The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Sperrin Drive Supported Living Service

Provider: Autism Initiatives NI

Date of Inspection: 13 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	Dr Eamonn James Edward Slevin
Registered Manager:	Mr Stephen McGuigan
Sperrin Drive Supported Living Service is a domiciliary care agency, supported living type. Three service users live in a two storey detached house located in Belfast. Service users have individual bedrooms and a range of shared areas. The agency's registered office is located within the home of the service users. The service users are provided with care and support in a range of activities of daily living such as managing financial affairs, shopping and cooking. Staff encourage the service users to develop self-care skills and independence within the local community.	

2.0 Inspection summary

An unannounced inspection took place on 13 December 2024, between 9.30 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 domiciliary care agency 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 receiving support from the agency 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 care.

Service users said that they enjoyed living in the supported living service and that they felt that staff supported them well. Refer to Section 3.2 for more details.

As a result of this inspection one area for improvement was identified. Full details can be found in the main body of this report and in the Quality Improvement Plan (QIP) in Section 4.

We wish to thank the manager, staff and service users for their support and cooperation during the inspection.

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 domiciliary care 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.

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 were also reviewed.

Throughout the inspection process inspectors will seek the views of those living and working within the service; 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, 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

Throughout the inspection the RQIA inspector will seek to speak with service users, were appropriate, their relatives and staff for their opinions on the quality of the care and support, their experiences of living or working in Sperrin Drive Supported Living Service.

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.

During the inspection we spoke with a number of service users and staff members.

Service users spoke positively about their experience of the support provided by the agency; they said they enjoyed living in the supported living service and that the staff supported them well. Observations of staff interacting with service users was noted to be person centred and caring.

The information provided indicated that they had no concerns in relation to the care and supported provided within the service.

Comments received included:

- “All good, love it here. The staff are great.”
- “Lived here 21 years.”
- “I have no complaints.”
- “Great team; could go to the manager about anything.”
- “Service users have choice and are well looked after.”
- “No concerns, love working here.”

No questionnaires were returned.

There were no responses to the electronic survey.

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 17 April 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 assessed needs of service users.

A review of the agency’s 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.

There was evidence that 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 agency of the person’s capability and competency in relation to their job role.

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

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; records are retained electronically. The review of training records evidence that staff had completed appropriate training to meet the needs of the service users.

There was evidence of effective systems in place to manage staffing. Sufficient staff were on duty to support the service users. Staff said there was good teamwork and that they felt well supported in their role by the manager.

Staff said that there were enough staff to meet the needs of the service users. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

It was evident that staff had a good understanding of the needs, likes and dislikes of individual service users. The agency recently completed a recruitment process to appoint new team leaders.

Staff meetings were facilitated on a regular basis and a record of the matters discussed was retained.

Observation of the delivery of care evidenced that service users' needs were met in a safe, effective and compassionate manner.

3.4.2 Care Delivery

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

Staff were also observed offering service users support to engage in the activities they choose to participate in. Service users described how staff supported them to access the local community and participate in activities they enjoyed.

The agency facilitates service user engagement meetings; this provides the opportunity for service users to give their views and opinions on the care and support provided.

Care reviews had been undertaken in keeping with the agency's policies and procedures.

3.4.3 Management of Care Records

Service users' needs were assessed and risk assessments completed prior to them receiving care and support from the domiciliary care agency. Following this initial assessment, they were assessed again at regular intervals. Care plans were developed to direct staff on how to meet the service users' needs in a safe and effective manner.

Service users, where possible, were encouraged and supported to be involved in planning their own care and the details of care plans were shared with their relatives, as appropriate.

Care and support plans were person centred and are kept under regular review. There was evidence that staff record regularly the details of the care and support provided or any changes to the service users' needs.

3.4.4 Quality of Management Systems

There has been no change in the management of the domiciliary care agency since the last inspection. Mr Stephen McGuigan has been registered as the manager since 16 July 2018. Staff commented positively about the management arrangements and described the manager as supportive, approachable and always available to provide guidance.

There were monthly monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. A review of the reports of the agency's monthly quality monitoring established that there was engagement with service users, service users' relatives, staff and Trust representatives. Comments included: "He (service user) is much better and able to cope with situations now."

The reports included details of a review of service user care records; accident/incidents; restrictive practices; complaints: safeguarding matters; and staffing arrangements including recruitment and training.

Discussion with the manager and a review of records identified that incidents had been managed appropriately. The manager was aware that they are required to report any adult safeguarding incident involving the Police Service of Northern Ireland (PSNI) in accordance with the legislation. No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedures.

The domiciliary care agency's provision for the welfare, care and protection of service users was reviewed. There was a procedure in place for staff to report concerns.

Discussions with the manager and staff established that they were knowledgeable in matters relating to adult safeguarding and the process for reporting and managing adult safeguarding concerns.

Staff had a good understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns. Staff could describe their role in relation to reporting poor practice.

The agency retained records of any referrals made to the Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

All staff had been provided with training in relation to medicines management; details of medications incidents are recorded

The agency's registration certificate was up to date and displayed appropriately.

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 on a monthly basis. A spot check completed during the inspection indicated that staff were appropriately registered. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

Staff told us that they would have no issues in raising any concerns regarding service users' safety or care practices and that they were confident that the manager or person in charge would address their concerns.

Service users said they had no concerns regarding their safety; one service user described how they could speak to staff if they had any concerns about safety or the care and support being provided.

It was positive to note that a number of compliments had been received. There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. There was evidence that where complaints had been received they had been managed appropriately; it was noted that there is currently an ongoing investigation in regards to a complaint received just prior to the inspection.

The Annual Quality Report was reviewed and was satisfactory; it included the views of service users and other key stakeholders.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

Staff had completed DoLS training appropriate to their job roles. The manager reported that one service user was subject to a DoL. We discussed with the manager that where a service user was experiencing a deprivation of liberty, the care records needed to contained details of assessments completed and agreed outcomes developed in conjunction with the relevant Health and Social Care (HSC) Trust representative. An area for improvement was identified. Refer to Section 4.0 for more detail.

There was a system in place for notifying RQIA if the agency was managing individual service users' monies in accordance with the guidance.

4.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with **The Domiciliary Care Agencies Minimum Standards, August 2021.**

	Regulations	Standards
Total number of Areas for Improvement	0	1

The area for improvement and details of the QIP was discussed with the 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 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 DoLS information and/or any practices deemed to be restrictive. Ref: 3.4.4
	Response by registered person detailing the actions taken: The Care Plan has been updated to include how the DoLS information and/or practices deemed to be restrictive effect the other 2 service user's who share the living space. The item's that are restricted for periods of time, while staff support PG, directions and guidance have been given on how staff are to support the other two Service User's when using equipment . The About Me located in each of the Service User folder's have been updated to include DoLS information, on how practices effect each service user in the service, and how staff can best support each individual. Risk Assessment's for each Service User have also been updated to show the level of risk, how specific needs and preferences are to be met. Support Plan in place for each Service User of how to support each of the Service User's around the DoLS information and practices in place which are deemed to be restrictive. Guidance and protocol in place for staff with the assistance/supervision of self-medication for two of the Service User's within the service in place

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The Regulation and Quality Improvement Authority

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