

Announced Care Inspection Report 28 February 2018



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 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. Services currently being provided include community outreach, floating support and day time opportunities which falls outside the domiciliary care agency regulations.

3.0 Service details

Registered organisation/registered person: Autism Initiatives NI/Andrew Grainger	Registered Manager: Stephen McGuigan
Person in charge at the time of inspection: Stephen McGuigan	Date manager registered: 04/07/2017

4.0 Inspection summary

An announced inspection took place on 28 February 2018 from 13.40 to 14.30 hours.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The manager, Stephen McGuigan, advised the inspector that the agency, while registered as a domiciliary care agency, is not currently operating as such but is supplying staff to service users within their community outreach and floating support schemes.

Evidence of good practice was found in relation to proposed governance arrangements, quality improvement and recruitment of staff.

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 Stephen McGuigan 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.

4.2 Action/enforcement taken following the most recent care inspection dated 09 February 2017

No further actions were required to be taken following the most recent inspection on 09 February 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Previous inspection report
- All communication with the agency

During the inspection the inspector spoke with the registered manager.

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, training, supervision, appraisal, complaints management, safeguarding, whistle blowing and incident reporting
- Statement of purpose
- Service user guide

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 09 February 2017

The most recent inspection of the agency was an announced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 09 February 2017

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

6.3 Inspection findings

From discussions with the manager, it was evident that at the time of the inspection and since the previous inspection, the agency was not supplying domiciliary care workers into service users' homes. The day to day operation of the agency is overseen by a manager who is supported by a senior support worker and a team of support workers. The inspector was satisfied that this supply of staff was in the context of the agency's community services only.

The full nature and range of service provision is laid out in the Statement of Purpose and Service User Guide.

A range of policies and procedures were reviewed relating to staff recruitment, induction and training. The inspector found these policies to be up to date and compliant with related regulations and standards.

The agency has in place a comprehensive recruitment policy; this was updated September 2017 by Autism Initiatives NI. The organisation has a dedicated human resources department which oversees the recruitment process, including the completion of appropriate pre-employment checks. Discussions with the registered manager indicated that the agency has in place robust recruitment systems to ensure that staffs are not provided for work until all pre-employment information has been satisfactorily completed and verified.

The inspector noted that arrangements are in place to ensure that staffs are registered as appropriate with the relevant regulatory body, The Northern Ireland Social Care Council (NISCC). The manager discussed the system in place to identify when staff are due to renew registration.

The induction programme for staff was viewed, which includes a detailed induction procedure and support mechanisms in place. The inspector viewed the staff training plan which indicated that staff are provided with the mandatory training subjects and a range of additional training necessary to meet the needs of service users.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. Records of their scheduling tool, viewed by the inspector, indicated that staff are provided with supervision and appraisal in accordance with the agency's policies and procedures.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The 'Adult Protection' policy and procedure provided information and guidance as required; and referenced the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) guidance of July 2015 'Adult Safeguarding Prevention and Protection in Partnership'. The details of the agency's Adult Safeguarding champion with key responsibilities are detailed in their procedure.

The agency's whistleblowing policy and procedure was found to be satisfactory.

The agency's data retention policy details the procedures for the creation, storage, retention and disposal of records. The inspector noted that records were maintained in accordance with legislation, standards and the organisational policy.

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection and found to be satisfactory. The service user's guide had been developed including pictorial formats, to meet the needs of service users.

The agency's complaints procedure viewed was found to be in line with regulations and standards.

The agency has developed a thorough quality monitoring system to oversee, audit and review the effectiveness and quality of support delivered to service users. Monthly quality monitoring will be undertaken by a manager who has a good working knowledge of the service. The quality monitoring system provides a thorough standard of monitoring.

Quality monitoring report template includes sections for consultation with a range of service users, relatives, and staff and as appropriate HSC Trust professionals; and progress on improvement matters. An annual quality review of services procedure is in place and was confirmed as appropriately detailed. The report includes details of the review of accidents, incidents and in addition details of the review of staffing arrangements, documentation, finance and training.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to governance arrangements, quality improvement, recruitment, induction, training, supervision and appraisal and adult safeguarding.

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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