

# Inspection Report

**Name of Service:** Bryansford Road

**Provider:** Autism Initiatives NI

**Date of Inspection:** 13 May 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Autism Initiatives NI
<b>Responsible Person:</b>	Adele Leighton
<b>Registered Manager:</b>	Mrs Sinead Houston
<p><b>Service Profile:</b> Bryansford Road is a supported living type domiciliary care agency which provides personal care and housing support to a maximum of four adults with Autistic Spectrum conditions, learning disability and/or dual diagnosis.</p> <p>The agency also provides an outreach service. RQIA does not regulate this element of support.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 13 May 2025 between 9.40 am and 2.00 pm. This inspection was conducted by a care inspector.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards. To assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 29 July 2024; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

As a result of this inspection all of the previous areas for improvement were assessed as having been addressed by the provider and no new areas for improvement were identified. Details can be found in the main body of this report.

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.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

The inspection established that safe, effective and compassionate care was delivered to service users and that the agency was well led. Details and examples of the inspection findings can be found in the main body of the report.

Autism Initiatives- 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 The inspection**

#### **3.1 How we Inspect**

RQIA’s inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the service was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this service. This included the previous areas for improvement issued, registration information, and any other written or verbal information received.

Throughout the inspection process inspectors will seek the views of those living, working and visiting the service; and review a sample of records to evidence how the service is performing in relation to the regulations and standards.

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

#### **3.2 What people told us about the service and their quality of life**

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

We spoke to service users, relatives and staff to seek their views of living within, visiting and working within Bryansford Road.

A service user told us they were well looked after and they enjoyed getting out in the car. Some service user comments were discussed with the manager for review and action. Relatives spoke highly of the manager saying she was “fantastic” and that staff were “excellent”. Staff who met with the inspector described a “supportive manager”. A trust professional said that the manager and staff “go over and above” and had ensured holidays and trips were organised for those service users who wished to go.

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

### 3.3 Inspection findings

#### 3.3.1 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 agency'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. There was an identified Adult Safeguarding Champion (ASC).

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 and managing adult safeguarding concerns. The Inspector viewed the annual Safeguarding Position Report and found it 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.

All staff spoken to by the Inspector felt confident that action would be taken in the event of a safeguarding incident being reported. 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. The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

Staff were provided with training appropriate to the requirements of their role. The person in charge advised that there were no service users who require the use of specialised equipment to assist them with moving.

A number of service users were assessed by Speech and Language Therapy (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. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

### 3.3.2 Staffing arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users. On the day of inspection, the manager confirmed there were sufficient staff to meet the needs of service users. No new staff had been employed since the last inspection.

The Inspector confirmed that newly appointed staff had completed a structured orientation and induction, having regard to Northern Ireland Social Care Council (NISCC) 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 formal induction programme of at least three days, along with a comprehensive new employee and support process, which included shadowing of a more experienced staff member as well as support and check in meetings with the manager and senior staff. Written records were retained by the agency of the person's capability and competency in relation to their job role.

All staff are NISCC registered and must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. Staff spoken to confirmed that they were aware of the need to maintain their registration. The person in charge confirmed that there is a process in place for monthly checking of registration status.

The Inspector viewed the training matrix and discussed gaps in training. The manager confirmed that staff had been booked for future training and agreed to ensure that all staff and in particular night duty staff were facilitated to attend training. Procedures were in place for appraising staff performance and records confirmed that supervision and appraisals had taken place, it was noted that one staff member had not had an annual appraisal. These matters will be reviewed at a future inspection.

### 3.3.3 Care Delivery

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. 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 Mental Capacity Act (MCA). Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that none of the current service users was subject to DoLS.

On the day of inspection, the Inspector noted staff patiently encouraging and prompting service users to engage in daily tasks within the service and in the community. From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care.

### **3.3.4 Governance and Managerial oversight**

There were monthly monitoring arrangements in place in compliance with regulations. A review of the reports of the agency's monthly 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 viewed by the Inspector 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.

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

Where staff are unable to gain access to service users' rooms, there is a policy and procedure in place that clearly directs staff as to what actions they should take to report and manage such situations in a timely manner.

## **4.0 Quality Improvement Plan/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Sinead Houston, manager as part of the inspection process and can be found in the main body of the report.



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Authority

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