The Regulation and Quality Improvement Authority

Inspection Report

24 October 2023

Bryansford Road

Type of service: Domiciliary Care Agency
Address: 61 Bryansford Road, Newcastle, BT33 0LD
Telephone number: 028 4372 6631

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 **Responsible Individual:** Dr Eamonn James Edward Slevin	**Registered Manager:** Mrs Lorna Leanne Chambers **Date registered:** 30 January 2019
Person in charge at the time of inspection: Mrs Lorna Leanne Chambers	
Brief description of the accommodation/how the service operates: Bryansford Road is a supported living type domiciliary care agency which provides personal care and housing support to four adults with Autistic Spectrum conditions, learning disability and/or personality disorder. The agency also provides an outreach service. The services provided by Autism Initiatives are commissioned by the Southern Health and Social Care Trust (SHSCT), Northern Health and Social Care Trust (NHSCT) and the Belfast Health and Social Care Trust (BHSCT).	

2.0 Inspection summary

An unannounced inspection took place on 24 October 2023 between 9.30 a.m. and 1.30 p.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 and 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 was also reviewed.

The area for improvement identified related to care records.

Good practice was identified in relation to training and recording of restrictive practice. There were good governance and management arrangements in place.

Bryansford Road uses the term 'people who we support' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

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, 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 domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 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 shares this vision and want to review the support individuals are offered to make choices and decisions in their life that enable them to develop and to live a safe, active and valued life. RQIA will review how service users who have a learning disability are 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 easy read questionnaires and an electronic staff survey.

4.0 What did people tell us about the service?

During the inspection we spoke with two service users and staff members.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "I like living here."
- "I feel safe here."
- "The staff are very good to me."

Staff comments:

- "I love working here, we have a great stable team."
- "I would be happy to raise any concerns to my manager."
- "The people we support are very well looked after."
- "We are guests in the home of the service users, all staff respect that they work in their home."
- "The training is superb."
- "This is a great organisation, they often promote from within and this is great for staff and for the service."

There were no returned questionnaires received.

Three staff members responded to the electronic survey. The respondents indicated that they were very satisfied that care provided was safe, effective and compassionate and that the service was well led. Written comments included:

- "I am very happy working in Bryansford Road. The staff team are great and the manager is very supportive and approachable."
- "We have a good team, manager and new staff as well."

5.0 The inspection

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

The last care inspection of the agency was undertaken on 24 February 2023 by a care inspector. No areas for improvement were identified.

5.2 Inspection findings

5.2.1 What are the 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 adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

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

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately.

The manager reported that none of the service users currently required the use of specialised mobility equipment. They were aware of how to source such training should it be required in the future.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) (2016) 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. Staff who spoke with the inspector 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 MCA.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records, service users did not consistently sign their agreement with their own plan of care. Reviews were not recorded in relation to goals identified for service users. An area for improvement has been made. Service users were provided with easy read reports which supported them to participate in their care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review, in the review of the care provided on an annual basis, or when changes occur.

It was also good to note that the agency had service users' meetings on a regular basis.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

Discussions with staff and review of service users' 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 agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

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

A review of the agency's staff recruitment records confirmed that criminal record checks (AccessNI), 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). 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.

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 robust, structured, at least three-day induction programme which also included shadowing of a more experienced staff member.

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

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

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

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

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process. The service had received a number of compliments since the last inspection, nine compliments were viewed, the comments included:

- "This is an invaluable lifeline."
- "Thankful for all the support."
- "Staff have been fantastic all year and if there are any issues they are straight on the phone."
- "The person supported, has got to experience a lot of activities which have been instrumental in their positive attitude and recent decease in behaviours both within the home and outside. We have no concerns and everything is working very well."

There is a system in place that clearly directs staff as to what actions they should take if they are unable to gain access to a service user's home.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

An area for improvement have been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

	Regulations	Standards
Total number of Areas for Improvement	1	0

The area for improvement and details of the QIP were discussed with Mrs Lorna Leanne Chambers, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 **Ref:** Regulation 15 (2)(3)(a)(b) (5)(a) **Stated:** First time **To be completed by:** Immediately from the date of inspection.	The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure that a written plan which will be made available to the service user, kept under review and ascertain and take into account the service user's, and where appropriate their carer's, wishes and feelings. This relates specifically to care records not containing signatures of service users and the reviews of goals not recorded / undertaken. Ref: 5.2.2
	Response by registered person detailing the actions taken: The service user's About Me documents have all been recently reviewed and updated to a new revised document. Staff have spent time sitting with each service user to explain it to them and they have signed in agreement. Also, staff have went over the service user's support plan goals with the service users and again where they are in agreement, these have been signed.

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

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