

Announced Care Inspection Report 6 August 2020



Autism Initiatives 96 Beechill Road

Type of Service: Day care

Address: Linden House, Beechill Business Park, Belfast, BT8 7QN

Tel No: 02890 699130

Inspector: Jim McBride

www.rqia.org.uk

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 provider 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 is a Day Care Setting with approval for six places. The service provides care and day time activities for individuals with Autism Spectrum Condition, Learning Disability and any associated difficulties. The day service provides support to individuals not diagnosed with Autism but in need of the expertise which the service can provide based on assessed need. The service is open Monday to Friday. The service is operated by Autism Initiatives which is a voluntary organisation.

3.0 Service details

Organisation/Registered Provider: Autism Initiatives NI Responsible Individual: Dr E Slevin	Registered Manager: Ms Maria Waugh
Person in charge at the time of inspection: Ms Maria Waugh	Date manager registered: 19 December 2019

4.0 Inspection summary

An announced inspection took place on 6 August 2020 from 09.50 to 12.00.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

Since the inspection on the 20 September 2018 RQIA have not completed a primary inspection. In response to this RQIA decided to undertake an inspection of the service. This inspection was carried out using an on-site inspection approach in line with social distanced guidance.

This inspection was underpinned by. The Health and Personal Social Services (Quality, Improvement and Regulation (Northern Ireland) Order 2003, 2007. The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017. Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the centre was delivering safe, effective and compassionate care and if the service was well led.

One area requiring improvement was identified. This area for improvement relates to the monthly quality monitoring visits completed on behalf of the registered provider. Regulation (23) (2) & (3).

Evidence of good practice was found in relation to Access NI and staff registrations with the Northern Ireland Social Care Council (NISCC). Good practice was also found in relation to all current Covid-19 guidance and the use of PPE guidelines, Covid-19 education and management including infection prevention and control measures. Individual quality measures in place completed by staff daily. It was good to note that staff had supported both service users and relatives through the Covid-19 time as the centre remained open providing care and support.

The findings of this report will provide the centre 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	1	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Ms M Waugh, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 20 September 2018.

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on the 6 August 2020.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this day care service. This included the previous inspection report any notifiable events, written and verbal communication received since the previous care inspection.

During our inspection we focused on contacting the service user's relatives and staff to find out their views on the service.

The inspector ensured that the appropriate staff checks were in place before staff work with service users and reviewed the following area:

- Recruitment records specifically relating to Access NI and NISCC registration.
- Covid-19: guidance for Day care. Provided by RQIA for centres planning to reopen.

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery.

"Tell us" cards were provided for service users and those who visit them the opportunity to contact us after the inspection with their views. No responses were received prior to the issue of the report.

A poster was provided for care givers detailing how they could complete an electronic questionnaire. No responses were received prior to the issue of the report.

Three questionnaires were also provided for distribution to the service users and their representatives; one response was returned and comments are included within the report.

Comments:

"I am currently very satisfied with my sons day care service."

RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately.

During the inspection the inspector communicated with the manager, two staff and three service users' relatives. Due to the complexity of need and communication difficulties the inspector had no opportunity to communicate with service users.

Staff comments:

- “Good supervision and communication.”
- “My induction was excellent, shadowing other staff was helpful.”
- “Induction prepared me for my role.”
- “The Covid-19 training has been comprehensive and professional.”
- “Our role is to support and engage with service users who are challenged.”
- “The managers are supportive and professional with staff.”
- “Training is good; I enjoy the classroom activity training.”
- “Staff are all well supported with an open door policy by the manager.”

Relative’s comments:

- “***** is well cared for and settled.”
- “I have no problems with the day care.”
- “There is an excellent continuity of care.”
- “I have no complaints about the service.”
- “Fantastic care and support provided.”
- “This is a tailor made service with individual support.”
- “The care and support is provided by enthusiastic staff.”
- “The service is caring and reactive to needs.”
- “The communication is second to none and works both ways.”
- “I know he is safe and well cared for by the staff.”

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The inspector would like to thank the registered manager, service user’s relatives and staff for their support and co-operation throughout the inspection process.

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

6.0 The inspection

Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p>	<p>The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of—</p> <p>(a) the death of any service user in the day care setting, including the circumstances of his death;</p> <p>(b) the outbreak in the day care setting of any infectious disease which in the opinion of any general medical practitioner is sufficiently serious to be so notified;</p> <p>(c) any serious injury to a service user in the day care setting;</p> <p>(d) any event in the day care setting which</p>	<p>Met</p>

	<p>adversely affects the wellbeing or safety of any service user; (e) any theft or burglary in the day care setting; (f) any accident in the day care setting; (g) any allegation of misconduct by the registered person or any person who works in the day care setting.</p> <p>This regulation should be read in conjunction with the statutory notification guidelines updated September 2017. Ref: 6.4</p> <p>Action taken as confirmed during the inspection: The registered person will notify RQIA of any incidents as per guidance including near miss incidents. Action taken was evident during the inspection.</p>	
<p>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 23.3</p> <p>Stated: First time</p>	<p>The registered person shall ensure there is a competent and capable person in charge of the day care setting, in the absence of the registered manager, at all times. Governance records which evidence that such staff are willing and competent to assume responsibility as the person in charge in the manager's absence, should be maintained and regularly reviewed to ensure that these governance processes remain effective and appropriate.</p> <p>Ref: 6.4</p> <p>Action taken as confirmed during the inspection: The registered person appointed a senior support worker. The senior support worker has completed a competency assessment as evidence of their role and responsibility in addition to an induction and employee assessment. The competency assessments are updated annually. The senior support worker is the responsible person in the absence of the registered manager. Records in place were up to date and reviewed during the inspection.</p>	<p>Met</p>

6.1 Inspection findings

Recruitment records:

The services staff recruitment processes were noted to be managed in conjunction with the organisation's Human Resources (HR) Department, located at the organisation's head office. Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 and Standard 11 relating to Access NI. The inspector reviewed documentation in staff files in relation to pre-employment checks which provided assurances that Access NI checks were completed before commencement of employment.

