The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Derramore View**

Provider: **Autism Initiatives NI**

Date of Inspection: **7 November 2024**

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:	Autism Initiatives NI
Responsible Individual:	Mr Eamon James Edward Slevin
Registered Manager:	Mrs Lorna Gillen

Service Profile: Derramore View is a domiciliary care agency which provides support to service users, who may have learning or mental health needs.

Community outreach is also provided to service users who live in the community. RQIA does not regulate these elements of support.

2.0 Inspection summary

An unannounced inspection took place on 7 November 2024, from 9 a.m. to 1 p.m. by a care Inspector.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards. The inspection also determined if the agency is delivering safe, effective and compassionate care and if the agency is well led.

The inspection established that care delivery was safe and that compassionate care was delivered to service users. Service users received the right care at the right time and the agency was deemed to be well led.

Service users were observed to be relaxed and comfortable in their interactions with staff and spoke positively about the care and support they receive. Refer to Section 3.2 for more details.

Derramore View 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 service 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 the service. 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 those living, working and visiting the service; and review/examine a sample of records to evidence how the service is performing in relation to the regulations and standards.

RQIA wants individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community. RQIA will review the support service users are offered to make choices and decisions in their life that enable them to develop and to live a safe, active and valued life.

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

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

We spoke with the service users and staff to seek their opinions on the quality of the care and support, their experiences of living, or working within Derramore View.

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

Service users spoke positively about their experience of the support they received from staff.

Staff said the training they received was 'brilliant' and described Derramore View as 'one of the best places' they had ever worked in.

Relatives had told the quality monitoring officers that they had seen 'great changes' in the lives of the service users and that they were 'delighted' that the service users had their own independence.

Trust representatives had also told the quality monitoring officer that their experience of Derramore View was 'extremely positive' and that the service users have a 'better quality of life' there.

The information provided indicated that there were no concerns in relation to the agency.

Returned questionnaires and responses received to the electronic survey indicated that the respondents were satisfied or very satisfied with the care and support provided. Staff responses reflected good team working arrangements and that there was a 'nice atmosphere' and that the staff enjoyed going to work. Service users' relatives provided positive comments about the opportunities their relative gets to 'develop the everyday skills that most of us take for granted' and how they have 'great peace of mind to know that (they are) safe and happy in her surroundings'. Trust representatives described 'significant improvements' to a service users' wellbeing, which they attributed to living in Derramore View.

3.3 What has this service done to meet any areas for improvement identified at or since the last inspection?

The last care inspection of the agency was undertaken on 25 July 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.

A review of the agency'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.

Newly appointed staff had completed a structured orientation and induction, to ensure they were competent to carry out the duties of their job. 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. Staff confirmed that got 'a lot of training for (their) role'.

There were good systems in place to manage staffing. There were enough staff on duty to help the service users. Staff said there was good teamwork and that they felt well supported in their role and that they were satisfied with the staffing levels. Staff were seen assisting service users in a caring and compassionate manner.

Regular staff meetings were held and minutes maintained of the meetings for staff, unable to attend, to read for information sharing.

3.4.2 Care Delivery

Staff interactions with service users were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual service users' needs, their daily routine, wishes and preferences.

Where service users wanted to have a lie in, they could do so. Where service users required help with budgeting plans, they were supported to meet their set goals. Where service users were trying to eat healthily, staff supported them to make the right food choices and involved them in growing their own vegetables and herbs.

Staff were also observed offering choice to service users regarding the activities they wanted to engage in. However, observation of the administration of medicines, identified that the medicines were stored in the staff office which meant that the service users had to go there for their medicines. This would not be in keeping with the ethos of supported living. The manager welcomed advice in this regard and following the inspection, confirmed to RQIA that a new system had been implemented in consultation with the service users.

Service user meetings were held on a regular basis which enabled the service users to discuss any activities they would like to become involved in and also any other matters relating to their home. Activities service users availed of included volunteering, attending social clubs, creative writing classes, going for walks, shopping and attending events organised by the organisation's health and wellbeing lead. A Social Calendar is issued every month, from which service users can choose which activity they wish to attend.

There was also a communication book in place which staff were required to read every day. The communication book included important information about the service users, especially changes to care, that they needed to assist them in their roles.

3.4.3 Management of Care Records

Service users' needs were assessed and support plans developed to direct staff on how to meet the service users' needs. The support plans were person centred, detailing the service users' likes and dislikes and were updated on a regular basis. The care records also included Indicators of Engagement specific to each service user; this enabled staff to support the service users in achieving their goals.

Service users, were involved in planning their own care and the details of the support plans were shared with their relatives, if this was appropriate.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives.

3.4.4 Quality of Management Systems

Mrs Lorna Gillen has been the Registered Manager since 9 November 2022. Staff commented positively about the manager and described them as 'very supportive' and that she 'gives clear guidance'. Feedback received through the electronic survey described the service as being 'run

very well and management have good care plans in place to provide a high level of support to the people supported' and a staff comment noted their 'faith' in the manager.

Review of a sample of records evidenced that a robust system for reviewing the quality of care and staff practices was in place.

There were processes in place to review the Quality of the service on an annual basis. Whilst this report was produced at a corporate level, advice was given in relation to making the report specific to Derramore View. The manager welcomed this advice and agreed to discuss this with the senior management team within Autism Initiatives.

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 Mrs Lorna Gillen, Manager, as part of the inspection process and can be found in the main body of the report.

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