

# Inspection Report

24 March 2022



## Central Promenade

Type of service: Supported Living Service  
Address: 15 Central Promenade, Newcastle, BT33 0AA  
Telephone number: 028 4372 4281

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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 Leanne Binks
<b>Responsible Individual:</b> Mr Eamon Slevin	<b>Date registered:</b> 22 December 2015
<b>Person in charge at the time of inspection:</b> Mrs Leanne Binks	
<b>Brief description of the accommodation/how the service operates:</b>  Central Promenade is a supported living type domiciliary care agency for adults with autistic spectrum conditions and/or learning disability. The care and support service provided by Autism Initiatives are commissioned by the Southern Health and Social Care Trust and South Eastern Health and Social Care Trust (SHSCT) (SEHSCT).  Under the direction of the manager, care and support is provided by senior support workers and a team of support workers. The staff have an office base within the Central Promenade premises. The ten service users rent their shared apartments from Choice Housing Association.	

## 2.0 Inspection summary

An unannounced inspection was undertaken on 24 March 2022 between 09.30 a.m. and 11.45 a.m. by the care inspector. This inspection focused on recruitment, Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS) including money and valuables, restrictive practices, monthly quality monitoring, Dysphasia and Covid-19 guidance.

There was a clear management structure in place, with defined roles and responsibilities. The governance and management arrangements were ensuring effective oversight of the quality and safety of the care delivered to service users. The inspector found that the systems in place facilitated good quality, safe and person centred care and support.

Staff consulted with on the day of inspection spoke positively about the training they receive and confirmed that they received sufficient training to enable them to fulfil the duties and responsibilities of their role and that training was of a good standard. The review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities.

It was good to note a number of compliments received by the agency and we have highlighted a selection:

- “A remarkable job keeping people safe.”
- “The staff are well organised and thorough.”
- “Very happy with staff over the past two years, working through a difficult pandemic.”
- “I am very pleased with the service provided to \*\*\*\*\*.”
- “The staff care really well.”
- “Staff have been very supportive to \*\*\*\*\*.”

### 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.

The inspection focused on:

- Communicating with service users and staff to obtain their views of the service
- Reviewing a range of relevant documents, policies and procedures relating to the agency’s governance and management arrangements.

### 4.0 What people told us about the service?

We spoke with the manager and one staff member during the inspection. No service user were available during this inspection, however were observed going about their daily routines.

**Prior to the inspection we provided a number of easy read questionnaires for those supported to comment on the following areas of service quality and their lived experiences:**



- **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 show that those supported thought care and support was either excellent or good. We have noted some of the comments received:**

- “Everything is good, I get on with the staff.”
- “I would like more time with staff to do activities or just even to chat.”
- “I like living here.”

In addition we provided an electronic survey feedback form for staff. No staff feedback was received prior to the issue of this report.

Comments received during the inspection process:

**Staff comments:**

- “A good comprehensive induction was provided to staff and it prepares you for the role.”
- “Good training.”
- “A good person centred care provided.”
- “All my training is up to date.”
- “Supervision is regular and is a space for staff to highlight any concerns they have.”
- “The manager is very flexible and always approachable.”
- “Staff communicate well with each other.”
- “A good committed staff team.”

## **5.0 The inspection**

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

The last inspection to the service was undertaken on the 21 October 2019, and was completed by a care inspector; no areas for improvement were identified.

## **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 service users was reviewed. The agency's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The agency has an identified Adult Safeguarding Champion (ASC).

Discussions with the manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff were aware of the ASC and the procedure to follow if they have any concerns. The ASC annual report had been completed and available for review which was satisfactory. It was noted that staff are required to complete adult safeguarding training during their induction programme and annual updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents 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.

The agency has a system for retaining a record of referrals made to the HSCT in relation to adult safeguarding. Records viewed and discussions with the manager indicated that no adult safeguarding referral had been made since the last inspection.

The agency has provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted a number of incidents had been reported since the last inspection. Review of the incidents evidenced that they had been actioned in line with policy and procedure.

Staff have undertaken DoLS training appropriate to their job roles. Staff demonstrated that they have an 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. DoLS documentation in place for two individuals was up to date with evidence of review.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices. It was noted that staff were complying with PPE guidance during the inspection. The manager had in place a comprehensive Covid-19 risk assessment.

#### **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 manager confirmed that the agency had specific recommendations from Speech and Language Therapy (SALT) in relation to current service users. We reviewed a number of assessments in place which were on everyday use and showed evidence of review.

#### **5.2.3 Are their robust systems in place for staff recruitment?**

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence employment and engage with service users. Records viewed evidenced that criminal record checks had been completed for staff. Recruitment is undertaken by the agency's Human Resources (HR) Department.

A review of the records confirmed that all staff are appropriately registered with NISCC. Information regarding registration details and renewal dates is monitored by the manager; this system was reviewed and found to be in compliance with regulations and standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

#### **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. It was identified that the process included engagement with service users, staff, relatives and HSC Trust representatives. The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff

recruitment and training, and staffing arrangements. It was noted that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

We noted some of the comments received during monthly quality monitoring:

**Service users:**

- “All is good living here.”
- “I get in well with staff.”
- “All is going well with me.”

**Staff:**

- “I’m well supported in my role.”
- “All my training is up to date.”
- “Great staff team.”

**Relatives:**

- “I’m grateful for the staff support.”
- “The support for \*\*\*\*\* is brilliant.”
- “I’m over the moon with the service \*\*\*\*\* receives.”

**HSC Trust Staff:**

- “No issues or concerns.”
- “I’m always happy with the support provided.”
- “I’m happy with the support being offered to my client.”

There is a process for recording complaints in accordance with the agency’s policy and procedures. It was noted that no complaints had been received since the last inspection.

It was established during discussions with the manager that the agency had not been involved in any Significant Event Analysis (SEAs) or Early Alerts (EAs).

### 5.2.5 Conclusion

Based on the inspection findings and discussions held RQIA are satisfied that the agency is 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

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



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