

# Inspection Report

22 February 2022



## Autism Initiatives Newcastle Resource Centre

Type of service: Day Care Setting  
Address: 61 Bryansford Road, Newcastle, BT33 0LD  
Telephone number: 028 43723714

[www.rqia.org.uk](http://www.rqia.org.uk)

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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>Responsible Individual:</b> Dr Eamonn James Edward Slevin	<b>Registered Manager:</b> Ms Leone Campbell  <b>Date registered:</b> 20 October 2021
<b>Person in charge at the time of inspection:</b> Ms Leone Campbell	
<b>Brief description of the accommodation/how the service operates:</b>  Bryansford Road is a day care setting with a maximum of 20 places that provides care and day time activities for adults with autism spectrum condition and associated conditions such as learning disability, behaviours which challenge, physical disability and sensory needs. The day service also provides support to individuals not diagnosed with autism but in need of the expertise which the service can provide based on assessed need. Services are commissioned by the South Eastern Health and Social Care Trust (SEHSCT).	

## 2.0 Inspection summary

An announced care inspection took place on 22 February 2022 from 10.00 a.m. to 2.00p.m. by the care inspector.

This inspection focused on staff registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints, Deprivation of Liberty Safeguards (DoLS), restrictive practice, dysphagia arrangements, monthly quality monitoring and Covid-19 guidance.

Service users said that they were very satisfied with the standard of care and support provided.

Evidence of good practice was found in relation to the culture and ethos of the centre, monitoring the professional registration of staff; the provision of person centred care, monthly monitoring reports, communication between service users, staff and other key stakeholders and staff training.

Good practice was also found in relation to the system in place for disseminating Covid-19 related information to staff.

The findings of this report will provide the day care setting with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

### 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 reviewed the information held by RQIA in relation to the day care setting. This included the previous inspection report and any written and verbal communication received since the previous care inspection.

During our inspection we focused on speaking with the service users and staff to find out their views on the service.

The inspection also focused on reviewing a range of relevant documents, policies and procedures relating to the day care setting's governance and management arrangements. This included checking how staffs' registrations with NISCC were monitored.

We reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.

Information was provided to staff, service users and/or their relatives on how feedback could be provided to RQIA about the quality of services in the day care setting. This included service user/relative questionnaires and a staff poster. The returned questionnaires showed good satisfaction levels. No staff responses were received within the timescale requested.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

### 4.0 What people told us about the service

The information provided by service users during the inspection indicated that there were no concerns in relation to the day care setting. All confirmed that they were very satisfied with the standard of care and support provided. We spoke with several service users and three staff including the manager.

Comments received during the inspection process included:

#### Service users' comments:

- "I love the bingo and my key worker takes me for a walk."
- "I like getting out in the car."
- "Staff help me."

#### Staff comments:

- "There is a lovely atmosphere here."
- "Management is very approachable we have a motivated team."
- "Activities are always person-centred."

**Relatives' comments:**

- “You can approach the staff about anything, staff are excellent.”
- “Yes everything is very good I am very satisfied.”
- “Staff deserve great credit.”

**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 care inspection of the agency was undertaken on 5 March 2020; no areas for improvement were identified. An inspection was not completed for the 2020-2021 inspection year due to the first surge of the Covid-19 pandemic.

**5.2 Inspection findings****5.2.1 Are there systems in place for identifying and addressing risks?**

The day care setting's provision for the welfare, care and protection of service users 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 outlines the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The ASC annual report was available and forwarded to RQIA for review. The report was satisfactory.

Discussions with the manager 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 could describe the process for reporting concerns.

It was noted that staff were required to complete adult safeguarding training during their induction programme and annual updates thereafter. All training records reviewed were in place and satisfactory.

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 service had a system for recording referrals made to the SEHSCT adult safeguarding team 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.

The day care setting had 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. Observation of and discussion with staff evidenced that staff were very knowledgeable regarding each service user and the support they required in order to ensure their safety. In addition, discussions with staff and the manager evidenced that they had an understanding of the management of risk, and an ability to balance assessed risks with the wishes and human rights of individual service users.

There were arrangements in place to ensure that service users who require high levels of supervision or monitoring and restriction have had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the SEHSCT representative and other relevant persons. Examination of service users care records confirmed that DoLS practices were embedded into practice with the appropriate documentation available for review.

All staff had completed DoLS training appropriate to their job roles; records reviewed clarified training. Staff demonstrated that they had 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.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and Infection Prevention and Control (IPC) practices. Staff were observed adhering to guidance and was knowledgeable during discussions.

### **5.2.2 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?**

International Dysphagia Diet Standardisation Initiative (IDDSI) standards regarding the modification of food and fluids were introduced in August 2018. Discussion with the manager and records reviewed confirmed that staff have completed Dysphagia training.

The discussions with staff and review of service user 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 care staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. It was noted that some service users had been assessed by SALT in relation to dysphagia needs and specific recommendations made with regard to their individual needs in respect of food and fluids. Staff spoken with demonstrated a good knowledge of service users' wishes, preferences and assessed needs and how to modify food and fluids. Service users bring a packed lunch to the centre each day.

### **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 the agency's staff recruitment records confirmed that recruitment was managed in accordance with the Regulations and Minimum Standards, before staff members commenced employment and had direct engagement with service users. Records reviewed evidenced that criminal record checks (AccessNI) had been completed for staff before commencement of employment. Staff had completed adult safeguarding training.

A review of the records confirmed that all staff provided were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC). Information regarding registration details and renewal dates was 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.

The manager told us that the day care setting does not use volunteers or voluntary workers.

#### **5.2.4 Are there robust governance processes in place?**

There were monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with service users, service users' relatives, staff and SEHSCT 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. The reports were very comprehensive and included this comment from a SEHSCT representative;

"The staff are supportive and communicate well with the community team."

There was a process for recording complaints in accordance with the agency's policy and procedures. It was noted that a complaint 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.

It was established during discussions with the assistant manager that the day care setting had not been involved in any Serious Adverse Incidents (SAIs)/Significant Event Analyses (SEAs) or Early Alerts (EAs).

### **6.0 Conclusion**

Based on the inspection findings and discussions held with staff and service users, RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner and that the service was well led.

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Leone Campbell Manager, as part of the inspection process and can be found in the main body of the report.



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