

Inspection Report

1 March 2022



Bryansford Road

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

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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

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| Organisation/Registered Provider: Autism Initiatives NI Responsible Individual: Dr Eamonn James Edward Slevin | Registered Manager: Mrs. Dolores Veronica Curran Date registered: 20 October 2021 |
| Person in charge at the time of inspection: Mrs. Dolores Veronica Curran | |
| 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 services provided by Autism Initiatives are commissioned by the Southern Health and Social Care Trust, Northern Health and Social Care Trust and the Belfast Health and Social Care Trust (HSC Trust). The supported people rent their accommodation at Bryansford Road and Elm Grove from Autism Initiatives. Under the direction of the manager, a team leader, senior support staff and a team of support workers provide care and support to the supported people. | |

2.0 Inspection summary

An unannounced inspection was undertaken on 1 March 2022 between 10.40 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 found in relation to monitoring staffs' registration with NISCC and the oversight of the governance and management systems in place. Good practice was also found in relation to 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 includes the previous inspection report and any written and verbal communication received since the last care inspection.

The inspection focused on:

- contacting the supported people, 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

We spoke with two supported people and two staff during the inspection and all spoke positively about the care and service provided at Bryansford Road. No feedback was received from the supported people/relative questionnaires. No staff responded to the electronic survey.

Supported peoples' comments:

- "I went to see Abba."
- "I'm looked after well."
- "I enjoy going out."
- "I feel really safe with Covid-19."
- "I go for a walk."
- "No complaints."

Staff comments:

- "The atmosphere is great here."
- "We get feedback on what works well from our supported people."
- "We always promote activities in the community and independence."
- "Fantastic management team."
- "There is always someone in management that I can speak to if I have a concern."
- "I get an email every month about training and I am up-to-date with my training."
- "Star awards are given for 100% training."

- “I am aware of and the whistleblowing policy.”

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 Bryansford Road Supported Living was undertaken on 4 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 manager is the adult safeguarding champion. An adult safeguarding champion report had been completed and was viewed by the inspector.

Discussions with the manager and staff established that they were knowledgeable in matters relating to adult safeguarding and the process for reporting adult safeguarding concerns. They could describe their role in reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing. Staff could describe the process for reporting concerns out of hours.

Staff are required to complete adult safeguarding training. 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 no adult safeguarding referrals had been made since the last inspection.

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.

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

Staff demonstrated that they had an understanding that supported people 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 supported people's monies in accordance with the guidance.

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

Where a supported person was experiencing a deprivation of liberty, evidence was viewed that their 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 observed wearing personal protective equipment (PPE) throughout the inspection.

5.2.2 Is there a system in place for identifying supported people's Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

The manager advised that there are no supported people assessed with dysphagia needs. A review of the training records indicated that all staff have received Dysphagia training.

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 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 robust and 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 the 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 and training, and staffing arrangements.

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

The review of the supported peoples' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure the supported peoples' health and social care needs were met within the supported living setting. It was noted on the 'About Me' updated support/care record; staff signature and dates were typed. Advice was given to consider adding a signature and date box. The manager agreed and advised that this would be implemented moving forward.

6.0 Conclusion

Based on the inspection findings RQIA was assured that the service was providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager/management team.

6.0 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.



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