The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Glen Road Supported Living

Provider: Autism Initiatives NI

Date of Inspection: 10 July 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/Responsible Person:	Adele Leighton
Registered Manager:	Megan Bradley
Service Profile – Glen Road Supported Living is a domiciliary care agency, supported living type, located in Belfast. Staff provide 24-hour care and support to service users with Autism spectrum and associated conditions. The agency's registered office is situated within the Glen Road premises. The service user accommodation comprises individual bedrooms and a number of shared areas. The care is commissioned by Belfast Health and Social Care Trust.	

2.0 Inspection summary

An unannounced inspection was undertaken on 10 July 2025 between 11.05 am and 4.50 pm by a care Inspector.

The inspection was undertaken to evidence how the agency was performing in relation to the regulations and standards, and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 13 November 2023; also to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

As a result of this inspection the areas for improvement identified during the previous inspection were assessed as having been fully met by the provider. This is discussed in more detail in the body of the report. The inspection also established that care delivery was safe and that effective and compassionate care was delivered to service users. There were no areas for improvement identified during this inspection.

It was established that staff promoted the well-being of service users and that staff were knowledgeable and well trained to deliver safe and effective care.

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 the previous Quality Improvement Plan issued, registration information, and any other written or verbal information received.

Throughout the inspection process inspectors seek the views of those working for or being supported by the agency; and review/examine a sample of records to evidence how the agency is performing in relation to the regulations and standards.

3.2 What people told us about the service

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

We spoke to a service user, a relative and staff to seek their views of the agency. The information provided indicated that the care provided was safe, effective and compassionate and that the service was well led.

One service user who spoke with the inspector said that they enjoyed living in Glen Road Supported Living and that the staff were good.

A relative who provided feedback on the agency indicated that they were satisfied with the care provided to their loved one and that they felt that there was a good range of activities available to service users.

Staff advised that they found the training was useful and that the service users get good support. They spoke very positively in regard to the care delivery and management support in the agency. One response from the electronic survey indicated that staff felt very satisfied that the care provided by the agency was safe, effective, and compassionate and that the service was well led. One comment included the following statement "The service is very well managed by the manager and area manager. The people we support are cared for to a high standard".

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 13 November 2023 by a care inspector. All areas for improvement identified were assessed as having been addressed by the provider during this inspection.

4.0 Inspection findings

4.1 Staffing Arrangements (Recruitment, Induction and Training)

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 effective systems in place to manage staffing and there was sufficient staff on duty to support service users. It was evident that staff had a good understanding of the needs, likes and dislikes of individual service users.

The manager advised that vacancies are managed well through use of agency and regular staff.

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 and a record of checks retained. 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, having regard to NISCC's 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 induction programme which also included a period of shadowing of a more experienced staff member.

A quality improvement plan arising from the last inspection highlighted that staff required refresher training in a number of areas including Adult Protection, Moving and Handling, Deprivation of Liberty Safeguards (DoLS), Epilepsy Management and Positive Behavioural Support training. Staff training was recorded on an electronic matrix which confirmed that all staff training was up to date and in line with the agency's training requirements. Staff who spoke with the inspector confirmed that they were provided with opportunities to complete training commensurate with their role. This area for improvement was therefore assessed as being addressed by the provider.

Written records were retained by the agency of the person's capability and competency in relation to their job role.

Competency assessments were undertaken with staff to ensure that they were proficient in administration of medications.

Staff received regular supervision and there were procedures in place to appraise staff performance on an annual basis.

4.2 Care Delivery

An area for improvement arising from the previous inspection related to the personal living spaces of the service users and need to support in personalising their home environment. An inspection of the indoor and outdoor living areas noted that some internal decorating had taken place, however some items of furniture were torn and required repair. In addition, the outdoor space for service users had an overgrown garden, making it uninviting for service users to use. This was discussed with the manager who actioned this immediately during the inspection and later confirmed that work had commenced in the garden area. The manager discussed the ongoing efforts to personalise and improve the furniture within service users' living environment and evidenced arrangements for new furniture delivery. On this basis the quality improvement plan was deemed to have been addressed by the inspector and will be kept under review.

There was a daily handover at the beginning of each shift which included information about any changes to the service users' care needs and which directed staff in meeting these needs.

Staff interactions with service users were observed to be friendly and supportive. Staff were skilled in communicating with service users; they were respectful, understanding and sensitive to service users' needs.

