

# Inspection Report

9 April 2024



## National Autistic Society NI Centre Belfast

Type of service: Day Care Setting  
Address: Suites 1-3 Eastbank House, 3 Eastbank Road,  
Carryduff, BT8 8BD  
Telephone number: 028 90687066

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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> National Autistic Society	<b>Registered Manager:</b> Miss Anita Todd
<b>Responsible Individual:</b> Mrs Lesley Andrews (Acting)	<b>Date registered:</b> 12 September 2019
<b>Person in charge at the time of inspection:</b> Miss Anita Todd	
<b>Brief description of the accommodation/how the service operates:</b>  The National Autistic Society NI Centre Belfast is a service provided within a purpose built autism friendly environment. The service offers personalised support that meets the specific needs of each autistic adult who have a range of complex needs, requiring high levels of staff support. Identified through detailed multi-disciplinary assessments the service seeks to offer a range of enjoyable, effective and meaningful services to support adults to learn and become as independent as possible. The centre provides services five days a week.	

## 2.0 Inspection summary

An unannounced inspection was undertaken on 9 April 2024 between 9.20 a.m. and 1.40 p.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 and Dysphagia management was also reviewed.

No areas for improvement were identified.

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

National Autistic Society NI Centre Belfast uses the term 'people who 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 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.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read questionnaires and an electronic survey.

#### 4.0 What did people tell us about the service?

During the inspection we spoke with a number of staff members and observed a number of service users in the day centre. The service users appeared to be content with the activities they were undertaking.

The information provided and observations indicated that there were no concerns in relation to the day care setting.

Comments received included:

##### Staff comments:

- "I absolutely love my job; I feel very supported by the managers."
- "The people we support here, receive a high standard of care."
- "My training is up to date, the training is very good and very easy to access."
- "I would have no hesitation to raise any concerns, and do know that these concerns would be managed promptly and appropriately."
- "We have been short staffed, but we have a great team."
- "Working here is great, I was surprised at just how much I love this job."
- "I feel very supported in this job."
- "The people we support are treated like part of a family."
- "I don't think you could find anywhere better for the people we support, super staff and a super work environment."
- "This is the best place I have ever worked in terms of support for staff."

One questionnaire was returned which indicated that the respondent was generally satisfied with the care and support provided. The additional written comments were shared with the manager for consideration.

There were no responses to the electronic staff survey.

## 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 5 April 2023 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was reviewed by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 5 April 2023		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 2</b>	The registered person shall ensure that the service user's plan is kept under review, this relates specifically to the review of restrictive practice  Ref: 5.2.1	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The restrictive practice documents were viewed and reviews were found to be in date,	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 26 (4)(a)(d)(iii)(v)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately from the date of inspection	The registered person shall have in place a current written risk assessment and fire management plan and make adequate arrangements for the evacuation, of all persons in the day care setting and review and test fire equipment at suitable intervals.  This relates specifically to lapses in fire checks and fire evacuation drills not including service users  Ref: 5.2.1	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Evidence that fire checks are undertaken and recorded at suitable intervals. Fire drills have been undertaken which have included service users.</p>	
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 17(1)(a)(3)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of inspection</p>	<p>The registered person shall establish and maintain a system for at least annual monitoring, and provide for consultation with service users and their representatives.</p> <p>This relates specifically to the annual report for service user feedback and the lack of evidence of service user meetings</p> <p>Ref: 5.2.2</p> <p><b>Action taken as confirmed during the inspection:</b> Annual feedback report to include an action plan was viewed.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 24 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of inspection</p>	<p>The registered person shall establish a procedure for receiving, managing and responding to complaints</p> <p>This relates specifically to the accuracy of the complaints log and evidence of acknowledgment of complaints and the seeking of satisfaction with the investigation and outcome of complaints.</p> <p>Ref: 5.2.6</p> <p><b>Action taken as confirmed during the inspection:</b> All complaints were managed in accordance with the organisation’s complaints policy. Acknowledgement of complaints, evidence of investigation and seeking of satisfaction were recorded.</p>	<p><b>Met</b></p>

## 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.

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.

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. 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 raising concerns.

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.

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 Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. Where service users were experiencing a deprivation of liberty, their care records contained appropriate forms. In addition to a DoLS register, the agency also maintains a restrictive practice register, the review of restrictive practices was up to date.

### 5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records, it was good to note that 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.

The day care setting had completed an annual review in relation to their practice which incorporated service user and their representatives' feedback. This report was noted to contain an action plan that was reviewed by the manager.

### **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.

### **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 verified by the manager 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.

### **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, induction programme which also included shadowing of a more experienced staff member.

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

There were 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 details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements. A new template for the monthly monitoring reports was recently implemented, the manager agreed to amend the new template to include all sections from the previous report template. This will be reviewed at future inspections.

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 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. Where complaints were received since the last inspection, these were appropriately managed.

Records examined identified that a number of safety checks and audits had been undertaken including fire alarm tests. A full evacuation drill had been undertaken. Fire risk assessments for the centre were in date and available for the inspection. During the inspection fire exits were observed to be clear of clutter and obstructions.

## **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 Miss Anita Todd, Registered 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](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)