

# Announced Care Inspection Report 9 February 2017



## Autism Initiatives - Community Services

**Type of Service: Domiciliary Care Agency**

**Address: Lower Ground Office 1, Linden House, Beechill Business  
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**Tel No: 02890699130/230**

**Inspector: Caroline Rix**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced inspection of Autism Initiatives - Community Services took place on 9 February 2017 from 14.00 to 16.00 hours.

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.

Autism Initiatives is an agency providing services to people on the Autistic Spectrum. Services provided include community outreach, floating support and day time opportunities. Services are provided in the greater Belfast area along with the Northern and South Eastern Health and Social Care Trust areas.

Floating support provides transitional services for service users aged 18 years and upwards diagnosed with Asperger's to promote independent living, including life skills, social development, and employment and training opportunities.

Outreach services are provided to service users aged 4 - 50 years of age. Support workers provide a range of services including promoting daily living skills, communication, building social networks, social inclusion, improving self-esteem and self-awareness.

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

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with applicant manager, Stephen McGuigan, 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.

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 9 June 2015.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Autism Initiatives NI/Andrew Grainger	<b>Registered manager:</b> Stephen McGuigan (Acting)
<b>Person in charge of the service at the time of inspection:</b> Stephen McGuigan (Acting)	<b>Date manager registered:</b> Not applicable

## 3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Previous quality improvement plan (QIP)
- Record of notifiable events for 2015/2016
- Record of complaints notified to the agency

Specific methods/processes used in this inspection include the following:

- Discussion with the manager (acting)
- Examination of records
- File audits
- Evaluation and feedback

The following records were examined during the inspection:

- Statement of Purpose
- Service User Guide
- A service user file, referral information and agreement
- Two staff recruitment files
- Two staff training records
- Protection of Vulnerable Adults Policy and Procedure
- Monitoring and Auditing the Quality of Service Policy and Procedure
- Annual quality report
- Complaints procedure and records
- Compliment records.

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the last care inspection dated 9 June 2015

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 4.4  <b>Stated:</b> First time	It is recommended that written agreements in service users' files are signed by service users and/or their representatives. Where the service user is unable or chooses not to sign this should also be recorded.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records evidenced that written agreements in service users' files had been signed by service users and/or their representatives and noted where they were unable or declined to sign the document.	

## 4.2 Inspection findings

From discussions with the manager (acting) and the registered person, 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.

The agency has in place a recruitment policy; this was updated March 2015 by Autism initiatives. The organisation has a dedicated human resources department which oversees the recruitment process, including the completion of appropriate pre-employment checks. The inspector reviewed a sample of two staff recruitment records and found all the required information and documentation to be in place in line with the regulations.

It was noted that the agency has an induction policy and procedure in place. The induction programme for support workers was viewed, which includes a detailed induction procedure and support mechanisms in place for staff.

Records of training indicated that staff attend a range of training necessary to meet the needs of service users. Autism Initiatives NI has a system of requiring staff to complete competency assessments subsequent to key training events to ensure that learning objectives have been met, and to identify future learning needs. Records in sampled staff files confirmed on-going training and competency assessments had been completed in line with their training plan.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed a policy maintained by the agency in relation to the safeguarding of adults (2016) in accordance the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated vulnerable adults guidance issued in July 2015: 'Adult Safeguarding Prevention and Protection in Partnership'. The inspector examined documentation which indicated that safeguarding training provided by the agency includes the regional guidance.

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The inspector reviewed a service users' file which contained the HSC Trust referral information, support plan, risk assessment and service agreement. Examination of these records indicated that information from the HSC Trust assessment was incorporated accurately into the individual's support plan and risk assessment. The support plan had a strong person centred focus, was up to date, and clearly detailed the service users' needs and how they wished these to be met.

The agency maintains and implements a policy relating to complaints and compliments. The inspector noted five complaints were received during the reporting period of 1 April 2015 to inspection date 9 February 2017. The inspectors reviewed sample of three complaints records which supported appropriate management, review and resolution of each complaint. The inspector reviewed three compliment records received since May 2016; these contained extremely positive feedback from representatives and a member of the public, on the quality and value of the support provided. The manager confirmed all compliments received are shared with staff both individually and as a team.

The agency has developed and maintained a thorough quality monitoring system to oversee, audit and review the effectiveness and quality of support delivered to service users. Monthly quality monitoring is undertaken by a manager who has a good working knowledge of the service. The quality monitoring system provides a thorough standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of service users, relatives, and staff and as appropriate HSC Trust professionals; and progress on improvement matters. The inspector noted that quality monitoring reports documented positive feedback regarding the quality of service provision.

The inspector examined the report of the annual service user/representatives satisfaction survey 2016, which reflected a high level of satisfaction regarding the support they receive and the manner in which staff treat them. This report was confirmed as appropriately detailed and had been shared with service users/relatives in June 2016.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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