

# Unannounced Care Inspection Report 16 May 2017



## Autism Initiatives 96 Beechill Road

Type of service: Day Care Service

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

Tel no: 02890699130

Inspector: Suzanne Cunningham

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Autism Initiatives 96 Beechill Road took place on 16 May 2017 from 1030 to 1530.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

The inspection of three service users individual care files; inspection of staff records such as duty rotas, supervision and training; observations of the setting; discussions with service users, staff; and one relative and observations of care evidenced the care delivered was consistent with the settings statement of purpose and ethos. In conclusion the care provided in this setting was avoiding and preventing harm to the service users in the setting and in the community. Furthermore the care, treatment and support was focussed on supporting individuals to improve their potential future outcomes.

Overall the inspection of “is care safe” concluded the minimum standards inspected were met. One area for improvement was identified. The service users individual care plans/positive behaviour plans should be reviewed to ensure potential restrictions or restraints are fully recorded.

### **Is care effective?**

The inspection of service users individual care records, incident recording, complaints recording, observation of the service users, staff and visiting representative concluded care was being delivered at the right time, in the right place, and with the best outcome. Individual care needs had been assessed and plans were in place to meet assessed needs.

Overall the inspection of “is care effective” concluded the minimum standards inspected were met. No areas for improvement were identified during this inspection.

### **Is care compassionate?**

The inspection of records, observations of practice and discussions with staff and service users revealed that service users were being treated with dignity and respect and they were encouraged by staff to communicate their preferences and choice. Staff were observed to be clearly promoting the culture and ethos of the setting which ensures service users are listened to, valued and communicated with in an appropriate manner.

Overall the inspection of “is care compassionate” concluded the minimum standards inspected were met. No areas for improvement were identified during this inspection.

### **Is the service well led?**

The discussion with staff and a relative confirmed effective management arrangements were in place. Staff were clear regarding their roles and responsibilities and who they were managed by. Documents and records such as incident recording, complaints recording, team meetings

minutes, and evidence of staff support and supervision meetings demonstrated there were clear arrangements in place to promote quality improvement throughout the setting. Overall the inspection of “Is the service well led?” concluded the inspection of the minimum standards was met. No areas for improvement were identified during this inspection.

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007, the Day Care Settings Minimum Standards 2012.

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Maria Waugh, Day Opportunities Team Leader, 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.

### 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 26 July 2016.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Autism Initiatives NI/Mr Andrew Grainger	<b>Registered manager:</b> Mr Stephen McGuigan
<b>Person in charge of the service at the time of inspection:</b> Maria Waugh Day Opportunities Team Leader	<b>Date manager registered:</b> Mr Stephen McGuigan - application received and registration pending.

### 3.0 Methods/processes

Prior to inspection following records were analysed:

- The registration details of the day centre
- Information and correspondence received from Autism Initiatives including registered manager application
- Incident notifications which revealed no incidents had been notified to RQIA since the last care inspection in July 2016
- Unannounced care inspection report 26 July 2016.

During the inspection the inspector met with:

- Area manager
- Manager
- Day Opportunities team leader
- Two care staff
- Two service users
- One relative.

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff. None were returned by service users, five by staff and one by a relative.

The following records were examined during the inspection:

- Three service users care files
- A sample of service users' daily records
- One complaint/issue of dissatisfaction recorded from April 2016 to May 2017
- A sample of incidents and accidents records from July 2016 to May 2017
- The staff rota for May 2017
- The minutes of three staff meetings held between November 2016 to February 2017
- Staff supervision dates for 2016/2017
- Monthly monitoring reports for April and May 2017
- Staff training information for 2016 and 2017
- A sample of policies and procedures relevant to safe, effective, compassionate and well led care
- Statement of Purpose
- Service Users Guide.

