

# Inspection Report

23 May 2023



## Autism Initiatives - Community Services

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 Initiative – Community Services	<b>Registered Manager:</b> Not applicable
<b>Responsible Individual:</b> Dr. Eamonn James Edward Slevin	<b>Date registered:</b> Not applicable
<b>Person in charge at the time of inspection:</b> Acting manager	
<b>Brief description of the accommodation/how the service operates:</b>  Autism Initiatives NI is an organisation providing a variety of services to people on the Autistic Spectrum. Autism Initiatives - Community Services is registered as a domiciliary care agency. Services include providing care and support to service users in their own home. The Belfast Health and Social Care Trust commissions the care and support provided.  The service also provides community outreach, floating support and day opportunities to service users who live in the community. RQIA does not regulate these elements of support.	

## 2.0 Inspection summary

An unannounced inspection took place on 23 May 2023 between 9.45 a.m. and 11.15 a.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 and Dysphagia management.

No areas for improvement were identified.

Good practice was identified in relation to the care records which evidenced a very person-centred approach to care delivery. There were good governance and management arrangements in place.

### 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.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

### 4.0 What did people tell us about the service?

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

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

#### **Service users' relatives' comments:**

- "I am very happy, they are great. (Service user's name) has settled very well. They are like family now. They phone me every six weeks or so to see how I am finding things. They are dead on and they are never late."

#### **Staff comments:**

- "It's very good, no concerns."
- "Everything is fine, if I had any concerns I would raise them to my manager."

No questionnaires were returned within the timescale for inclusion within the report. There were no responses 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 9 June 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 policy and 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 agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory. Advice was given in relation to retaining an addendum containing service-specific information.

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. They could also describe their role in relation to reporting poor practice. The manager advised that no concerns had been raised under the whistleblowing procedures.

There was a system in place to retain records of any referrals made to the HSC Trust in relation to adult safeguarding. The manager advised that no such incidents had occurred since the date of the last inspection.

Service users' relatives spoken with said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided.

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.

The manager reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future.

All staff had been provided with training in relation to medicines management. The manager advised that there were no service users currently requiring assistance from staff with administering medicine.

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 appropriate to their job roles. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, the care records contained the relevant authorisation documents. Advice was given in relation to making this aspect more explicit within the care plan.

### **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' care and support plans were very person-centred. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and amended when changes occur.

It was important that service users are supported to maintain their relationships with family, friends and partners during the Covid-19 pandemic. Where individuals with learning disabilities continued to experience anxiety about the pandemic, the agency was aware of the resources available 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)?**

Whilst none of the service users were assisted by staff with eating or drinking, they were all aware of any service users who had a SALT care plan in place. This ensured that they were vigilant in relation to assessing the service user's presentation at all times.

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 confirmed that all pre-employment checks, including criminal record checks (AccessNI), 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) or any other relevant regulatory body; 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 induction programme which also included shadowing of a more experienced staff member.

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. Advice was given in relation to reporting on only the service users who fall under Regulation

The Annual Quality Report was in the process of being completed. This will be reviewed at future inspection.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. The manager advised that no complaints had been received since the date of the last inspection.

### **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 the manager, as part of the inspection process and can be found in the main body of the report.



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