Staff completed a competency assessment in the administration of medication which was refreshed annually. Where service users required support with medication management, this was included in their support plan. It was positive to note that an electronic matrix was maintained to record and keep a track of any medication incidents that occurred, and this included prompts to alert staff of what further actions may be needed to ensure service user safety.

Service users were supported to engage in a range of different activities and outings of their choosing such as daily walks, drives in the car, swimming, day centre attendances, sensory activities, board games and exercise regimes. Where possible, service users were encouraged and supported to be involved in completing aspects of their daily living routine such as helping with laundry or preparing healthy snacks. Details of care and support plans were shared with service users' relatives, where appropriate.

4.3 Management of Care Records

An area for improvement arising from the last inspection related to the safe storage of care records and the improper use of correction fluid where amendments had been made to the records. The service users' care plans are safely contained within a locked, secure cabinet.
A review of the care records found that key information was clearly laid out and that care and support plans were person-centred, detailing the service users' likes and dislikes and the level of support they may require. It was positive to note that care records are also written in a format suitable to the service users' individual communication needs which supports them to fully participate in all aspects of their care. On this basis the previous quality improvement plan was assessed as having been addressed by the provider.

Service users' needs were assessed when they were first referred to the service and it was good to note that the compatibility of service users was carefully considered as part of the initial assessment process. Following initial assessment, care plans are developed to direct staff on how to meet service users' needs and include any advice or recommendations made by other healthcare professionals.
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.

The manager reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future. A review of care records identified that moving and handling risk assessments and care plans were up to date.

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.

4.4 Adult Safeguarding and Incident Management

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures required amendments to ensure it was reflective of the Department of Health's (DoH) regional Guidelines for Adult Safeguarding. An amended policy has since been shared with the inspector which includes a clear outline of the procedure to follow in the event of any concerns being raised has been included. The organisation had an identified Adult Safeguarding Champion (ASC).

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 in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A previous area for improvement highlighted that safeguarding records were stored within the service user's care records and not in a separate file which could impact how information is collated for reporting purposes. A review of safeguarding records evidenced that there is a separate file for recording all adult safeguarding concerns which includes a tracker log to outline the number of referrals, type of concern, actions taken and outcome. On examination of adult safeguarding concerns raised since last inspection, it was found that these were managed appropriately and, on this basis, the previous are for improvement was deemed to have been addressed by the provider.

The agency's governance arrangements for the management of accidents/incidents were reviewed and confirmed that an effective incident/accident reporting policy and system was in place. Staff are required to record any incidents and accidents in a centralised electronic record which is reviewed and audited by the manager. A review of a sample of accident/incident records evidenced that these were managed appropriately.

There are systems in place to ensure that notifiable events were investigated and reported to

RQIA or other relevant bodies appropriately.

4.5 Mental Capacity Act and Restrictive Practice

The Mental Capacity Act (Northern Ireland) 2016 (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. A review of the training matrix confirmed that all staff had completed the appropriate Deprivation of Liberty Safeguards (DoLS) training.

The manager reported that there are a number of service users that are subjected to DoLS. There are arrangements in place to ensure that all relevant documentation pertaining to the DoLS is held within care records and recorded on a DoLS register. These are regularly reviewed to ensure that outcomes developed in conjunction with the HSC Trust representative are met within the agency.

There is a policy in place for the use of restrictive interventions and a register is in place which was reviewed and updated regularly. Any restrictive practices are reviewed alongside the support plan, care review and subject to multidisciplinary review.

4.6 Quality of Management Systems

There has been a change in the management of the agency since the last inspection. Ms Megan Bradley has been the manager in Glen Road Supported Living since 24 December 2024. Staff who spoke with the inspector commented positively about the manager whom they described as supportive, approachable and able to provide guidance.

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

There is a system in place to ensure that complaints are managed in accordance with the agency's policy and procedure. Records reviewed and discussion with the manager indicated that no complaints were recorded since the previous care inspection. Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager or the person in charge.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives and staff. The reports included details of a review of service user care records; accident/incidents; safeguarding matters and staff recruitment and training.

The annual quality report was reviewed and noted to include stakeholder feedback gathered for monthly monitoring reports.

A quality improvement plan was issued after the last inspection with respect to updating both the Statement of Purpose and Service User Guide with RQIA's contact details. An examination of both documents confirmed that these contained the required information and therefore the quality improvement plan was deemed to have been addressed by the provider.

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 Megan Bradley, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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