



Announced Care Inspection Report 24 October 2019



Autism Initiatives - Community Services

Type of Service: Domiciliary Care Agency
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Inspector: Caroline Rix

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Assurance, Challenge and Improvement in Health and Social Care

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 from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Autism Initiatives- Community Services is registered as a domiciliary care agency. Autism Initiatives NI is an organisation providing a variety of services to people on the Autistic Spectrum. Community Services are provided in the greater Belfast area along with the Northern and South Eastern Health and Social Care Trust areas. One service user is in receipt of care and support in their own home and a number of services are currently being provided include community outreach, floating support and day time opportunities.

3.0 Service details

Organisation/Registered Provider: Autism Initiatives - Community Services Responsible Individual: Eamonn James Edward Slevin	Registered Manager: Maria Waugh (acting)
Person in charge at the time of inspection: Maria Waugh	Date manager registered: Application received 6 August 2019

4.0 Inspection summary

An unannounced inspection took place on 24 October 2019 from 09.30 to 14.30.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA have duties 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 be seeking 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 choices and freedoms associated with any person living in their own home.

The inspection assessed progress since the last care inspection to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found throughout the inspection in relation to staff recruitment, training and development, adult safeguarding and risk management. The care records were well maintained and there was evidence of good communication with relevant stakeholders. Care and support was provided in an individualised manner. The agency promoted the involvement of the service user. There were good governance and management arrangements in place, which focused on quality improvement initiatives and maintaining good working relationships.

It was clear in all four domains that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement.

The findings of this report will provide the agency 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 Maria Waugh, acting manager and the area 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.

4.2 Action/enforcement taken following the most recent care inspection dated 18 October 2018

No further actions were required to be taken following the most recent inspection on 18 October 2018.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report
- all correspondence received by RQIA since the previous inspection

A range of documents, policies and procedures relating to the service were reviewed during the inspection and are referred to within report.

At the request of the inspectors, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; two responses were received and indicated that they were 'very satisfied' with the service being provided in relation to safe, effective, compassionate care that was well led. One comment was included on the survey; 'For the standards to be maintained'.

The inspectors requested that the manager place a "Have we missed" you card in a prominent position in the agency to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

One questionnaire was also provided for distribution to the service user and their representative; the response was returned and indicated that they were 'very satisfied' with the service being provided, no comments were included on the survey received.

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 met two staff members.

The inspector would like to thank the manager and staff for their support and co-operation throughout the inspection process.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 18 October 2019

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

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The agency's arrangements for ensuring the service users were safe and protected from harm were examined during the inspection.

The agency's staff recruitment processes were noted to be managed in conjunction with the organisation's human resources department. Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices. A review of the recruitment checklist indicated that all pre-employment information has been satisfactorily completed and verified in line with regulations and standards.

The manager indicated that staffing levels are being consistently maintained to meet the needs of their service user.

New employees were required to complete an induction programme which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. This programme viewed included a detailed induction timetable and support mechanisms in place. Documentation viewed by the inspector contained details of the information provided during the induction period and learning outcomes achieved by staff which included shadowing other experienced staff. It was good to note that Human Rights were included in the induction programme.

Discussions with staff on the day of inspection confirmed that their induction had been appropriate and provided them with the skills to fulfil the requirements of their job roles.

The inspector reviewed the agency's training plan and training records maintained for individual staff members; those sampled indicated that staff had completed all mandatory subject updates and in addition other relevant training.

Records of training and staff feedback indicated that they attend a range of training necessary to meet the individual needs of service users including; epilepsy awareness, mental health care awareness, understanding autism and positive behaviour support. Staff spoken with described the value of the additional training received in improving the quality of care and support they provided and their understanding of service user's human rights in all aspects of their lives. Staff commented: "We have very good training, both face to face and on-line."

There were systems in place to monitor staff performance including spot checks and training feedback to ensure that they receive support and guidance.

Arrangements were in place to embed the regional operational safeguarding policy and procedure into practice and to ensure that the service users were safe and protected from harm. The agency policy and procedure in relation to safeguarding adults was reviewed and found to provide information and guidance for staff as required. The role of the Adult Safeguarding Champion (ASC) was discussed. The manager demonstrated appropriate knowledge as to how to address matters if and when they arise, to ensure the safety and wellbeing of service users and support appropriate protection planning and investigation. The inspector noted that the safeguarding procedure is also available in an easy read version and a copy had been provided to the service user/representative.

From the date of the last care inspection there has been one referral made to the relevant HSCT in relation to an adult safeguarding matter within their community outreach service. Records reviewed confirmed this matter was managed appropriately, to ensure the safety and wellbeing of service users and support appropriate protection planning and investigation which is on-going at present.

The agency's whistleblowing policy and procedure was found to be satisfactory and staff demonstrated a clear understanding of their role and responsibilities in relation to raising concerns or reporting poor practice/whistleblowing.

A review of the accidents and incidents which occurred within the agency identified that they had been managed appropriately. These areas were monitored by the management team as part of their quality monitoring processes.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. Records confirmed that comprehensive risk assessments had been completed. There was evidence of positive risk taking in collaboration with the service user and their representatives, the agency and the HSCT.

Staff presented as knowledgeable and informed, regarding the service users' needs. They described the value they place on ensuring that service users are supported in an individualised manner, where their preferences and wishes are taken into account. Staff recognised the importance of ensuring service users could communicate openly with them, and an ability to balance risk with the wishes and human rights of individual service users.

Staff confirmed that they felt the service being provided was safe. They described how they observe the service user, noting any change in dependency, ability or behaviour and

quickly taking appropriate measures to promote/ensure the safety and wellbeing of the service user. It was good to note that any actions taken were underpinned by principles of confidentiality, privacy, respect and choice.

