

# Announced Care Inspection Report 18 October 2018



## Autism Initiatives - Community Services

**Type of Service: Domiciliary Care Agency**  
**Address: Lower Ground Office 1, Linden House,**  
**Beechill Business Park,**  
**96 Beechill Road,**  
**Belfast, BT8 7QN**  
**Tel No: 02890699139**  
**Inspector: Caroline Rix**

[www.rqia.org.uk](http://www.rqia.org.uk)

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. 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

<b>Organisation/Registered Provider:</b> Autism Initiatives NI  <b>Responsible Individual(s):</b> Maria Waugh	<b>Registered Manager:</b> Fiona McKeown (applicant manager)
<b>Person in charge at the time of inspection:</b> Fiona McKeown	<b>Date manager registered:</b> Applicant manager

### 4.0 Inspection summary

An announced inspection took place on 18 October 2018 from 09.50 to 12.40 hours.

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

The manager, Fiona McKeown, 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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the manager Fiona McKeown 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 28 February 2018

No further actions were required to be taken following the most recent inspection on 28 February 2018.

## 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 applicant manager, the area manager and a support worker.

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.
- Staff recruitment records.
- Staff induction records.
- Training plan and records.

The findings of the inspection were provided to the manager Fiona McKeown and the area manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 28 February 2018

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 28 February 2018

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

## 6.3 Inspection findings

From discussions with the manager and area 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 manager explained that they are currently in negotiation with the Belfast

Health and Social Care Trust who are commissioning support services for a person in their own home; however this has not yet been finalised.

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.

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 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 staff are registered as appropriate with the relevant regulatory body. The records confirmed that all staff are registered with The Northern Ireland Social Care Council (NISCC) or have applied to be registered in the case of newly appointed staff. The manager discussed the system in place to identify when staffs are due to renew registration with NISCC.

The induction programme for new staff was viewed, which includes a detailed induction procedure and support mechanisms in place which is compliant with Regulation 16(5) (a). Documentation viewed by the inspector contained details of the information provided during the induction period and learning outcomes achieved by staff over a six month period that included a shadowing system. The manager had signed all records to confirm that staff members had been deemed competent at the end of their probationary period.

The inspector reviewed the agency's training matrix and training records maintained for individual staff members; those viewed indicated that staff had completed relevant training. Records of training and staff feedback indicated that staff attend a range of training necessary to meet the individual needs of service users. The organisation has a system of requiring staff to complete annual update training in key subject areas. The organisation has a learning and development team to assist managers to ensure that learning objectives have been met, and to identify future learning needs.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency maintains a record of individual staff supervisions in line with their policies and procedures. Staff confirmed senior staffs are approachable at any time for support and guidance.

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 agency has identified their Adult Safeguarding champion with key responsibilities detailed in their procedure in line with required guidance.

The manager demonstrated a clear understanding of safeguarding issues; and could describe the procedure to be followed which is in accordance with the agency’s procedure. The inspector noted that the safeguarding procedures are also available in an easy read version which will be provided to each service user.

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.

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 organisation implements a variety of processes to ascertain and respond to the views of service users such as monthly quality monitoring, review meetings and an annual quality survey. 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.

**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 adult safeguarding.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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.



The **Regulation** and  
**Quality Improvement**  
Authority

The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care