

# Inspection Report

29 July 2024



## Bryansford Road

Type of service: Domiciliary Care Agency  
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

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Autism Initiatives NI	<b>Registered Manager:</b> Mrs Sinead Houston
<b>Responsible Individual:</b> Dr Eamonn James Edward Slevin	<b>Date registered:</b> 16 July 2024
<b>Person in charge at the time of inspection:</b> Mrs Sinead Houston	
<b>Brief description of the accommodation/how the service operates:</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 personality disorder. The agency also provides an outreach service.	

## 2.0 Inspection summary

An unannounced inspection took place on 29 July 2024 between 12.50 p.m. and 16.15 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.

Two areas for improvement were identified which related to documentation and consent, which includes an area for improvement which will be stated for a second time. An area for improvement in relation to induction has also been identified.

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.

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.

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.

### 4.0 What did people tell us about the service?

During the inspection we spoke with a number of 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."
- "The staff are good."

#### **Staff comments:**

- "I love working here."
- "The new manager is fantastic, if something needs done she will make sure it is done."
- "It is a privilege to be working in the home of the people we support."
- "I have no concerns about any of the service users."

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. Written comments included:

- "Everything is good."

No responses were received to the electronic survey.

## 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 October 2023 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was reviewed by the care inspector during this inspection.

Areas for improvement from the last inspection on 24 October 2024		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 15 (2)(3)(a)(b) (5)(a)  <b>Stated:</b> First time  <b>To be completed by:</b> 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 take into account the service user's, and where appropriate their carer's, wishes and feelings.	<b>Not met</b>
	This relates specifically to care records not containing signatures of service users and the reviews of goals not recorded / undertaken.  Ref: 5.2.2	
	<b>Action taken as confirmed during the inspection:</b> Reviews of goals were not consistently recorded.	

## 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.

Staff were provided with training appropriate to the requirements of their role. 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 person advised that no service users required their medicine to be administered with a syringe.

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

### **5.2.2 What are the arrangements for promoting service user involvement?**

From reviewing service users' care records, it was good to note that service users had an input into devising their own plan of 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 were not consistently reviewed, an area for improvement has been identified and will be stated for a second time. Consent forms were found to be reviewed without service user input documented. An area for improvement has been identified.

It was good to note that the agency had service users' meetings on a regular basis which enabled the service users to discuss the provisions of their care.

### **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 service user was assessed by SALT with recommendations. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

#### 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 all pre-employment checks, including 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.

#### 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, induction programme, however there was no evidence that the induction was reviewed by the manager. An area for improvement has been identified.

#### 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 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. No complaints were received since the last inspection.

### 6.0 Quality Improvement Plan (QIP)/Areas for Improvement

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

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3*	0

\* the total number of areas for improvement includes one that have been stated for a second time.

The areas for improvement and details of the QIP were discussed with Mrs Sinead Houston, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 15 (2)(3)(a)(b) (5)(a)  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediately from the date of inspection.	<p>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.</p> <p>This relates specifically to care records not containing signatures of service users and the reviews of goals not recorded / undertaken.</p> <p>Ref: 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>All Support Plans and goals have now been reviewed and updated, the People we Support have now signed all relevant documentation.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 14(e)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately from the date of inspection	<p>The registered person shall make suitable arrangements to ensure that the agency is conducted, in a manner which respects the privacy, dignity and wishes of service users, and the confidentiality of information relating to them; this relates specifically to consent forms reviewed without service user input documented</p> <p>Ref: 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The Consent forms for the People we Support have been updated and signed with the People we Support.</p>



<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 16 (1)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately from the date of inspection	The registered person shall ensure that a new domiciliary care worker is provided with appropriately structured induction training lasting a minimum of three full working days, this relates specifically to a lack of evidence that the induction was reviewed by the manager.  Ref: 5.2.5
	<b>Response by registered person detailing the actions taken:</b> <b>This has now been completed.</b>

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





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