

Inspection Report

Name of Service: Autism Initiatives - Newcastle

Provider: Autism Initiatives NI

Date of Inspection: 26 November 2024

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

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| Organisation/Registered Provider: | Autism Initiatives NI |
| Responsible Individual: | Mr Eamon Slevin |
| Registered Manager: | Mrs Caroline Mclean Acting |
| Service Profile Autism Initiatives – Newcastle Adult 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). | |

2.0 Inspection summary

An unannounced inspection took place on 26 November 2024, between 10.30 a.m. and 1.30p.m. by a care Inspector.

The inspection was undertaken to evidence how the day care setting is performing in relation to the regulations and standards and to determine if the day care setting is delivering safe, effective and compassionate care and if the service is well led.

The inspection did establish that care delivery was safe, effective and well led; and that compassionate care was delivered to service users. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of service users and that they engaged service users in enjoyable, meaningful activities.

Service users said that they enjoyed being in the day care setting. One service user commented that staff were brilliant. Service users unable to voice their opinions were observed to be comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

This inspection resulted in no areas for improvement being identified.

The inspection examined the agency's governance and management arrangements, reviewing areas such as, 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.

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

Autism Initiatives uses the term 'people 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 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the day care setting was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this day care setting. This included registration information and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors will seek the views of those attending, working and visiting the centre; and review a sample of records to evidence how the service is performing in relation to the regulations and standards.

3.2 What people told us about the service and their quality of life

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

During the inspection the inspector spoke with a number of service users, relatives and staff members.

Service users spoke positively about their experience of attending the day care setting; they said they liked attending and that the staff were brilliant. Observations of staff working with service users was noted to be patient and caring.

Staff spoke very enthusiastically about care delivery in the day care setting. They said that they enjoyed working in the day care setting and that they couldn't ask for a better workplace. Staff indicated that they were well supported by the manager and that the training provided was good.

Relatives spoke very highly of the service provided within the day care setting and praised the staff attitudes.

The information provided indicated that those spoken with did not have concerns in relation to the care provided within the day care setting. One service user did not like the safety pause before meals and the importance of this was explained by the inspector.

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. Written comments included: "Excellent staff always attentive."

There were no responses to the electronic survey.

3.3 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 7 August 2023 by a care inspector. No areas for improvement were identified.

3.4 Inspection findings

3.4.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users. Since the last inspection there had been no new staff employed in the day care setting.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or any other relevant regulatory body. 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. Sufficient numbers of staff were on duty to support the service users.

There was a system in place for all newly appointed staff to complete 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.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken. The review of training records evidence that staff had completed appropriate training to meet the needs of the service users.

There were no volunteers deployed within the day care setting.

3.4.2 The 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.

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

Staff had also completed Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that a number of service users were subject to DoLS and files reviewed contained appropriate records and correspondence. A resource folder was available for staff to reference.

A number of service users were assessed by Speech and Language Therapy (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. Service users brought packed lunches to the centre and it was good to note that the safety huddle and pause before mealtimes allowed time for checking compatibility with SALT recommendations.

The atmosphere in the centre was warm and friendly and staff were polite and attentive to service users. Where a service user was assessed at risk of falling, measures to reduce this risk were put in place. In addition, any incidents were reviewed monthly as part of the quality monitoring process. There was evidence that systems and processes were in place to promote infection prevention and control which included policies and procedures

A fire risk assessment had been completed on 16 September 2024 and there was of regular fire safety checks. During the inspection fire exits were observed to be clear of clutter and obstructions. All staff had attended a fire evacuation drill during the last year.

3.4.3 The arrangements for promoting service user involvement.

The day care setting was clean and bright and appeared welcoming, warm and comfortable.

Care records were person centred and regularly reviewed to ensure they continued to meet the service users' needs. The service users' care plans contained details about their likes and dislikes and the level of support they may require. The day care setting had service user meetings on a monthly basis which enabled the service users to discuss what they would like to be involved in.

There was evidence throughout the centre of individual and group involvement in meaningful activities. On the day of inspection some service users were engaged in making muffins and the staff were supporting them patiently and respectfully.

3.4.4 Quality of Management Systems

There were monitoring arrangements in place. A review of the reports of the day care setting's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The robust reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The day care setting's registration certificate was up to date and displayed appropriately.

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. No complaints were received since the last inspection.

There was also a system in place for managing instances where a service user did not attend the day centre as planned. This included a system for signing in and out service users who attend. The inspector also discussed transport arrangements for service users and advised of the need for the escort on the journey to ensure no service users remained on the transport at the end of the journey.

We discussed the acting manager arrangements that have been ongoing since 28 January 2024. RQIA will keep this matter under review.

4.0 Quality Improvement Plan/Areas for Improvement

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



The Regulation and Quality Improvement Authority

James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews