

Inspection Report

5 December 2022



Autism Initiatives – 96 Beechill Road

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

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

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|---|---|
| Organisation/Registered Provider: Autism Initiatives NI | Registered Manager: Ms. Maria Waugh |
| Responsible Individual: Eamonn Slevin | Date registered: 19/12/2019 |
| Person in charge at the time of inspection: Ms. Maria Waugh | |
| 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. | |

2.0 Inspection summary

An unannounced inspection was undertaken on 5 December 2022 from 09.00 a.m. and 12.00 p.m. The inspection was conducted by a care inspector. The agency are currently providing day care to three service users.

The inspection examined the day care setting'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 Safeguarding (DoLS), restrictive practices, Dysphagia and Covid-19 guidance was also reviewed.

It was positive to note that service users benefited from a well led service. There was a clear leadership and management structure in place which helped to ensure staff were clear about their role and responsibilities. The service was well organised and had a range of systems in place to ensure its operation and to support good communication.

Good practice was identified in relation to service user involvement. The manager and staff demonstrated good caring values and a desire to provide service users with quality personalised care. Staff were familiar with the choices and preferences of individual service users and strove to deliver on these.

One area for improvement identified relates to Regulation 28 Quality monitoring.

3.0 How we inspect.

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 day care services, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care settings have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

Having reviewed the "We Matter" Adult Learning Disability Model for N.I. (2020), the vision states, we want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community. RQIA reviewed the support individuals were offered to make choices and decisions in their life that focused on enabling them to develop and to live a safe, active and valued life.

RQIA also considered how service users were respected and empowered to lead a full and healthy life in the community and are supported to make choices and decisions that enables them to develop, and live safe, active and valued lives.

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 staff survey.

4.0 What did people tell us about the service?

During the inspection we observed one service user and a staff member facilitating care and support. Due to the complexity of need and no-verbal communication the service user was observed in their activities. No staff other than the manager were available for comment.

During the inspection we provided a number of questionnaires for those supported or their representative to comment on areas of service quality and their lived experiences:

Returned questionnaires show that those supported or their representative were satisfied or fully satisfied with the current service. We noted some of the comments received:

- "Care given by AI is outstanding."
- "Our relative leaves in the morning and we have every confidence in the care given."
- "We as a family would not survive without AI."
- "A first class service in every aspect."
- "Staff are a credit to the service."

No staff questionnaires were received prior to the issue of this report.

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 care inspection of the day care setting was undertaken on 4 October 2021 by a care inspector. No areas for improvement were identified.

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 outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

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. The annual safeguarding champion report was available for review and was satisfactory.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. The manager had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns. A review of records confirmed that no concerns had been received since the last inspection.

Staff were provided with training appropriate to the requirements of their role. Where service users may require the use of specialised equipment to assist them with moving/lifting, this is included within the day care setting's mandatory training programme. A review of records confirmed that where the day care setting was unable to provide training in the use of specialised equipment, this is identified by the setting before care delivery commences and training is requested from the HSC Trust. The manager reported that no service users currently required the use of specialised equipment.

Care reviews are undertaken in keeping with the day care setting's policies and procedures, the agency must be commended for the work completed to ensure recent annual reviews.

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. The manager

demonstrated their 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 (MCA).

It was positive to note that service users were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the setting supported this practice. Service users had the support of a team of staff who were suitably skilled and experienced to meet their assessed needs.

Staff had completed appropriate Deprivation of Liberty Safeguards DoLS training raining appropriate to their job roles. The manager reported that all of the current service users were subject to DoLS arrangements. The documentation n place was reviewed and was satisfactory.

Records examined identified that a number of safety checks and audits had been undertaken including fire alarm tests. It was noted that the last full evacuation drill was undertaken on the 13 September 2022. Fire risk assessments for the centre were available for the inspection and had been completed the 22 March 2022. Staff fire training was completed the 16 October 2022. Fire exits were observed to be clear of clutter and obstruction.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions, it was good to note that service users and their representatives had an input into devising individual activities. The service users' care plans contained details about their likes and dislikes and the level of support they may require.

We found an effective quality assurance survey took place regularly; we reviewed the results and outcomes that were satisfactory. The service delivered had also been regularly reviewed through a range of internal and external audits.

