

Inspection Report

17 February 2022



Alan Close

Type of service: Domiciliary
Address: 12 Alan Close, Newcastle, BT33 0TA
Telephone number: 028 372 6022

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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: Miss Caroline McClean
Responsible Individual: Dr Eamonn James Edward Slevin	Date registered: 22 January 2018
Person in charge at the time of inspection: Miss Caroline McClean	
Brief description of the accommodation/how the service operates:	
<p>Alan Close is a supported living type domiciliary care agency which provides personal care and housing support to four adults with Autistic Spectrum conditions and/or learning disability. The services provided by Autism Initiatives are commissioned by the South Eastern Health and Social Care Trust and the Belfast Health and Social Care Trust (HSC Trust). The supported people rent their accommodation from Triangle Housing Association.</p> <p>Under the direction of a manager, a team leader, senior support staff and a team of support workers provide a range of care and support to each of the supported people. The entire agency's staff are registered social care workers with NISCC.</p>	

2.0 Inspection summary

An unannounced inspection was undertaken on 16 February 2022 between 10.30 a.m. and 2.45 p.m. by the care inspector.

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

Good practice was identified in relation to the level of support provided to the people supported to lead active and fulfilling lives. Good practice was also found in relation to monitoring staffs' registration with NISCC and the system in place for disseminating 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 review 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 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 the care and support was excellent.

Additional questionnaires were provided to the supported people/relatives at time of the inspection. We received feedback from two relatives. One relative indicated they were very satisfied that the service was safe; effective; compassionate and well led. One relative indicated that they were less satisfied with all aspects of the service. The respondent's

comments were shared with the manager; as no name was provided on the returned questionnaire, it was not possible to identify the supported person referred to in the comments.

Staff comments

- 'I think Alan Close is a lovely environment for our service users to live in.'
- 'Great organisation to work for.'
- 'Been a rough two years with Covid but we all pulled together.'
- 'Management are supportive and plenty of opportunity for progression.'
- 'Staff are supportive from senior management down.'
- 'I enjoy working in Alan Close and can see myself working here for a long time.'
- 'The manager works well with the staff and keep us well informed.'

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 Alan Close Supported Living was undertaken on 10 October 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 the supported people 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). 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.

Staff 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. Staff could also describe the process for reporting concerns out of hours.

It was noted that staff are required to complete adult safeguarding training and refresher training thereafter. Review of training records evidenced that all staff have up-to-date adult safeguarding training.

The agency had a system for retaining a record of referrals made to the Health and Social care Trust (HSCT) in relation to adult safeguarding. Records reviewed and discussions with the manager indicated that the adult safeguarding referrals made since the last inspection had been appropriately reported and procedure followed.

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.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles.

Staff demonstrated that they had an understanding that people supported 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 system in place for notifying RQIA if the agency was managing individual service users' monies in accordance with the guidance.

There were arrangements in place to ensure that the supported people who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed.

Where supported people experienced deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSCT representative.

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.

It was noted that a number of the internal walls in the common areas within Alan Close supported living were heavily marked and requiring redecorating, also that there was mould on one wall in the communal shower room. The manager advised that this has been reported to Triangle Housing Association and they will be addressing both issues.

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

The discussions with staff and review of the supported peoples' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the supported living setting. Review of the records indicated that a SALT assessment was in place for one supported person. A review of the dysphagia training record identified that not all staff had received dysphagia training. The manager

advised that any staff who had not completed this training were to do so by the 23 February 2022. Written confirmation was later submitted to RQIA that all staff had completed Dysphagia training. Evidence of this will be reviewed 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. The review of staff profile records confirmed that recruitment was managed in accordance with the Regulations and Minimum Standards, before staff members commenced employment and had 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 by the manager; 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 compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with supported people, supported people relatives, staff and HSCT representatives. The reports included details of the review of supported people care records; accident/incidents; safeguarding matters; complaints; staff recruitment, training and staffing arrangements.

There was a process for recording complaints in accordance with the agency's policy and procedures. It was noted that complaints received since the last inspection had been managed in accordance with the organisation's policy and procedures and were reviewed as part of the agency's monthly quality monitoring process.

In reviewing care files it was noted that a significant number of old care/support plans and assessments were present in the files. Advice was given to the manager to consider appropriately archiving the old plans to reduce the risk of an error occurring. The manager agreed and advised the inspector that they were kept in the files for the inspector to view and would be archived following the inspection.

6.0 Conclusion

Based on the inspection findings and discussions held, RQIA was 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

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

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
Twitter @RQIANews