The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Ashley Grove Supported Living Service

Provider: Autism Initiatives NI

Date of Inspection: 14 August 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:	Charlie Blair-McClean (acting)
Service Profile – Ashley Grove Supported Living Service is a domiciliary care agency, supported living type which provides 24-hour care and support to service users over 18 years of age living with a learning disability and associated needs. The service users live in the Dunmurry and Lambeg areas. The agency's office is located in one of the service users' homes.	

2.0 Inspection summary

An unannounced inspection took place on 14 August 2025, between 10 am and 2 pm. It was carried out by a care Inspector.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to assess progress with the area for improvement identified, by RQIA, during the last care inspection on 3 November 2023; and to determine if the 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 and that the agency 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.

As a result of this inspection the previous area for improvement was assessed as having been addressed by the provider and no new areas for improvement were identified. Details can be found in the main body of this report.

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 areas for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trusts.

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

Service users were not able to offer verbal responses. One service user was observed to be supported by staff with whom they appeared comfortable.

One relative told us that the care provided really suited their family member's needs. They commented that the staff were very caring and their relative seemed very happy living in the agency.

A number of staff indicated that they were 'very satisfied' or 'satisfied' that care provided was safe, effective and compassionate and that the service was well led.

One staff member raised an issue that was discussed with the Service Manager for taking forward within the agency.

3.3 Inspection findings

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. There was evidence of robust systems in place to manage staffing.

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 Northern Ireland Social Care Council (NISCC); there was a system in place for professional registrations to be monitored by the manager.

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 shadowing of a more experienced staff member. It was positive to note that staff who had been promoted within the agency received an appropriate induction to their new role.

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 and were noted to be up to date. Staff confirmed that got sufficient training for their roles. Service user specific training had also been provided to staff. For example, Autism Awareness and Positive Behaviour Support training.

Competency assessments were undertaken on all staff to ensure that they were competent in their roles and responsibilities. All staff received regular supervision.

Staff told us about the strong staff team within the agency and that 'staff have the best interests of service users as the basis of every decision that is made'.

3.3.2 Care Delivery

There was a daily handover at the beginning of each shift, which included information about any changes to the service users' care that the staff needed to assist them in their roles. Staff told us that 'the care provided is person centred and very well done'.

There was a system in place to ensure that the activities offered to service users were varied and geared towards their individual needs and preferences. The activities records were reviewed on a monthly basis by the manager.

Information on the service users' day and night routines were also detailed within the support plans; this assisted staff in providing consistency of care and support to service users.

Where service users displayed behaviours which may be considered challenging, staff completed Antecedent, Behaviour, Consequence (ABC) charts. These charts were used to record the activities and interactions that occurred before the incident, therefore providing useful insight into what may have triggered the behaviour. These ABC charts were subject to regular review by the manager.

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.

In one of the service users' homes, it was noted that service user medication was stored in the staff office. This is not in keeping with the ethos of supported living. The person in charge committed to carrying out a review of this practice. This will be reviewed at the next inspection.

3.3.3 Management of Care records

Service users' needs were assessed when they were first referred to the agency and before care delivery commenced. Following this initial assessment care plans were developed to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals.

Service users care records were held confidentially.

Care records were person centred, well maintained and regularly reviewed and updated to ensure they continued to meet the service users' needs. A review of a sample of care records evidenced that service users, where possible, were involved in planning their own care and efforts had been made to ascertain service users' preferences and choices around how their support was provided. The details of care plans were shared and signed by service users and/or their representatives as appropriate.

There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty (DoLS), the care records contained details of assessments completed and agreed outcomes developed in conjunction with the Health and Social Care (HSC) Trust representative. A central register was in place to enable tracking of any DoLS due for review.

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

3.3.4 Quality of Management Systems

There has been a change in the manager of the agency since the last inspection. Ms. Charlie Blair-McNaughton is acting manager. The manager has submitted an application to RQIA for registration as manager; this will be reviewed in due course.

Staff told us that the agency is well managed and that managers 'work hard to improve service users' independence'.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately. No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

Agencies required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the agency's adult safeguarding policy. A specific individual was identified as the agency's ASC.

The annual safeguarding position report had been completed. 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. It was positive to note that there was an up to date Safeguarding Log in place. This supports the manager in identifying any trends or actions that may be required to achieve improvements in the processes.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. It was positive to note that the agency had received a range of compliments since the previous inspection.

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 and HSC Trust representatives. The 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 noted to include stakeholder feedback.

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 the Service Manager and Team Leader 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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