## **4.0 The inspection**

### **4.1 Review of requirements and recommendations from the most recent inspection dated 26 July 2017**

The most recent inspection of the service was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the care inspector at the next inspection.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 26 July 2016

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 27 (3) <b>Stated:</b> First time	The registered person should promote safe and healthy working practices in respect of infection control.	<b>Met</b>
	Refers to ensuring continence products are appropriately stored.	
	<b>Action taken as confirmed during the inspection:</b> The tour of the environment confirmed continence products were stored in a cupboard that was compliant with this recommendation.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 27.6 <b>Stated:</b> First time	The registered person should ensure that publicly displayed health and safety procedures are in formats that are easily understood.	<b>Met</b>
	Refers to the absence of hand hygiene instructions in the centre.	
	<b>Action taken as confirmed during the inspection:</b> The tour of the environment confirmed Hand Hygiene instructions were displayed at the time of inspection.	

#### 4.3 Is care safe?

Inspection of the May 2017 staff rota and three staff files confirmed the staff team available to work with the three service users in this setting had received suitable training, were experienced and there was no concerns regarding competency. The rota showed the planned staffing levels were consistent with the numbers assessed as required to meet the needs of the service users. This took into account the size and layout of the premises, the number of service users accommodated, fire safety requirements and the statement of purpose

The staff rota did not reveal times the manager who was applying for registration had been in the setting or was planning to be. Discussion with the manager revealed they manage another service on site and are not in the day care service regularly. The team leader had a competency assessment in place which provided assurance they were competent and capable of taking charge of the centre in the absence of the manager. Discussion with the team leader also confirmed they met the minimum standard for registration as manager, including qualification. The organisation considered the manager application submitted to RQIA and concluded the team leader was better placed to become registered manager. The organisation communicated with RQIA post inspection and advised an application will be sent

to RQIA within a month of this inspection. The current application will not be progressed by the organisation. This arrangement was compliant with the relevant regulations and standards.

Three staff files were inspected and this confirmed recruitment processes met the minimum standard. There was evidence of the settings induction programme that was in place for the three staff. This was similar to NISCC's Induction Standards. The sections completed provided evidence of the team leader and staff member discussing the staff members learning, knowledge and understanding of application to practice.

Staff training records provided evidence that staff had received mandatory training and other appropriate training relevant to their roles and responsibilities including: keeping adults safe; medication, moving and handling; SCIP (positive behaviour support approach and methods of intervention); infection control; first aid; fire safety; food hygiene; mental health awareness; Epilepsy; and autism training. Competency assessments had been carried out with staff to assure their competence in keeping adults safe; finance and medication. The training programme and competency assessment aimed to provide staff with learning opportunities and knowledge to ensure they can deliver safe and effective care. Discussion with two staff confirmed the training package available to them had been relevant to their role and responsibilities and encouraged them to reflect on the care they provide in terms of safety and outcomes they can achieve.

The review of the incidents, accidents and notifications records in the setting records from July 2016 to May 2017 confirmed incidents had been recorded, safety issues and risks had been identified and managed; and none of the records were reportable under regulation 29. Discussion with the team leader confirmed they understood their role and responsibility to notify RQIA of events detailed in regulation 29, and understood the importance of planning to prevent reoccurrence and improve outcomes for service users attending the setting. Incidents and events had been routinely reported to the social worker, family, carers and representatives as was appropriate. Any ongoing concerns or patterns had also been communicated.

The setting had maintained a behaviour management record; this was inspected, with three service users' individual records and the incident recording. This provided assurance restrictive practice had only been used when no other intervention was effective and there was a serious concern regarding someone suffering harm from escalating behaviours. One restrictive practice record had recorded the build up to the restriction being used, why the restriction was necessary and analysis of outcome achieved. However, the restrictive practice was not part of the care plan; and in this example should have been. A recommendation is made for the service users individual care plans/positive behaviour plans to be reviewed to ensure potential for restrictions or restraints are fully recorded.

Practices that were potentially restrictive were described in the service users individual positive behaviour plans. The plans had been assessed, documented and reviewed with the involvement of the multi-professional team. Observation of staff and the environment and discussion with staff revealed staff were cognisant of what a restriction and restraint was in practice. They discussed actions they had taken to promote service users independence safely, to manage the group environment and to help service users relax in the setting. This involved using a small room as a therapeutic space, reorganising furniture, carefully planning meal times and working together as a staff team to actively manage service user's responses to the setting and other service users. To date this approach had not revealed any ongoing issues of concern regarding management of the environment or use of restrictive practices.

