

Inspection Report

Name of Service: National Autistic Society NI Centre

Provider: National Autistic Society

Date of Inspection: 2 September 2025

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:	National Autistic Society
Responsible Individual/Responsible Person:	Mrs Lesley Andrew
Registered Manager:	Ms Claire Austin
Service Profile – 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 took place on 2 September 2025 between 9.40 am to 2.30 pm, this was conducted by a care inspector.

The last care inspection of the agency was undertaken on 9 April 2024 by a care inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to determine if the service is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to service users and that the agency was well led. Details and examples of the inspection findings can be found in the main body of the report. No areas for improvement were identified.

National Autistic Society NI Centre 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 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 agency 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 agency. 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 seek the views of the service users/relatives who are in receipt of care and support; the staff workers who work for the Day Centre; and review/examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

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.

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

Through active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Service users were observed enjoying their chosen activities, with one spending time on a swing, another having a rest after they had completed some work and a third walking throughout the Day Centre with their staff members.

Responses from staff members indicated that morale was positive, staff team are dedicated and the manager is excellent, with one remarking "the registered manager of the service is excellent, she provides the staff team with great support and makes the team feel valued and listened to."

Detailed response from the parents of a service user, included that the management of the service is excellent and communication is of a very high standard, comments included "Partnership between management and parents is exceptional" and included positive remarks in relation to safety, caring and stimulating socially, emotionally, cognitively and physically.

3.3 Inspection findings

3.3.1 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. There was evidence of robust systems in place to manage staffing.

Review of the Day Centre'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 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 was evidence that all newly appointed staff had completed a structured induction, having regard to the Northern Ireland Social Care Council's (NISCC) 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 and procedures. There was a robust, structured, at least three-day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

Records of all staff training were retained and the manager maintained oversight of the training matrix to ensure compliance. This training included Deprivation of Liberties Safeguards (DoLS), adult safeguarding at a level appropriate to their job roles. Training was also completed on service user specific topics to include positive behaviour, buccal midazolam and Autism and Spell framework. Staff confirmed that they were provided with opportunities to complete training commensurate with their role and are actively encouraged by the manager to develop new skills and knowledge.

Procedures were in place for appraising staff performance and staff confirmed that supervisions and appraisals had taken place. Staff told us they felt supported and involved in discussions about their personal development.

3.3.2 Care Delivery

Staff were knowledgeable of individual service users' needs, their daily routine wishes and preferences. There was a system in place to ensure that the activities offered to service users were geared towards their individual needs and preferences. Service users' needs were met through a range of individual activities.

Records reviewed evidenced that staff were prompt in recognising service users' needs and any early signs of distress or illness, including those service users who had difficulty in making their wishes or feelings known.

3.3.3 Management of Care Records

Service users' needs were assessed when they were first referred to the Day Centre and before care delivery commenced. Following this initial assessment care plans were developed to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the service users' needs. Staff recorded regular evaluations about the care and support provided. Service users, where possible, were involved in planning their own care.

3.3.4 Quality of Management Systems

Ms Claire Austin has been the manager in this agency since 23 April 2025. Those consulted staff commented positively about the manager and described her as approachable and knowledgeable.

The Day Centre was visited each month by a representative of the registered provider to consult with service users, their relatives and staff and to examine all areas of the running of the agency. The reports of these visits were completed in detail.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure.

A review of incident records identified that they were managed appropriately.

The annual quality report was reviewed and noted to include stakeholder feedback.

Day Centres are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the agency's safeguarding policy. A specific individual was identified as the agency's ASC. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the agency.

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 Ms Claire Austin, Manager, as part of the inspection process and can be found in the main body of the report.



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