The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Donard Murray

Provider: Autism Iniatives

Date of Inspection: 29 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:	Autism Initiatives NI
Responsible Individual	Ms Adele Leighton
Registered Manager:	Mrs Brenda Campbell (acting)

Service Profile –

Donard Murray is a supported living type domiciliary care agency that provides care and support for up to eleven adults. A number of Health and Social Care (HSC) commissions the care provided by Autism Initiatives Trusts.

Care and support is provided under the direction of a manager, a team leader, senior support workers and a team of support workers based at the agency's registered office, which is located in the same building as the home of some of the supported people. Staff currently provide support to nine people.

2.0 Inspection summary

An unannounced inspection took place on 29 September, between 9.20 am and 2.40pm by a care inspector.

The inspection was undertaken to evidence how the service is performing in relation to the regulations and standards; to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 11 November 2024; to determine if the service is delivering safe, effective and compassionate care and if the service is well led.

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 and Restrictive practices were also reviewed.

The inspection established that care delivery was safe and that effective and compassionate care was delivered to service users. However, improvements were required to ensure the effectiveness and oversight of certain aspects of the agency, such as the accuracy of care plan information and the standard of some areas of the environment.

As a result of this inspection the area for improvement previously identified will be stated again Full details, including a new area for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

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 this service. This included the previous areas for improvement issued, 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 living, working and visiting Donard Murray; and review a sample of records to evidence how the service 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 User Friendly questionnaires and an electronic survey.

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. We spoke to a range of service users, relatives, staff and Trust representatives.

Service users said they "liked living here" and that "staff were good". Relatives described "wonderful staff", and praised the acting manager saying the service is "well run" Relatives were "completely happy" with the quality of life for their loved ones.

Despite having experienced a significant period of being very busy and at times short staffed, the staff consulted with spoke very positively about the care delivery. Staff stated "Brenda is brilliant" They said they loved working in Donard Murray and that the staff team were flexible when staffing was short.

Trust representatives commented that they had no concerns at present and described staff as "very competent and professional"

3.3 Inspection findings

3.3.1 What are the systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation had an identified Adult Safeguarding Champion (ASC).

The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory. It was identified that there were a number of referrals made to the relevant HSC Trust in relation to adult safeguarding and some investigations remained ongoing at the time of the inspection.

Discussions with the manager and staff established that they were knowledgeable in matters relating to the role of the ASC and the process for reporting and managing adult safeguarding concerns. It was identified that a small number of the agency's staff needed a training update in regard to (DoLS).Following the inspection the manager confirmed updates had been completed.

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. It was identified that a care and support plan and risk reduction plan needed to be reviewed and updated immediately as it contained inaccurate information.
An area for improvement has been identified and restated.

The review of information relating to incidents indicated that they had been managed appropriately. The manager discussed specific incidents notified to RQIA and confirmed that following multidisciplinary interventions matters had improved in recent months.

The manager reported that none of the service users currently required the use of specialised moving and handling equipment. They were aware of how to source such training should it be required in the future.

The inspector met with a number of service users in their home; they appeared relaxed and comfortable during the inspection and were supported by staff at all times. The observation of a shared area in one apartment identified that some repair work was required. It was also evident that some furnishings were in an unacceptable state and required replacement. Bulbs and light fittings were also missing from overhead fixtures.
An area for improvement has been identified.

3.3.2 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 systems in place to manage staffing.

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.

Observation of the delivery of care evidenced that service users' needs were met by the number and skills of the staff on duty. Feedback from some staff had indicated dissatisfaction with staffing. These issues were discussed with the manager who confirmed that current staffing levels are appropriate and indicated that when the needs of service users require additional staff, agency staff have been employed.

A review of a number 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 CareCouncil (NISCC); there was a system in place for professional registrations to be monitored monthly by the area manager. A spot check completed during the inspection indicated that staff were appropriately registered.

The manager advised that there were no volunteers providing support within the agency.

3.3.3 What are the arrangements for promoting service user involvement?

The manager explained that due to the needs of the service users, staff engage daily as to their daily routines/activities. Service users who met with the inspector described how they were able to choose activities or outings. One service user has input from the organisation's Health and Wellbeing staff to encourage independence with cookery skills. The manager described a variety of individual support systems around meal provisions to ensure choice and nutrition.

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.

3.3.4 Governance and managerial oversight.

Mrs Brenda Campbell has been the acting manager in this agency since August 2025.Those staff consulted on the day of inspection commented positively about the manager and described her as supportive, approachable and able to provide guidance.

The agency 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 management of the agency. The reports of these visits were detailed and robust.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Complaints received since the last inspection were reviewed, the inspector advised that details of investigations and outcomes could be described more fully and the manager agreed to action this. These matters will be reviewed at a future inspection.

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

The annual quality report was reviewed and noted to include stakeholder feedback advice was given in relation to improving the structure of the report so that views can be attributed more accurately.

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

We discussed the acting management arrangements which have been ongoing since August 2025 RQIA will keep this matter under review.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	1	1

* the total number of areas for improvement includes one that have been stated for a second time

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Brenda Campbell (Manager), as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Regulations (Northern Ireland) 2007

Area for improvement 1 **Ref:** Regulation 14 (a) (b) (c) (d) (e) **Stated:** First time **To be completed by:** Immediate and ongoing	The registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided- (a)so as to ensure the safety and well-being of service users; (b)so as to safeguard service users against abuse or neglect; (c)so as to promote the independence of the service users; (d)so as to ensure the safety and security of service users' property, including their homes; (e) In a manner which respects the privacy, dignity and wishes of service users. This relates specifically to the agency supporting service users to personalise their home in an individualised manner and assisting them in redecoration and having necessary repairs carried out and new items of furniture obtained thus making their living environment more comfortable and relaxed. Ref: 3.3.1
	Response by registered person detailing the actions taken: This service users have been encouraged and supported in the redecoration of their own flat, repairs are being addressed. Following a tenants meeting, the service users will purchase items of furniture that they require.

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, August 2021.

Area for improvement 1 **Ref:** Standard 3.3 **Stated:** First time **To be completed by:** Immediate and ongoing from the date of inspection	The Registered Person shall ensure that the care plan includes information on: • the care and services to be provided to the service user; • directions for the use of any equipment; • the administration or assistance with medication; • how specific needs and preferences are to be met; and • the management of identified risk. This relates specifically to accurate information for the specific service user. Ref: 3.3.4

	Response by registered person detailing the actions taken: The Care Plan has been rectified, and the information has been updated to reflect the specific tenant's care and support.

Please ensure this document is completed in full and returned via the Web Portal

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