Discussion with staff revealed there had not been any suspected, alleged or actual incidents of abuse. Nevertheless staff confirmed if there was a concern they knew how to respond to vulnerable adult concerns and who to report on to which was consistent with the settings policy and procedure.

Observations of the environment revealed: infection prevention and control measures were in place; the environment presented as safe, clean & tidy; the furniture was minimal due to one service users behaviour however essential pieces were in place; rooms used by the service users were spacious; and no COSHH substances were openly accessible.

Fire safety precautions and actions were recorded; the useable fire exits were unobstructed. The front door which used to be the fire exit still has a fire exit sign above it, however a new fire exit had been created and all staff were aware of the new exit.

One relative was visiting the setting during the inspection and discussed their observations of the care their relative had received; they also forwarded an email sent to the setting regarding their observations. They identified the dedication, and commitment shown by Maria and her team had ensured their relative was settled into day centre and they were working well with challenging behaviour, complex needs, and limited communication capability. They confirmed if they had had concerns regarding care they knew who to discuss this with and to date staff had been responsive and supportive to communication with them.

One relative returned a questionnaire, they identified they were very satisfied with the safe care. They stated their relative is safe and protected from harm, they could talk to staff, and they would report concerns to the manager. They commented they would like outdoor space in the setting to meet their relative's needs. Discussion with the team leader revealed the organisation is looking for new premises with outdoor space. In the mean time they were using community gardens and parks during the day to give service users the opportunity to get outside.

Discussion with two staff during the inspection revealed they were aware of their role and responsibility to ensure the environment, practice and care was safe. They confirmed they understood the importance of knowing the settings policies and procedures, individual's assessments and plans. They also identified they communicate well as a team to ensure they can adapt and respond safely to service users behaviour and needs that arise during the day.

Five staff returned questionnaires to RQIA post inspection. They stated they were very satisfied care was safe in the setting. They identified the care was safe because they had received training to care for service users safely, there are risk assessments and care plans in place for service users, they would report bad practice and they receive support to fulfil their roles and responsibilities.

### **Areas for improvement**

One area of improvement was identified for the service users individual care plans/positive behaviour plans to be reviewed to ensure potential for restrictions or restraints are fully recorded.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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#### 4.4 Is care effective?

The inspection of the centre's statement of purpose and service users guide confirmed they contain information that is detailed in Regulation 4 and Schedule 1.

Three individual service user's care files including individual assessments and care plans were inspected. The documents in place described the individual service user's physical, social, emotional, psychological and communication needs and how they should be met by staff. Each service user had an individual written agreement that set out their terms of their day care placement, care records were maintained in compliance with the legislation and standards including up to date assessment of needs, life history, risk assessments, care plans and recording of health and well-being of the service users. The records were stored securely in the manager's office. There was evidence assessments and plans had been reviewed and updated at least annually. Service user's records included evidence an initial and annual review within recommended timescales had taken place. Overall the content of the records described in detail how each service users' needs should be met to promote independence and improve outcomes for them in day care in areas such as communication, taking part in activities and promoting relaxation. Observation of care during the inspection showed how staff were putting the plans into practice and the service users were responding positively.

Discussions with one relative confirmed staff communicate openly regarding their relative's needs and what outcomes they have achieved in day care. They were confident they knew they could make contact with any staff if they wanted advice or had concerns.

The relative questionnaire identified they were very satisfied care was effective in this setting. Their relative gets the right care, at the right time, in the right place. They also identified they are satisfied with communication with staff, their awareness of their relative's needs, preferences and choices and that these are incorporated into the care they receive and that they are involved in their relative's annual review.

Discussions with staff confirmed they were knowledgeable of how to escalate concerns and would discuss with the staff member in charge if they noted plans were not working or assessments needed to be revisited. They would also raise this in a staff meeting. Staff identified recording is also used to note any areas of concern as well as what had worked well in day care for each individual. Overall staff reported their experience was there was an open and transparent culture in the staff team and in the organisation.

The five staff questionnaires identified service users whose communication allowed were involved in their care plan, care plans informed the care provided, monitoring of quality is in place and that staff respond to service users in a timely manner.

#### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 4.5 Is care compassionate?

