

Announced Care Inspection Report 30 July 2020



National Autistic Society

Type of Service: Day care
**Address: Suites 1-3 Eastbank House, 3 Eastbank Road,
Carrduff, BT8 8BD**
Tel No: 02890687066
Inspector: Jim McBride

www.rqia.org.uk

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

The National Autistic Society NI Centre Belfast is a purpose built autism friendly environment aimed at providing personalised support that meets the specific needs of each autistic adult who have a range of complex needs, requiring high levels of staff support. Identified through detailed multi-disciplinary assessments the service will offer a range of enjoyable, effective and meaningful services to support adults to learn and become as independent as possible. The centre will provide services 5 days a week between the hours of 8:00am and 6:00pm at times which are designed to maximise the opportunity for autistic adults to access support.

The centre comprises of a range of therapeutic and training environments, within the implementation of technology to make each room versatile, interactive and engaging. The service can provide support for up to 12 adults per day, within programmes tailored to meet the individual needs of each person. Referrals to the service are made by Local HSC Trusts, once the individual is identified as meeting the eligibility criteria.

3.0 Service details

Organisation/Registered Provider: National Autistic Society Responsible Individual: Helen Eyres	Registered Manager: Anita Todd
Person in charge at the time of inspection: Anita Todd	Date manager registered: 12/09/2019

4.0 Inspection summary

An announced inspection took place on 30 July 2020 from 09.10 to 12.30.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services. Since the pre-registration inspection on the 28 August 2019 RQIA have not completed a primary inspection. In response to this RQIA decided to undertake an inspection of the service. To reduce any risk this inspection was carried out using an on-site inspection approach in line with social distanced guidance.

RQIA have reviewed correspondence received from the: Day care service. The service had three recorded incidents reported to RQIA. Following review of this information, the inspector identified that the information received may show challenges within the service. The correspondence shared with RQIA indicated there may have been an impact within the service at this time.

This inspection was underpinned by: The Health and Personal Social Services (Quality Improvement and Regulation (Northern Ireland) Order 2003, 2007. The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017. Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

Evidence of good practice was found in relation to Access NI and staff registrations with the Northern Ireland Social Care Council (NISCC). Good practice was also found in relation to all current Covid-19 guidance and the use of PPE guidelines, Covid-19 education and management including infection prevention and control measures.

The findings of this report will provide the centre with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Anita Todd, registered manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this day care service. This included the previous inspection report, notifiable events, written and verbal communication received since the previous care inspection.

During our inspection we focused on contacting, relatives, staff and HSC Trust staff to find out their views on the service. Service user's communication difficulties did not allow for individual contact during this inspection.

The inspector ensured that the appropriate staff checks were in place before staff work with service users and reviewed the following areas:

- Recruitment records specifically relating to Access NI and NISCC registration.
- Covid-19: guidance for Day care. Provided by RQIA for centres planning to reopen

RQIA provided information to service user's relatives, staff and other stakeholders that will support feedback on the quality of service delivery.

"Tell us" cards were provided to give service users and those who visit them the opportunity to contact us after the inspection with their views. No responses were received prior to the issue of the report.

A poster was provided for staff detailing how they could complete an electronic questionnaire. 13 responses were received prior to the issue of the report. Most staff were very satisfied or satisfied with the service. Comments by some staff about communication were discussed with the manager who has agreed to action these via staff meetings and individual supervisions.

Comments received:

- The centre is providing an excellent service to those with significantly complex needs. There are challenges at times but staff.
- Management and the multidisciplinary team work in constructively to problem solve and enact interventions aimed at improving the people we support's well-being.
- The multi-disciplinary team being on the ground daily is a huge benefit and strength of the centre.

Five questionnaires were also provided for distribution to the service users and their representatives; one response was returned, see comments.

Comments:

“I am confident that my son is well cared for and helped to develop new skills at the centre. He is happy there, it is clear that he is well understood. There is also excellent communication with me.”

RQIA information leaflets ‘How can I raise a concern about an independent health and social care service’ were also provided to be displayed appropriately in the setting.

During the inspection the inspector communicated with the manager two staff members and three service user relatives and one HSC Trust staff member.

Staff comments:

- “My induction prepared me for my role.”
- “There was robust training and induction for all staff.”
- “Good management structure.”
- “Good open communication.”
- “Good management of Covid-19 training for all staff.”
- “We are well supported by management.”
- “Great staff dynamics.”
- “Service users are supported in a structured way by staff who are familiar with individual needs and risks.”

Relative’s comments:

- “Great service provided.”
- “The staff have been very supportive during the Covid-19 time, with weekly calls etc.”
- “The staff are good communicators and listen to any worries or concerns.”
- “Great staff interaction.”
- “I put my faith in them to care for my relative and have no concerns.”
- “My Daughter loves the centre and has settled well with all the support.”

