

Inspection Report

27 September 2021



National Autistic Society NI Centre

Type of service: Day Care

Address: Suites 1-3 Eastbank House, 3 Eastbank Road,
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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: National Autistic Society	Registered Manager: Ms Anita Todd
Responsible Individual: Mr Peter Charlesworth (Registration pending)	Date registered: 12/09/2019
Person in charge at the time of inspection: Deputy Manager	
Brief description of the accommodation/how the service operates: <p>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.</p> <p>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.</p>	

2.0 Inspection summary

An unannounced inspection took place on 27 September 2021, at 09.10 am to 11.30am by the care inspector.

This inspection focused the Northern Ireland Social Care Council (NISCC) registrations Adult Safeguarding, notifications, complaints and whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practice, dysphagia arrangements, monthly quality monitoring, Covid-19 practice and guidance.

Good practice was identified in relation to appropriate checks being undertaken before staff were supplied to the setting. Good practice was also found in relation to the system in place for disseminating Covid-19 related information to staff.

There were good governance and management oversight systems in place. On entering the day care setting the inspector's contact tracing details were obtained by staff who advised that

this is completed for all persons entering the day care setting in line with current Covid-19 guidelines.

The environment was observed during the inspection and there was evidence of infection Prevention and Control (IPC) measures in place such as PPE which was available for staff.

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

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.

The inspection focused on:

- contacting the service users and staff to find out their views on the service
- reviewing a range of relevant documents and policies and procedures relating to the day care setting's governance and management arrangements.

4.0 What people told us about the service

We spoke to two staff and the manager. We also had the opportunity to communicate with two service users' families. We provided a number of questionnaires to service users and/or relatives to facilitate them to provide comments on the quality of service provision. Staff were also provided with an electronic survey. We observed a variety of activities and good communication between staff and service users. Service users present were observed involved in a range of activities including one to one work with staff. No comments were received due to the communication difficulties experienced by service users in attendance.

The returned questionnaires showed good satisfaction levels.

No staff comments were received from the electronic staff survey prior to the issue of this report.

Comments received during the inspection process:

Staff comments:

- "Good training provided."
- "My induction was comprehensive and involved shadowing other staff."
- "The induction prepared me for my role."

- “The managers are supportive and have an open door policy for all.”
- “Good supportive manager and team.”
- “I feel safe and secure with all the PPE and Covid guidance.”
- “We promote positive actions and offer individual choice to activities daily.”

Relative’s comments:

- “The centre is brilliant.”
- “Good communication daily updates of activities.”
- “Good communication with staff.”
- “My ***** is given choice and has the freedom of the centre and activities.”
- “We would be lost without the centre; it’s a good service and meets the needs.”
- “Needs are being met by a skilled and experienced staff.”
- “***** needs are being met there and we hope it continues.”
- “We communicate daily with staff and managers.”
- “Effective and compassionate service.”

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 National Autistic Society NI Centre was undertaken on 28 July 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 day care setting’s provision for the welfare, care and protection of service users was reviewed. The organisation’s policy and procedures reflected 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 had an identified Adult Safeguarding Champion (ASC). The ASC annual report was available and forwarded to RQIA for review. The report was satisfactory.

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. Staff could describe the process for reporting concerns.

It was noted that staff were required to complete adult safeguarding training during their induction programme and annual updates thereafter. All training records reviewed were in place and satisfactory.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The setting had a system for recording referrals made to the HSC Trusts adult safeguarding team in relation to adult safeguarding. Records viewed and discussions with the manager indicated that no adult safeguarding referrals had been made since the last inspection.

The day care setting had provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that a number of incidents had been reported to RQIA since the last inspection. These were actioned according to the settings policies and procedures; the documentation in place was reviewed and was satisfactory.

There were arrangements in place to ensure that service users who require high levels of supervision or monitoring and restriction have had their capacity considered and where appropriately assessed. Where a service user is experiencing a deprivation of liberty, the care records contain details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative and other relevant persons.

All staff had completed DoLS training appropriate to their job roles; records reviewed clarified training. Discussion with staff clarified their knowledge of the subject.

Staff demonstrated that they had 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 was a good system in place in relation to the dissemination of information relating to Covid-19 and Infection Prevention and Control (IPC) practices. Staff were observed adhering to guidance and were knowledgeable during discussions.

5.2.2 Question with regards Dysphagia.

The manager confirmed that the setting had received specific recommendations from the Speech and Language Therapist (SALT) in relation to service users' dysphagia needs to ensure the care received in the service was safe and effective. A number of assessments were reviewed and were satisfactory. It was noted that staff had completed relevant training. A number of service users required supervision when eating and drinking due to having swallowing difficulties; some of whom required their food and drinks to be of a specific consistency. Staff spoken with demonstrated a good knowledge of service users' wishes, preferences and assessed needs; and how to modify food and fluids.

5.2.3 Are their robust systems in place for staff recruitment?

The review of the day care setting's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards; required pre-employment checks were completed before staff members' commenced employment and direct engagement with service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all staff provided were appropriately registered with the NISCC. Information regarding registration details and renewal dates were monitored by the manager; this system was reviewed and found to be in compliance with regulations and standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date. The setting does use outside staff records reviewed were satisfactory and contained all relevant information including NISCC registration details.

5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with relatives, staff, and HSCT staff. The reports included details of the review of service user care records, accident/incidents, safeguarding matters, complaints, staff training and staffing arrangements.

Discussions with the monitoring officer show that the setting is reviewing their current documentation to ensure more qualitative feedback. We noted some of the comments made by relatives, HSC Trust and staff during the monthly quality monitoring:

Staff:

- "A good line manager."
- "Good training and support."
- "Well supported with Covid guidance."
- "Happy to raise issues at staff meetings or supervision."

Relatives:

- "***** enjoys the routine."
- "Good support given."
- "I'm happy with the support given to ****."
- "I want to thank staff for what they do."

HSC Trust Staff:

- "It's very obvious that staff have the best interests of the people supported."
- "Positive reviews."
- "Flexible and accommodating."
- "Good working relationships."

It was positive to note that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that matters had been actioned.

There was a process for recording complaints in accordance with the day care setting's policy and procedures. It was noted that no complaints had been received since the last inspection.

Staff were aware of the procedures in place regarding SALT guidance. Reviewed training records showed that all staff had received Dysphagia training.

Staff described their role in relation to reporting poor practice and their understanding of the setting's policy and procedure on whistleblowing.

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

The annual provider report as required by Regulation 17 was available for review. The report was comprehensive and gave a positive overview of the day care setting.

It was positive to note that a number of annual care reviews had been completed and the day care setting must be commended for their actions. We noted some of the comments from relatives during the reviews:

- "Good communication between the centre and myself."
- "***** is doing well at the centre."
- "We are happy with the support."
- "We are happy with the centre and the activities provided."
- "We are happy ***** has settled well."

6.0 Conclusion

Based on the inspection findings and discussions held, RQIA is satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager/management team.

7.0 Quality Improvement Plan/Areas for Improvement

No areas for improvement were identified during this inspection.

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



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