

# Inspection Report

7 November 2023



## 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

<b>Organisation/Registered Provider:</b> Autism Initiatives NI	<b>Registered Manager:</b> Ms. Maria Waugh
<b>Responsible Individual:</b> Adele Leighton awaiting registration	<b>Date registered:</b> 19/12/2019
<b>Person in charge at the time of inspection:</b> Acting manager	
<b>Brief description of the accommodation/how the service operates:</b>  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 took place on 7 November 2023 between 09.30 a.m. and 11.30 a.m. The inspection was conducted by a care inspector. The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction, training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices and Dysphagia management.

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 knowledgeable about their role and responsibilities. The service was well organised and had a range of systems in place to support good communication.

Good practice was identified in relation to service user involvement, staff recruitment and training. Staff we spoke with demonstrated strong caring values and a desire to provide service users with personalised care.

Staff were familiar with the choices and preferences of individual service users and expressed a commitment to providing care in keeping with service users' care and support plans.

We noted some of the compliments received by the agency from various sources:

- “Communication is good and I’m happy with the support provided. The team know my relative well and cater to their needs.”
- “From day one everyone involved has made such a difference to my relative’s life.”
- “The staff are amazing, my relative absolutely loves coming to the centre and is doing something different every day.”

The inspector would like to thank the staff for their help, support and cooperation during this inspection.

### 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.

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.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services; with easy read questionnaires and an electronic staff survey.

### 4.0 What did people tell us about the service?

During the inspection we spoke with staff members, no service users were available as they were out at social outreach. The information provided indicated that there were no concerns in relation to the day care setting.

Comments received included:

#### Staff comments:

- “Open door policy here with the manager.”
- “I have one to one supervision.”
- “We provide a range of activities including social outreach.”

- “All my training is up to date.”
- “I’m aware of my NISCC responsibility as a care worker.”
- “Staff communicate well with each other.”
- “Induction is comprehensive and you shadow other staff.”
- “A very supportive manager.”
- “A very person centred service.”

During the inspection we provided a number of easy read questionnaires for service users/relatives to complete and share their views in regard to service quality and their lived experiences:



- Do you feel your care is safe?
- Is the care and support you get effective?
- Do you feel staff treat you with compassion?
- How do you feel your care is managed?

No service user questionnaires were returned prior to the issue of this report. A number of staff questionnaires were returned prior to the issue of this report showing good satisfaction levels. We noted the comments received:

- “Great service”.

## 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 agency was undertaken on 5 December 2022 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the inspector and was validated during this inspection.

Areas for improvement from the last inspection on 5 December 2023		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
<b>Ref:</b> Regulation 28  <b>Stated:</b> Second time  <b>To be completed from</b>	<b>Ref:</b> Monthly quality monitoring  Visits by registered provider 28. — (1) Where the registered provider is an individual who does not manage the day care setting himself,	<b>Met</b>

<p><b>the inspection date:</b> 5 December 2022</p>	<p>he shall visit the day care setting in accordance with this regulation.</p> <p>(2) Where the registered provider is an organisation or partnership, the day care setting shall be visited in accordance with this regulation by—</p> <p>(a) the responsible individual or one of the partners, as the case may be;</p> <p>(b) a director or other person responsible for the management of the organisation or partnership; or</p> <p>(c) an employee of the organisation or the partnership who is not directly concerned with the conduct of the day care setting.</p> <p>(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.</p> <p>(4) The person carrying out the visit shall—</p> <p>(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.</p> <p>(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>	
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	<p><b>Inspectors Comments:</b> All actions reviewed and satisfactory to meet Regulation 28.</p>	
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## 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's) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff if they needed to report any concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The ASC annual report was available for review and was satisfactory.

Staff were required to complete adult safeguarding training during their induction and every two years thereafter. Staff who spoke with us had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns. Staff could also describe their role in relation to reporting poor practice and their understanding of the day care setting's policy and procedure with regard to whistleblowing.

The manager retains records of any referrals made to the Health and Social Care (HSC) Trust in relation to adult safeguarding. No referrals had been made since the last inspection.

The manager had ensured that service users were provided with information about keeping themselves safe and the details of the process for reporting any concerns.

Staff were provided with training appropriate to the requirements of their roles.

It was positive to note that service users were supported to exercise choice and control in regard to decision making 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 DoLS training appropriate to their job roles. The manager reported that a number of the current service users were subject to DoLS arrangements. The documentation in 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 fire evacuation drill was undertaken on the 3 October 2023, all staff included. Fire risk assessments for the care setting were completed on the 22 March 2022. Staff fire training was completed on

the 11 August 2023. During the inspection fire exits were observed to be clear of clutter and obstructions.

### **5.2.2 What are the arrangements for promoting service user involvement?**

From reviewing service users' care records and in discussion with staff, it was good to note that service users and families 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.

Care records were written in a respectful way, supporting people to express their views and be involved in making decisions about their care, respecting and promoting people's privacy, dignity and independence. The quality of service provision had also been regularly reviewed through a range of internal and external audits.

Care and support plans were kept under regular review and service users and /or their relatives participated, where appropriate, in the review of the care provided on an annual basis, or when changes occurred.

### **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 were assessed by SALT or required modified diets, however a review of training records confirmed that staff had completed training on Dysphagia and in relation to how to respond to choking incidents. Swallowing awareness training was also completed by staff during First-Aid training.

### **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.

### **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 agency's policies and procedures. There was a structured, induction programme which also included shadowing of a more experienced staff member.

Written records were retained by the agency of the person's capability and competency in relation to their job role. A record is maintained for each member of staff of all training, including induction and professional development activities undertaken.

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

There were monthly quality 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 and observations with service users, staff, relatives and HSC Trust staff. We noted some of the comments received during quality monitoring:

#### Staff Comments:

- "An upbeat and positive environment."
- "Team work is going well."
- "The service meets the needs of those supported."

#### Relatives Comments:

- "Staff are accommodating, pleasant and caring."
- "I'm happy with the support provided."
- "Staff are kind and caring."

#### HSC Trust Comments:

- "Communication is good."
- "The family are very happy with the support provided."
- "The staff and management are very open and approachable."

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedures. No complaints had been received since the last inspection.

The day care setting's registration certificate was up to date and displayed appropriately as was their current insurance documentation.

## 6.0 Quality Improvement Plan/Areas for Improvement

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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