Care records and information related to the service user were stored securely and accessible by staff when needed. Staff spoken with described the importance of storing confidential information in accordance with data protection guidelines. It was noted that General Data Protection Regulations (GDPR) training had been completed by staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development, adult safeguarding and risk management.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection.

The review of the service user's care records identified that they were comprehensive, person-centred and maintained in an organised manner.

The care records evidenced referral information, risk assessments and care/support plans had been developed in conjunction with the relevant HSCT representative. The service user was enabled to exercise the maximum amount of choice and control in their commissioned individual care arrangements with the agency. This supported the service user and agency to review and measure outcomes for the service user.

No concerns were raised during the inspection with regards to communication between the service user, staff and other key stakeholders. Review of service user care records evidenced that collaborative working arrangements were in place with the service user, their representative and other key stakeholders.

It was evident that the agency maintains a range of methods to communicate with and record the comments of the service user, including through use of a 'communication dictionary' on a daily basis. Staff explained how they were using language and behaving in a manner which encouraged the service user to make their own choices. Feedback had been received during monitoring visits and contacts with the service user and representative.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the quality of the care records and the agency's engagement with the service user.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspector sought to assess the agency's ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

The inspector discussed arrangements in place relating to the equality of opportunity for service users and the need for staff to be aware of equality legislation whilst also recognising and responding to the diverse needs of service users in a safe, effective and compassionate manner. It was identified that staff had completed training on equality and diversity.

Discussions with the staff and manager provided evidence that supports service users' equal opportunities, regardless of their abilities, their background, choices or their lifestyle.

Some of the other areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- adult safeguarding
- advocacy
- equity of care and support
- individualised person-centred care
- individualised risk assessment
- disability awareness

Records of individual service user consultations and reports of quality monitoring visits indicated the agency's systems for regularly engaging with service users and relevant stakeholders were in place. The inspector noted that the agency had completed their annual quality survey in September 2018 regarding their community outreach service with positive results.

It was good to note that agency staff was promoting the autonomy of service users. Staff spoken with was aware of issues relating to consent. Staff gave examples of the importance of involving service users in making decisions about their own care and support. They spoke about respecting service users' rights to decline care and support, and the importance of recognising the best times for service users to make certain decisions. It was noted that restrictive practices are being reviewed frequently in collaboration with the multi-disciplinary team.

Compliments reviewed during inspection provided the following information in support of a compassionate service:

- 'We are delighted with the service which is a life-line for my daughter and the family.' (Feedback from a community outreach service user's relative).
- 'We are very satisfied with the service, my relative looks forward to the activities and can't wait to head off.' (Feedback from a community outreach service user's relative).
- 'I am happy with the staff that is supporting xxx during transition to a new provider. I am less anxious about the changes now.' (Feedback from representative of a service user).

Staff comments:

- "Very rewarding to build relationships with service users. We work well as a team and have support and advice available at any time."
- "I enjoy working with a variety of people and helping them enjoy their lives."

Areas of good practice

The agency promoted the involvement of service users within the service. There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care and engagement with service users and other relevant stakeholders with the aim of promoting the safety of service users and improving the quality of the service provided.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspector reviewed the management and governance systems in place within the agency to meet the needs of service users. It was identified that the agency has effective systems of management and governance in place.

The agency's Statement of Purpose and Service User Guide were noted to have been regularly reviewed and updated. The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. On the date of inspection the certificate of registration was on display and reflective of the service provided.

The day to day operation of the agency is overseen by the acting manager, supported by a senior support worker and a team of support workers. An application for the manager's registration with RQIA has been received and is being processed.

The staff members spoken with confirmed that there were good working relationships and that their line manager was responsive to any suggestions or concerns they raised.

Staff spoken with commented:

- "The manager and senior are all very approachable, accepting and flexible. They are contactable for advice at any time and always come back to us with updates or to confirm matter is sorted out."
- "The training is very good. We have very good communication within the team, always updated to better support our service user."

The inspector noted that arrangements were in place to ensure that staff are registered as appropriate with the relevant regulatory body. The records viewed confirmed that all staff are registered or have applied to be registered with the Northern Ireland Social Care Council (NISCC), in keeping with the NISCC registration timeframe. The manager discussed the system in place to identify when staff are due to renew registration with NISCC and the inspector viewed their monthly checklist confirming this process.

The agency maintains a variety of processes to ascertain and respond to the views of service users such as monthly quality monitoring, review meetings and the annual quality survey.

The inspector noted that the agency had completed their annual quality survey in September 2018 regarding their community outreach service with positive results. The annual quality review for 2019 has not yet been completed.

The agency's quality monitoring reports were reviewed for the past three months. These reports evidenced that the monitoring of the quality of service provided was being

consistently maintained in accordance with minimum standards. Each report contained a summary of consultation with service users' relatives, staff and other relevant HSCT representatives and evidenced how any issues arising had been managed. The reports also included details of a review of accidents, incidents, staffing arrangements, completed staff training and audits of documentation.

There had been no complaints received relating to the supported living service. Two complaints had been received in relation to the community outreach service, since the date of the last inspection. Records evidenced that each matter had been managed appropriately and resolved.

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with their policy has been maintained. Staff who spoke to the inspector provided feedback that they had supervision meetings, team meetings and appraisal in line with the agency's policy and procedure; records provided to the inspector confirmed this. Minutes of a recent staff meeting confirmed the staff had an opportunity to discuss any concerns or challenges within their work and offer ideas to improve their service.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years in accordance with timescales outlined in the minimum standards. Policies were held in hard copy manuals and online and were accessible to staff.

Areas of good practice

There were good governance and management arrangements in place, which focused on quality improvement initiatives and maintaining good working relationships.

Areas for improvement

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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