

Inspection Report

7 August 2023



Autism Initiatives Newcastle Resource Centre

Type of service: Day Care Setting
Address: 61 Bryansford Road, Newcastle, BT33 0LD
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Autism Initiatives NI Responsible Individual: Dr Eamonn James Edward Slevin	Registered Manager: Ms Leone Campbell Date registered: 27 June 2022
Person in charge at the time of inspection: Ms Leone Campbell	
Brief description of the accommodation/how the service operates: Autism Initiatives Newcastle Resource Centre 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) and the Southern Health and Social Care Trust (SHSCT).	

2.0 Inspection summary

An unannounced inspection was undertaken on 7 August 2023 between 10.50 a.m. and 3.30p.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, Dysphagia management was also reviewed.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

A wide ranging programme of meaningful activities were in place for service users. All staff who spoke with the inspector indicated a high level of job satisfaction.

The inspector would like to thank the manager, service users, staff and relatives for their assistance and support in the completion of the inspection.

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.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

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 day care services, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care settings have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, we want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community.

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 for staff.

4.0 What did people tell us about the service?

The information provided by service users and staff during the inspection indicated that there were no concerns in relation to the day care setting. Service users were observed to be relaxed in their interactions with staff. Those spoken with indicated that they were happy attending the day care setting.

Service users' comments:

- "I love it; I just don't like the safety pause."
- "I like attending here, love all the projects."
- "Friendly staff who are good to me."

Service users' relatives' comments:

- "Staff treat them like precious stones."
- "Nothing is a bother."
- "Staff are very friendly, very caring and professional."

Staff comments:

- “I can raise any concerns with management comfortably.”
- “Management ensure we are facilitated to attain competencies and training.”
- “This is a lovely place to work, staff are great.”

HSC Trust representative's comments:

- “Staff are dedicated and offer a high level of service.”
- “They offer a range of activities emotional social personal care support above and beyond what is required.”
- “They have been very good to my service user, dedicated and caring highlighting issues.”

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

- “My relative is very happy in the day centre. Staff are excellent and very caring”.
- “Very happy with every aspect of care.”

A number of staff responded to the electronic survey. The respondents indicated that they were ‘very satisfied’ and that care was safe, effective and compassionate and that the service was well led.

Comments included:

- “As a staff member within Newcastle Resource Centre, I feel I can speak to management if I felt the need to do so. Management and senior staff are very approachable. The staffing team are very approachable and are willing to support each other which leaves a lovely atmosphere within my place of work. I feel the people we support enjoy their days and have every opportunity to try new things and have a choice to choose their own project if they wish to do so.”
- “I am very happy with the service I work in and don't have any concerns.”
- “Very positive atmosphere and a pleasure to work in this environment. It is very evident that the people we support are happy and all their needs are met.”

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 day care setting was undertaken on 22 February 2022 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 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 outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The day care setting's annual Adult Safeguarding Position report had been formulated and was reviewed and found to be satisfactory.

The manager advised that no concerns had been raised under the whistleblowing policy since the last inspection. Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns. The day care setting retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

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. They could also describe their role in relation to reporting poor practice and their understanding of the day care setting's policy and procedure with regard to whistleblowing.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The day care setting had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

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 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 day care setting'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 advised that no service users required their oral medicine to be administered with a syringe. The manager was aware that should this be required; a competency assessment would be undertaken before staff undertook this task.

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 who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed appropriate DoLS training appropriate to their job roles. The manager reported that a number of service users were subject to DoLS. A resource folder was available for staff to reference. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. A register had been compiled of service users with a DoL in place. The care records contained details of DoLS assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative.

Records examined identified that a number of safety checks and audits had been undertaken including fire alarm tests. It was noted that the last full evacuation drill was undertaken on 4 June 2023. Fire risk assessments for the day care setting were available for the inspection and had been completed on 19 June 2023. All staff fire training was up to date. During the inspection fire exits were observed to be clear of clutter and obstructions. The day care centre was observed to be warm, clean and fresh smelling throughout.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care. Service users were provided with easy read reports which supported them to fully participate in all aspects of their 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 are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was also positive to note that the day care setting had service user meetings on a regular basis which enabled the service users to discuss what they wanted from attending the day centre and any activities they would like to become involved in. Some matters discussed included:

- The environment including fire safety.
- New projects.
- How to complain.

Staff demonstrated an excellent knowledge of service users' wishes, preferences and assessed needs. Staff were also observed responding compassionately and in a timely manner to the non-verbal cues of service users with limited verbal communication. Service users were clearly comfortable with staff as they appeared relaxed and happy in their surroundings and interactions.

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

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

Discussions with staff and review of service users' 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 day care setting. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified and had access to a Dysphagia resource file.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the day care setting'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. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There were no volunteers working in the day care setting.

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 day care setting's policies and procedures.

There was a robust, structured, three-day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the day care setting of the person's capability and competency in relation to their job role.

A review of the records pertaining to Regulation 20 of The Day Care Settings Regulations (Northern Ireland) 2007 and Standard 21 of The Day Care Settings Minimum Standards 2021 relating to staff also identified that they had been recruited, inducted and trained in line with the regulations.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were robust monthly monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A review of the reports of the day care setting's monthly quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included comprehensive details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) procedures.

The day care setting'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 day care setting's policy and procedure.

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 Leone Campbell, Registered Manager as part of the inspection process and can be found in the main body of the report.



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