5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

No service users have been assessed by SALT or any recommendations provided.

A review of training records confirmed that staff had completed training in relation to how to respond to choking incidents. Swallowing awareness was also completed by staff during First-Aid training. The manager demonstrated a good knowledge of service users' wishes, preferences and assessed needs. Dysphagia training had also been completed by all staff.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the day care setting's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (Access NI), 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) and NMC or any other relevant regulatory body.

There was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date. No volunteers were working in the day care setting.

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 day care setting's policies and procedures.

There was a robust, structured, three day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the day care setting of the person's capability and competency in relation to their job role.

A review of the records pertaining to Regulation 20 of The Day Care Settings Regulations (Northern Ireland) 2007 and Standard 21 of The Day Care Settings Minimum Standards 2021 relating to staff also identified that they had been recruited, inducted and trained in line with the regulations.

The day care setting had maintained a record for each member of staff of all training, including induction and professional development activities undertaken. The records included the names and signatures of those attending the training event, the date(s) of the training and the content of the training programme. Staff were supported by a system of induction, training and supervision to ensure they were effective in their role.

All NISCC registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

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

There were monthly monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A review of the reports of the day care setting's quality monitoring established that there was engagement with service users' relatives and staff and HSC staff. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements. As service users have significant communication difficulties they are observed during monitoring visits. No specific comments were available for review.

An area for improvement was identified relating to the quality of Regulation 28 reports and was discussed with the manager during inspection feedback.

The setting must review their current monitoring arrangements and review the level of feedback that would assess the quality of the service during current monitoring.

We noted some of the comments received from other sources during quality monitoring:

Staff:

- “I enjoy my role everyone gets on well together.”
- “I’m aware of policies and procedures in place.”
- “My training is up to date.”

Relatives:

- “I’m satisfied with the support given to my relative.”
- “No issues, happy with the service.”
- “I appreciate all that staff do.”

HSC Staff:

- “Service users are supported by staff who know them well.”
- “No issues or concerns with the current support.”
- “All is going well I’m happy with everything.”

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

There was a system in place to ensure that complaints were managed in accordance with the day care setting’s policy and procedure. No complaints had been received since the last inspection.

6.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has/have been identified where action is required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007 and Day Care Settings Minimum Standards, (revised), 2021.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of Areas for Improvement | 1 | 0 |

The area for improvement have been stated for a second time

The area for improvement and details of the 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 5 December 2022.

| Quality Improvement Plan | |
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| Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007 | |
| <p>Ref: Regulation 28</p> <p>Stated: Second time</p> <p>To be completed from the inspection date: 5 December 2022</p> | <p>Ref: Monthly quality monitoring</p> <p>Visits by registered provider 28.—(1) Where the registered provider is an individual who does not manage the day care setting himself, he shall visit the day care setting in accordance with this regulation. (2) Where the registered provider is an organisation or partnership, the day care setting shall be visited in accordance with this regulation by— (a) the responsible individual or one of the partners, as the case may be; (b) a director or other person responsible for the management of the organisation or partnership; or (c) an employee of the organisation or the partnership who is not directly concerned with the conduct of the day care setting. (3) Visits under paragraph (1) or (2) shall take place at least once a month or as agreed with the Regulation and Improvement Authority and may be unannounced. (4) The person carrying out the visit shall— (a) interview, with their consent and in private, such of the service users and their representatives and persons employed in the day care setting as appears necessary in order to form an opinion of the standard of care provided in the day care setting; (b) inspect the premises of the day care setting, its record of events and records of any complaints; and (c) prepare a written report on the conduct of the day care setting. (5) The registered provider shall maintain a copy of the report required to be made under paragraph (4)(c) in the day care setting and make it available on request to— (a) the Regulation and Improvement Authority; (b) the registered manager; 13 (c) a service user or his representative; (d) an officer of the HSS trust in the area of which the day care setting is situated; (e) in the case of a visit under paragraph (2)— (i) where the registered provider is an organisation, to each of the directors or other persons responsible for the management of the organisation; and (ii) where the registered provider is a partnership, to each of the partner.</p> <p>The day care setting must forward the completed reports to RQIA until further notice.</p> <p>Response by registered person detailing the actions taken:</p> |

Please ensure this document is completed in full and returned via Web Portal



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