

Inspection Report

4 October 2021











Autism Initiatives

Type of service: Day Care Address: Linden House, Beechill Business Park, Belfast, BT8 7QN Telephone number: 028 9069 9130

www.rqia.org.uk

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

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

Brief description of the accommodation/how the service operates:

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 currently provides to three service users.

2.0 Inspection summary

An unannounced inspection was undertaken on 4 October 2021 between 09.00 am and 11.45am by the care inspector.

This inspection focused staff registrations with the Northern Ireland Social Care Council (NISCC), Adult Safeguarding, notifications, complaints and whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practice, dysphagia arrangements, monthly quality monitoring, Covid-19 practice and guidance.

Good practice was identified in relation to appropriate checks being undertaken before staff were supplied to the setting. Good practice was also found in relation to the system in place for disseminating Covid-19 related information to staff.

There were good governance and management oversight systems in place. On entering the day care setting the inspector's contact tracing details were obtained by staff who advised that this is completed for all persons entering the day care setting in line with current Covid-19 guidelines.

The environment was observed during the inspection and there was evidence of infection Prevention and Control (IPC) measures in place such as PPE which was available for staff.

The findings of this report will provide the day care setting with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

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.

The inspection focused on:

- contacting the service users or their representatives and staff to find out their views on the service.
- reviewing a range of relevant documents and policies and procedures relating to the day care setting's governance and management arrangements.

4.0 What people told us about the service

We spoke with two staff. We also had the opportunity to communicate with two service users' families. We provided a number of questionnaires to service users' relatives to facilitate them to provide comments on the quality of service provision. Staff were also provided with an electronic survey. We observed a variety of activities and good communication between staff and service users. Service users present were observed to be involved in a range of activities including one to one work with staff. No comments were received due to the communication difficulties experienced by service users in attendance.

The returned questionnaires showed good satisfaction levels.

Staff comments were received from the electronic survey prior to the issue of this report.

- "I really enjoy working here."
- "Maria has done an excellent job working to create a great environment for the people we support, whilst developing a close knit team that all genuinely care for the wellbeing of each individual."
- "This is a brilliant service overseen by an effective manager. I am pleased to be part of such a dynamic group and support individuals and their families."

Comments received during the inspection process:

Staff comments:

- "A good comprehensive induction including shadowing other staff."
- "The manager has an open door policy to all."
- "I feel safe and secure with the PPE and Covid guidance."
- "Very good communication between all staff."
- "Training is good and productive."

Relatives' comments:

- "The centre is brilliant."
- "**** is very well settled."
- "Good that the centre has remained open during difficult times."
- "Excellent communication between us and the staff."
- "I have no issues."
- "We receive weekly updates and can contact the centre at any time."
- "I feel safe and secure that **** is happy there."
- "The centre is a lifeline for us."
- "I could not praise them enough."

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Autism Initiatives was undertaken on 6 August 2020 by a care inspector.

Areas for improvement from the last inspection on 6 August 2020				
Action required to ensure of Regulations (Northern Irela	Validation of compliance			
Area for improvement 1	The registered person shall establish and maintain a system for evaluating the quality of			
Ref: Regulation 23 (2) (3)	the services which the agency arranges to be provided. At the request of the Regulation and			
Stated: First time	Improvement Authority, the registered person shall supply to it a report, based upon the			
To be completed by: From the inspection date	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.	Met		
	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.			
	This is required to be reviewed and a copy of the monthly reports to be forwarded to RQIA until further notice. Ref: 6.1			

	Action taken as confirmed inspection: A number of reports were averaged in the confirmed inspection.	J
and were satisfactory.	and were satisfactory.	

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The day care setting's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The ASC annual report was available and forwarded to RQIA for review. The report was satisfactory.

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns.

It was noted that staff were required to complete adult safeguarding training during their induction programme and annual updates thereafter. All training records reviewed were in place and satisfactory.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The setting had a system for recording referrals made to the HSC Trust's adult safeguarding team in relation to adult safeguarding. Records reviewed and discussions with the manager indicated that no adult safeguarding referrals had been made since the last inspection.

The day care setting had provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that one incident had been reported to RQIA since the last inspection. This was actioned according to the setting's policies and procedures; the documentation in place was reviewed and was satisfactory.

There were arrangements in place to ensure that service users who require high levels of supervision or monitoring and restriction have had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative and other relevant persons.

All staff had completed DoLS training appropriate to their job roles; records reviewed clarified training. Discussion with staff clarified their knowledge of the subject.

Staff demonstrated that they had an understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and Infection Prevention and Control (IPC) practices. Staff were observed adhering to guidance and were knowledgeable during discussions.

5.2.2 Question with regards Dysphagia.

The manager confirmed that the setting had not currently received specific recommendations from the Speech and Language Therapist (SALT) in relation to service users' dysphagia needs. It was noted that management and staff are discussing providing future training.

5.2.3 Are their robust systems in place for staff recruitment?

The review of the day care setting's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards; required pre-employment checks were completed before staff members commenced employment and direct engagement with service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all staff provided were appropriately registered with NISCC. Information regarding registration details and renewal dates was monitored by the manager; this system was reviewed and found to be in compliance with regulations and standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with relatives, staff, and HSCT staff. The reports included details of the review of service user care records, accident/incidents, safeguarding matters, complaints, staff training and staffing arrangements.

We noted some of the comments made by relatives, HSC trust and staff during the monthly quality monitoring:

Staff:

- "We have good positive relationships."
- "I'm happy in my job."
- "I well supported by the team."

Relatives:

- "I'm happy with my **** activities."
- "No concerns staff are great."
- "Staff are wonderful and my *** is very happy."

HSC Trust Staff:

- "Everything is going well and I'm very happy."
- "A good positive experience."
- "I'm delighted how * looks and positive about his engagement."

It was positive to note that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that matters had been actioned.

There was a process for recording complaints in accordance with the day care setting's policy and procedures. It was noted that no complaints had been received since the last inspection.

Staff described their role in relation to reporting poor practice and their understanding of the setting's policy and procedure on whistleblowing.

It was established during discussions with the manager that the setting had not been involved in any Serious Adverse Incidents (SAIs)/Significant Event Analyses (SEAs) or Early Alerts (EAs).

The annual provider report as required by Regulation 17 was available for review. The report was comprehensive and gave a positive overview of the day care setting.

It was positive to note that a number of annual care reviews had been completed and the day care setting must be commended for their actions. We noted some of the comments from a relative during the reviews:

- "No issues or concerns."
- "I'm happy with *** progress."
- "I'm happy with the staff team."

6.0 Conclusion

Based on the inspection findings and discussions held, RQIA is satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager/management team.

7.0 Quality Improvement Plan/Areas for Improvement

No areas for improvement were identified during this inspection.

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





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