Discussion with a service user's representative, staff and observation of interactions provided examples of service users being treated with dignity and respect while promoting and maintaining their independence. Each service user had staff allocated to them who they were familiar with and presented as comfortable in their company. Service users were observed being enabled and supported to engage and participate in meaningful activities and calm time. The daily schedule for each service user was written in advance and communicated to each service user in the way that was assessed as most effective. If their behaviour or communication indicated they were not going to engage in the plan, plans were adapted to ensure care provided offered fulfilment for service users.

A service user's representative confirmed their views and opinions were taken into account in all matters affecting them. They had been consulted informally and formally. Their views and input had influenced the service user's individual plans including their daily schedule.

Robust systems were in place to promote effective communication between service users, representatives, staff and other key stakeholders. Service user meetings were not in place because each service user's method of communication was complex. Sitting in a group to discuss issues was not assessed as possible at this time. Therefore each service user's views and choices were gathered daily and recorded; an annual service users' quality assurance survey was completed, the responses were summarised in a report which included an action plan. Review meetings had also been held at least annually.

Service user's personal goals and outcomes were sought by staff through observations, outcomes of activities and daily planners. Daily records were being used to record information gathered regarding personal goals and outcomes. These were used by staff to review if care plans and daily planners were consistent with service users goals, interests and outcomes that they would like to achieve.

The discussion with the relative confirmed the staff were communicating with them and their relative in a compassionate way that openly sought their views, opinions and preferences.

The relative questionnaire responded they were very satisfied the care in the setting is compassionate. They said their relative was treated with dignity and respect and involved in decisions affecting their care. Their relative was treated well and they are consulted regarding decisions. They commented they were "grateful for the fantastic placement"; and the staff were supportive.

The five staff questionnaires identified service users were treated with dignity and respect, encouraged to be independent; their views were sought and acted upon.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 4.6 Is the service well led?

The registration certificate was up to date and displayed appropriately. There was a range of policies and procedures in place to guide and inform staff, and staff confirmed they were directed to read them at induction and use them to inform practice. The policies were centrally indexed and easily accessible by staff.

The supervision record was inspected and this confirmed staff had received individual, formal supervision at least once every three months. Staff meetings records showed they were held at least quarterly with minutes and attendance recorded. The agenda covered a variety of subjects from the environment, staff team to service users individual needs. Actions agreed were recorded and reviewed.

The complaint was recorded in the record, this had been recorded, responded to, investigated and outcome recorded. The issue had not reoccurred since due to staff changing the way they worked which promoted service user fulfilment.

Auditing arrangements were in place. Audits were undertaken during the regulation 28 monitoring visits and by the team leader who had undertaken a monthly audit report regarding money, medicines and service users. These arrangements provided evidence that management were monitoring, auditing and reviewing the effectiveness and quality of care delivered to service users at appropriate intervals.

Regulation 28 monthly quality monitoring visits were reviewed for April and May 2017. They reported on the conduct of the day care setting and did not reveal any improvements or concerns that had not been responded to.

The relative questionnaire identified they were very satisfied with the leadership in the setting. The service was managed well; staff and the manager are approachable, professional and caring. They were informed about the complaints process and they have a copy of the service user's guide.

Discussion with two staff revealed they felt well supported by the team leader and organisation. They described the team leader clearly communicates their role and responsibilities, is approachable and works directly with service users so they understand the complex needs of each individual and can assist in planning how to meet them.

Five staff questionnaires identified they were satisfied with the leadership in the setting. The service is managed well, the service is monitored, and communication between the staff and management is effective.

#### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Maria Waugh, Day Opportunities Team Leader, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 day care setting. 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Setting Regulations (Northern Ireland) 2007.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to web portal for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Recommendations

#### Recommendation 1

**Ref:** Standard 5.2

**Stated:** First time

**To be completed by:**  
11 July 2017

The registered provider should put in place arrangements for the service users individual assessments and care plans/positive behaviour plans to be reviewed. Particularly potential for restrictions or restraints should be fully recorded.

**Response by registered provider detailing the actions taken:**

Each service users individual assessments, care plans and positive intervention support plans have been reviewed and amended to include restrictions and restraints.



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