The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Alan Close**

Provider: **Autism Initiatives NI**

Date of Inspection: **9 December 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	Ms Adele Leighton
Registered Manager:	Ms Caroline Mclean
Service Profile Alan Close is a supported living type domiciliary care agency which provides personal care and housing support to four adults with Autistic Spectrum conditions and/or learning disability. The service is commissioned by the South Eastern Health and Social Care Trust (SEHSCT) and the Belfast Health and Social Care Trust (BHSCT).	

2.0 Inspection summary

An unannounced inspection took place on 9 December between 11.30 a.m. and 3.30 p.m. by a care Inspector.

The 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 established that safe, effective and compassionate care was delivered to service users and that the service was well led. 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 staff were knowledgeable and well trained to deliver safe and effective

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.

There were no areas for improvement identified.

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

Alan Close 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 will seek the views of those living, working and visiting Alan Close; and review 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 User Friendly questionnaires and an electronic staff survey.

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

The inspector spoke to a number of service users, relatives and staff to seek their views about living, visiting and working in Alan Close. The information provided indicated there were no concerns about the service. Service users spoke positively about their experience of the agency. They said they liked living there and that staff were good to them.

Staff spoke enthusiastically with regard to care delivery and management support one person commented:
"I think the service users have a brilliant quality of life"

Relatives praised the staff and the manager and spoke of their contentment and gratitude at having such a homely environment in Alan Close. There was no response to the electronic survey and no questionnaires were returned.

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. A review of staff recruitment records confirmed that 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) 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.

There was evidence that all newly appointed staff had completed a structured orientation and induction which also included shadowing of a more experienced staff member. Written records were retained by the service of the person's capability and competency in relation to their job role.

The agency has maintained a record for each member of staff of all training, 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.

Observation of the delivery of care evidenced that service users' needs were met in a safe, effective and compassionate manner. There was a relaxed and welcoming atmosphere in Alan Close and it was evident that staffing levels allowed for one to one engagement with service users as required.

Staff spoken with said there were sufficient staff to meet the needs of the service users.

There were no volunteers providing support within the domiciliary care agency.

3.3.2 Management of Care Records

Care records were person centred and contained details about their likes and dislikes and the level of support they may require. Service users' needs were assessed and risk assessments completed prior to them receiving care and regularly thereafter. The care plans were very specific and directed staff as to how to meet the service users' needs in a safe and compassionate manner.

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, in line with the commissioning trust's requirements.

3.3.3 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'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 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 The agency retained records of any referrals made to the HSC

Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any 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.

Some 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.

3.3.4 What are the arrangements for promoting service user involvement?

Alan Close is a large comfortable house which has had some home improvements since the last inspection. The manager discussed plans for redecoration of the entrance hall stairs and landing which had been requested from the landlord**.** Service user meetings are held on a monthly basis which enabled the service users to discuss what they would like to be involved in. Topics for discussion included home improvements, staff support and community issues.

All service users have access to a car and enjoy regular outings in the local area. The inspector noted that service users' interests and hobbies were facilitated within the service and individual preferences for outings considered.

3.3.5 Governance and managerial oversight

There were monitoring arrangements in place. A review of the reports of the agency'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 agency'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 policy and procedure. No complaints were received since the last inspection.

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

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