A review of 6 staff records confirmed that all staff are currently registered with NISCC. The inspector noted that the manager had a system in place each month for monitoring registration status of staff with NISCC and confirmed that all staff are aware that they are not permitted to work if their NISCC registration had lapsed.

Service quality:

The inspector noted some of the comments made by relatives during the annual quality survey, when they were asked to comment on the following:

- Satisfaction levels with the service
- Staff
- Service user safety
- Activities
- Choices
- Health and well being
- Consultation
- Communication
- Complaints.

Comments received:

- "I'm satisfied with my son's day service."
- "***** is safe in their care."
- "The team are very perceptive."
- "Staff always go beyond what is required."
- "We are kept well informed about everything."
- "Excellent staff."

Areas of good practice

Areas of good practice were identified in relation to the completion of checks with Access NI in conjunction with HR Department and staff registrations with NISCC. Good feedback during the annual quality review.

Areas for improvement

One area requiring improvement was identified. This area for improvement relates to the monthly quality monitoring visits completed on behalf of the registered provider. Regulation (23)(2)&(3).

	Regulations	Standards
Total number of areas for improvement	1	0

Care planning and review:

The inspector reviewed three care plans in place for individual service users. These fully described the care and support required for individuals and included:

- Referral information
- Care plan
- Individual action plans
- Risk assessments
- Reviews.

Covid-19

The inspector spoke with the manager and to two staff members, who were knowledgeable in relation to their responsibility in relation to covid-19. Staff stated they were aware of the guidance in relation to use of PPE for activities that brought them within two metres of service users. Staff were also aware of the need to replace PPE between service users and how to appropriately dispose of used PPE.

The inspector reviewed the current practices relating to the following areas of guidance and good practice relating to Covid-19.

- Dissemination of information to staff
- Monitor staff practice
- IPC policies and procedures
- Infection prevention and control policies and procedures have been updated to address all current guidance in relation to Covid-19.
- Temperature monitored twice daily In line with guidance
- Used PPE storage and disposal
- Staff training and guidance on: a. infection prevention and control and b. the use of PPE equipment, in line with guidance.

The inspector reviewed records relating to Infection prevention and control policies which were in-line with the guidance. The policies and procedures had been updated to include covid-19. Policies and guidance were available to all staff in hard copy within the centres office.

The inspector reviewed records that indicated that service users, staff and visitors had their temperatures monitored twice daily in accordance with the guidance. Monitoring records also involved asking about and looking out for the following symptoms, fever of 37.8C or above, cough, loss of or change in sense of smell or taste.

Hand sanitisers were placed in different areas throughout the centre for service users, staff and visitors to use to ensure good hand hygiene.

There was evidence that clear guidance with regards to IPC, donning (putting on) and doffing (taking off) of PPE. There was evidence that staff had completed training with regards to IPC; this was facilitated by the service staff.

The staff on duty demonstrated that they had a good understanding of the donning and doffing procedures and were observed to be using PPE appropriately. The manager discussed the procedures that both she and senior staff spot check the use of PPE by staff during the day. Spot checks on staff practice are undertaken to ensure they are fully compliant with current guidance.

The procedure and guidance in place show that:

- Robust systems are in place to ensure that current infection prevention and control guidance is available and accessible to staff.
- There are effective systems in place to monitor staff compliance with good infection prevention and control practices.
- All staff working in the service are able to demonstrate their knowledge of infection prevention and control practice commensurate to their role and function in the service.

It was good to note that staff were working well together to support the best outcomes for service users, in a caring manner, whilst being caring and compassionate to both service users and their relatives.

It was noted that staff were committed to working in line with covid-19 guidance to ensure that the impact of current measures, strikes the correct balance between keeping people safe and promoting a good quality of life, as highlighted by relatives in their comments. Staff are being vigilant in terms of monitoring people for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading COVID-19 within the centre.

Areas of good practice

- Dissemination of information to staff
- Monitor staff practice
- IPC policies and procedures
- Infection prevention and control policies and procedures have been updated to address all current guidance in relation to Covid-19.
- Staff training and guidance.

Areas for improvement

No areas for improvement were identified.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms M Waugh, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with Day Care Setting Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 23 (2) (3)</p> <p>Stated: First time</p> <p>To be completed by: From the inspection date</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency arranges the provision of good quality services for service users; taking the views of service users and their representatives into account in deciding.</p> <p>This area for improvement relates to the seeking of views about the quality of service provided to service users from a range of stakeholders. During the most recent inspection the reports available did not fully outline the quality of the service in relation to feedback from a number of stakeholders.</p> <p>This is required to be reviewed and a copy of the monthly reports to be forwarded to RQIA until further notice.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: This has been discussed with the designated person who completes the monthly monitoring report (MMR) and with senior management. We shall assure that views of the various stakeholders i.e. relatives, service users (either expressed or based on observation), AINI staff and HSCT professionals are obtained on the quality of the service and this is recorded in the MMR. The registered manager will forward the MMR to RQIA by the 5th of each month until further notice.</p>
--	--



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
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)