

Inspection Report

4 March 2022



Donard Murray

Type of service: Domiciliary Care Agency
Address: 4 - 8 Bryansford Road, Newcastle, BT33 0HJ
Telephone number: 028 4372 6053

www.rqia.org.uk

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

Organisation/Registered Provider: Autism Initiatives NI	Registered Manager: Miss Kathryn Boden
Responsible Individual: Dr Eamonn James Edward Slevin	Date registered: 24 May 2021
Person in charge at the time of inspection: Miss Kathryn Boden	
Brief description of the accommodation/how the service operates: <p>Donard Murray is a supported living type domiciliary care agency that provides care and support for up to eleven adults living with Autistic Spectrum Conditions and/or a learning disability. The care provided by Autism Initiatives is commissioned by a number of Health and Social Care (HSC) Trusts.</p> <p>Under the direction of a manager, a team leader, senior support workers and a team of support workers based at the agency's registered office which is located in the same building as the home of the supported people. Staff currently provide support to nine people supported.</p> <p>In addition to those people supported who reside within the main building, care is also provided to two people supported who live within a small block of apartments within the same area.</p>	

2.0 Inspection summary

An unannounced inspection was undertaken on 3 March 2022 between 11.15 a.m. and 3.40 p.m. by the care inspector.

This inspection focused on the agency's governance and management arrangements, as well as adult safeguarding, whistleblowing, notifications, complaints, recruitment, registration with the Northern Ireland Social Care Council (NISCC), Deprivation of Liberty Safeguards (DoLS), restrictive practice, Dysphagia, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to the monitoring of staffs' registration with NISCC. In addition, good practice was found in relation to staff training and the dissemination of 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 people supported, their relatives, HSC Trust 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 people supported, 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

Prior to the inspection we provided a number of easy read questionnaires for the supported people/family to comment on the following areas of service quality:



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 indicated that those supported thought that the care and support ranged between excellent, good and okay.

Comments received from the easy read questionnaire:

- “I would like more staff on shift so I can get out more especially at weekends. I would like manager to give more detail and explanations when asked something and to follow up more. Would like some staff to be more enthusiastic about going for walks and going out.”
- “I would like more time with staff to do activities or just even to chat.”

These comments were provided to the manager.

We spoke with one person supported and two staff during the inspection and all spoke positively about the care and support provided by the agency. No feedback was received from the supported people/relative questionnaires provided during the inspection. No staff responded to the electronic survey.

People supported comments:

- “I'm happy here.”
- “No concerns.”
- “The staff are good and the manager is brilliant.”
- “I could go to any of the staff and talk to them.”
- “The manger listens to you; she does her best for you.”

Staff comments:

- “The manager is very conscience and has a great attention to detail.”
- “The manager makes sure that new staff shadow experienced staff during their induction, so they understand the care plans and the personalities of the supported people.”
- “I had a brilliant induction, everyone was welcoming.”
- “The supported people have choice with different activities in the community. They go to the day care center; they go to church and they also volunteer in the community.”

HSC trust representatives' comments:

- “The communication is excellent with the service.”
- “The service keeps you up to speed with the service users and any issues.”
- “The staff work well with challenging behaviour.”

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 of the agency was undertaken on 8 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 organisation has an identified Adult Safeguarding Champion (ASC). The annual Adult Safeguarding Position report for the agency had been formulated and was reviewed.

The manager advised that there is an on-call management rota for staff to contact out of hours, should staff have any concerns with regard to adult safeguarding.

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 completed required adult safeguarding training.

The agency had a system for retaining a record of adult safeguarding referrals made to the relevant HSC trust. Records reviewed and discussions with the manager indicated that one adult safeguarding referral had been made since the last inspection and was managed in accordance with policy and procedures.

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.

There was a system in place for notifying RQIA if the agency was managing individual supported people's monies in accordance with the guidance.

The manager and staff had completed DoLS training appropriate to their role and could demonstrate that they had an understanding that the 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 were arrangements in place to ensure that the people supported who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed.

No people supported receiving care from the agency have been assessed under DoLS. 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 to be wearing appropriate Personal Protective Equipment (PPE) throughout the inspection.

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

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

5.2.3 Are there robust systems in place for staff recruitment?

Staff recruitment was completed in conjunction with the organisation's Human Resources (HR) department. A review of staff profiles evidenced that criminal record checks (Access NI) had been completed for staff members prior to commencing employment and before direct engagement with the supported people.

A review of the records confirmed that all staff provided were appropriately registered with NISCC. Information regarding registration details and renewal dates was monitored; this system was reviewed and found to be 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 people supported, their relatives, staff and HSC trust representatives. The reports included details of the review of people supported 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 complaints received since the last inspection 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 peoples' supported care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure their health and social care needs were met.

It was established during the discussion with the manager that the agency has not been involved in any Serious Adverse Incidents (SAIs), Significant Event Analysis (SEAs) or Early Alerts (EAs).

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.

7.0 Quality Improvement Plan/Areas for Improvement

There were no areas for improvement identified during this inspection, and a Quality Improvement Plan (QIP) is not required or included, as part of this inspection report.



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care