HSC Trust staff comments:

- “I have only good comments about the centre.”
- “Great listening skills and good communication with staff.”
- “The staff always find ways to support service users and are proactive with solutions.”

The inspector would like to thank the registered manager, service user’s relatives and staff for their support and co-operation throughout the inspection process.

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

6.0 The inspection

There were no areas for improvement made as a result of the last care inspection.

6.1 Inspection findings

Recruitment records:

The services staff recruitment processes were noted to be managed in conjunction with the organisation's Human Resources (HR) Department, located at the organisation's head office. Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 and Standard 11 relating to Access NI.

The inspector reviewed documentation in staff files in relation to pre-employment checks which provided assurances that Access NI checks were completed before commencement of employment.

A review of 6 records confirmed that all staff are currently registered with NISCC. The inspector noted that the manager had a system in place each month for monitoring registration status of staff with NISCC and confirmed that all staff are aware that they are not permitted to work if their NISCC registration had lapsed.

Service quality:

The inspector noted some of the comments made by relatives during the annual quality survey:

- "He enjoys his days and is fond of staff."
- "Thanks for all you have done for *****."
- "Staff have made every effort to get to know *****."
- "The staff and the service are absolutely amazing."
- "I know ***** is safe and secure and well cared for."

Areas of good practice

Areas of good practice were identified in relation to the completion of checks with Access NI in conjunction with HR Department and staff registrations with NISCC.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

Care planning and review:

The inspector reviewed a number of care plans in place for individual service users. These fully described the care and support required for individuals and included:

- Referral information
- Care plan
- Individual action plans
- Risk assessments

- Reviews.

Care review comments:

- “I’m happy with the service provided to ***** and all the activities provided.”
- “This is the right place for***** she is well settled.”

Covid-19

The inspector spoke with the manager and to two staff members, who were knowledgeable in relation to their responsibility in relation to covid-19. Staff stated they were aware of the guidance in relation to use of PPE for activities that brought them within two metres of service users. Staff were also aware of the need to replace PPE between service users and how to appropriately dispose of used PPE.

The inspector reviewed the current practices relating to the following areas of guidance and good practice pertaining to Covid-19.

- Dissemination of information to staff
- Monitor staff practice
- IPC policies and procedures
 - Infection prevention and control policies and procedures have been updated to address all current guidance in relation to Covid-19.
 - Temperature monitored twice daily In line with guidance
 - Used PPE storage and disposal
 - Staff training and guidance on: a. infection prevention and control and b. the use of PPE equipment, in line with guidance.

The inspector reviewed records relating to Infection prevention and control policies which were in-line with the guidance. The policies and procedures had been updated to include covid-19. Policies and guidance were available to all staff in hard copy within the centres office.

The inspector reviewed records that indicated that service users, staff and visitors had their temperatures monitored twice daily in accordance with the guidance. Monitoring records also involved asking about and looking out for the following symptoms, fever of 37.8C or above, cough, loss of or change in sense of smell or taste.

Hand sanitisers were placed in different areas throughout the centre for service users, staff and visitors to use to ensure good hand hygiene.

It was good to note that the centre completed a number of staff briefings relating to Covid-19 and how this relates to the following areas:

- Staff
- Service users
- Visitors
- Communication
- PPE resources
- Safe working practices

There was evidence that clear guidance with regards to IPC, donning (putting on) and doffing (taking off) of PPE. There was evidence that staff had completed training with regards to IPC; this was facilitated by the service staff.

The staff on duty demonstrated that they had a good understanding of the donning and doffing procedures and were observed to be using PPE appropriately. The manager discussed the procedures that both she and senior staff spot check the use of PPE by staff during the day. Spot checks on staff practice are undertaken to ensure they are fully compliant with current guidance.

The procedure and guidance in place show that:

- Robust systems are in place to ensure that current infection prevention and control guidance is available and accessible to staff.
- There are effective systems in place to monitor staff compliance with good infection prevention and control practices.
- All staff working in the service are able to demonstrate their knowledge of infection prevention and control practice commensurate to their role and function in the service.

It was good to note that staff were working well together to support the best outcomes for service users, in a caring manner, whilst being caring and compassionate to both service users and their relatives.

It was noted that staff were committed to working in line with covid-19 guidance to ensure that the impact of current measures, strikes the correct balance between keeping people safe and promoting a good quality of life, as highlighted by relatives in their comments. Staff are being vigilant in terms of monitoring people for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading COVID-19 within the centre.

Areas of good practice

- Dissemination of information to staff
- Monitor staff practice
- IPC policies and procedures
- Infection prevention and control policies and procedures have been updated to address all current guidance in relation to Covid-19.
- Staff training and guidance.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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