doing their weekly shopping
- To collect their medicine
- Activities within the community
- Going out to lunch
- Volunteering
- Attending Social Clubs

It was good to note that the service users' meetings focused on asking the service users what was going well and what worked less well for them. Service users were asked to feedback on past activities and for their suggestions for planned activities. In response to the service users' suggestions, the staff rota, including staff photos was displayed to ensure that the service users knew in advance who would be working with them.

It was important that service users are supported to maintain their relationships with family, friends and partners during the Covid-19 pandemic. Service users were provided with an information leaflet to explain Covid-19 and how they could keep themselves safe and protected from the virus. Where individuals with learning disabilities continued to experience anxiety about the pandemic, the agency was aware of the available resources to support them.

### 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?

A review of the agency's staff recruitment records identified no shortfalls in the recruitment process. Confirmation including criminal record checks (Access NI) were completed and verified before staff members commenced employment and had direct engagement with service users. 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?**

There was evidence that all 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, three-day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

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 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. Review of incident reports identified that they had been managed appropriately.

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.

There was a system in place for staff 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 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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