

Inspection Report

22 February 2022



Ashley Grove Supported Living Service

Type of service: Domiciliary Care Agency – Supported Living
Address: 7 Ashley Grove, Dunmurry, Belfast BT17 9EA

Telephone number: 028 9062 4643

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Autism Initiatives NI	Registered Manager: Mrs Linda Davidson
Responsible Individual: Mr Eamonn James Edward Slevin	Date registered: 21 March 2014
Person in charge at the time of inspection: Mrs Linda Davidson	
Brief description of the accommodation/how the service operates: Ashley Grove is a supported living type domiciliary care agency providing support to two people in a detached two storey house situated in Dunmurry. The people supported rent their accommodation from Triangle Housing Association. In addition, Autism Initiatives provides support to another person in a bungalow owned by Autism Initiatives in Woodlands Park North, Lambeg. Staff provide support on a 24 hour basis and are present in the supported people's home at all times. Staff assist the supported people to secure their home and the front door is kept locked at all times. The supported people require assistance from staff to leave their home.	

2.0 Inspection summary

An unannounced inspection was undertaken on 22 February 2022 between 11.00 a.m. and 5:00 p.m. by the care inspector.

This inspection focused on the agency's governance and management arrangements, as well as adult safeguarding, whistleblowing, notifications, complaints, recruitment, registration with the Northern Ireland Social Care Council (NISCC), Deprivation of Liberty Safeguards (DoLs), restrictive practice, Dysphagia, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to the monitoring of staffs' registration with NISCC. In addition, good practice was found in relation to the management of complaints and the dissemination of Covid-19 related information to staff.

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.

Prior to inspection we reviewed the information held by RQIA in relation to service. This included the previous inspection report and any written and verbal communication received since the last care inspection.

The inspection focused on:

- contacting the service users, their relatives, HSCT representatives and staff to find out their views on the service
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Information was provided to the supported people, relatives, staff and other stakeholders to request feedback on the quality of service provided. This included an electronic survey to enable staff to feedback to the RQIA.

4.0 What people told us about the service

Prior to the inspection we provided a number of easy read questionnaires for the supported people/family to comment on the following areas of service quality:



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?

Returned questionnaires showed that those supported thought that the care and support was excellent.

Feedback was also received from two relatives who had returned the questionnaires left for the supported people/family at the time of the inspection. Both relatives indicated that they were 'very satisfied' that they feel the care is safe; compassionate; effective and well led/managed. In addition, we spoke with one staff member during the inspection. No professional feedback was received.

Staff comments:

- "The manger is very approachable."
- "It has been a difficult two years with Covid which has been an unsettling time for the people we support. However, with the reassurance and support of the staff the people we support are now content."
- "It is good to get positive feedback from family members."
- "No concerns."
- "We use picture board, so people we support choose activities."

5.0 The inspection

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

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.

The last inspection to Ashley Grove Supported Living Service was undertaken on 22 November 2018; no areas for improvement were identified. An inspection was not undertaken in 2019-2020 and 2020-2021 inspection years, due to the impact of the first surge of Covid-19.

5.2 Inspection findings

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

The agency'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 has an identified Adult Safeguarding Champion (ASC). The annual Adult Safeguarding Position report for the agency had been formulated and was reviewed.

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 adult safeguarding concerns. The manger advised that there is an on-call management rota for staff to contact out of hours, should staff have any safeguarding concerns.

Staff spoken with indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences 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. A review of the training records indicated that all staff have up-to-date adult safeguarding training.

The agency had a system for retaining a record of referrals made to the HSCT in relation to adult safeguarding. Records reviewed and discussions with the manager indicated that two adult safeguarding referrals had been made since the last inspection. One of these referrals has since closed with no further action and one referral remains open with the investigation on-going.

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 incidents had been managed in accordance with the agency's policy and procedures.

The manager and staff demonstrated that they had an understanding that the supported people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

Review of the training record evidenced that all staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles.

There was a system in place for notifying RQIA if the agency was managing individual supported peoples' monies in accordance with the guidance.

Where a supported person was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSCT representative.

There were arrangements in place to ensure that supported people who required high levels of supervision or monitoring and restrictions had had their capacity considered and, were appropriately assessed. Written confirmation was submitted to RQIA on 9 March 2022 indicating that restrictive practices currently in place for two supported people had been considered and assessed.

There was a good system in place in relation to infection prevention and control (IPC) practices and the dissemination of information relating to Covid-19 guidance. The inspector's temperature was taken and recorded on arrival to the service and information was recorded for track and trace purposes. Staff were wearing personal protective equipment (PPE) throughout the inspection.

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

Discussions with the manager and review of the supported peoples' care records identified that one supported person has a SALT assessment with recommendations. There was evidence of multi-disciplinary input and collaborative working undertaken to ensure the supported person's health and social care needs were met within the supported living setting. Review of the training records established that a number of staff had not received Dysphagia training. The

manager gave assurances that all staff would receive this training by 8 March 2022. Confirmation was later submitted that twelve out of the fourteen staff had now completed Dysphagia training. Two relief staff who had not been on duty had yet to complete this training, but there were firm plans in place for this. This area will be examined at the next inspection.

5.2.3 Are their robust systems in place for staff recruitment?

Staff recruitment was completed in conjunction with the organisation's Human Resources (HR) department. A review of staff profiles evidenced that criminal record checks (AccessNI) had been completed for staff members prior to commencing employment and before direct engagement with the supported people.

A review of the records confirmed that all staff provided were appropriately registered with the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates was monitored; this system was reviewed and found to be in compliance with Regulations and Standards.

5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in regard to Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed and it was noted that monitoring reports were completed, with each house visited on alternative months. The reports included engagement with supported people, relatives, staff and HSCT representatives. The reports also included details of the review of the supported peoples' care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, and staffing arrangements. Advice was provided to the manager that both houses should be visited monthly and the findings clearly set out in the report. The manager submitted evidence on 8 March 2022 that the monitoring reports have now been amalgamated. This area will be examined at the next inspection.

There was a process for recording complaints in accordance with the agency's policy and procedures. It was noted that three complaints were received since the last inspection and had been managed in accordance with the organisation's policy.

It was established during the discussion with the manager that service has not been involved in any Serious Adverse Incidents (SAIs), Significant Event Analyses (SEAs) or Early Alerts (EAs).

6.0 Conclusion

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

7.0 Quality Improvement Plan/Areas for Improvement

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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