The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Boyd's Row Supported Living

Provider: Autism Initiatives NI

Date of Inspection: 12 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:	Ms Adele Leighton
Registered Manager:	Mrs Marion Willis
Service Profile - Boyd's Row Supported Living is a domiciliary care agency, supported living type which provides 24 hour care and support to service users. The agency supports service users in accommodation in Armagh.	

2.0 Inspection summary

An unannounced inspection took place on 12 August 2025, between 11.40 am and 5.10 pm. A care Inspector conducted the inspection.

The inspection was undertaken to evidence how the agency is 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 15 October 2024; and to determine if the agency is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that care delivery was safe and that effective and compassionate care was delivered to service users.

As a result of this inspection two areas for improvement identified during the previous inspection relating to care plans and the management of complaints were assessed as having not been addressed by the provider and are therefore stated for the second time. One new area for improvement identified related to the safe and effective selection and recruitment of staff.

Enforcement action resulted from the findings of this inspection. We identified serious concerns in relation to safe and effective selection and recruitment of staff.

An intention to serve one Failure to Comply (FTC) Notice Meeting was arranged with the Responsible Individual, on 4 September 2025; the FTC Notice was in respect of an identified breach under The Domiciliary Care Agencies Regulations (Northern Ireland) 2007, namely Regulation 13 (d) relating to safe and effective selection and recruitment of staff.

This meeting was attended by the Responsible Individual and Service Manager for Boyd's Row Supported Living. The Area Manager and Human Resources Manager were also in attendance. At the meeting, RQIA were provided with an action plan and assurances in relation to the concerns identified.

On this basis, RQIA were satisfied with the assurances from the provider and decided to take no further enforcement action.

Good practice was identified in relation to service user involvement and staff training. There were good governance and management arrangements in place. Feedback from a service user reflected their positive experience of the care and support provided. Refer to Section 3.2 for more details.

We would like to thank the person in charge, service user and staff team for their support and co-operation 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 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 Trust.

Throughout the inspection process inspectors seek the views of those working for or being supported by the agency 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 questionnaires and an electronic staff survey.

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

We spoke to a service user and staff to seek their views of living and working within the agency.

The service user indicated that they enjoyed their experience of living in Boyd's Row Supported Living Service and they spoke highly of the staff and manager.

The service user told us that they were able to choose how they spend their day. Service users' comments included "I like it here" and "everyone is good to me."

Staff told us that they were satisfied that the care and support was safe, effective, compassionate and well led. Staff spoke positively about the care delivery, training and management support in the day care setting. One told us “care and support is service user focused” and “good training provided and it is relevant to the service and the service users”.

The information provided indicated that those who engaged with us had no concerns in relation to the agency.

3.3 Inspection findings

3.3.1 Staffing Arrangements (recruitment and selection, 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.

A review of the agency’s staff recruitment records confirmed that pre-employment checks, including criminal record checks (AccessNI), were generally completed and verified before staff members commenced employment and had direct engagement with service users. However, it was identified that an Enhanced AccessNI check had not been undertaken for a staff member who had transferred to Boyd’s Row Supported Living by way of an internal staff transfer from another care position within Autism Initiatives NI.

An intention to serve a Failure to Comply Notice Meeting was held on 4 September 2025. The Responsible Individual was able to provide assurances that steps have been taken to prevent recurrence. On that basis, a decision was made not to issue the Failure to Comply Notice; one area for improvement was therefore made.

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, programme 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.

Staff consulted spoke positively about the training they receive and confirmed that they received sufficient training to enable them to fulfil the duties and responsibilities of their role and that training was of a good standard. Staff were provided with training appropriate to the requirements of their role which was recorded on a colour coded matrix. Review concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as moving and handling, fire awareness and medicines management. It was positive to note that the agency provided training in regard to autism and positive behaviour support.

There was evidence of effective systems in place to manage staffing. Staff said there was good teamwork and that they felt well supported in their role by the manager. Staff said that there were sufficient staff to meet the needs of the service users. It was evident that staff had a good understanding of the needs, likes and dislikes of individual service users.

There was evidence of staff meetings. Staff stated they could add to the meeting agenda if there were items they wished to discuss. Minutes were maintained of the meetings for staff unable to attend, to read for information sharing.

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.

There was a system in place to ensure that the activities offered to service users were varied and tailored towards their individual needs and preferences. Service users are supported to access activities of their own choice; this included going to the cinema, shopping, visiting restaurants and local parks.

The service user told us they enjoyed the independence that living in Boyd's Row Supported Living Service affords them and how they are encouraged to make their own decisions.

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

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.

Care records were generally person centred, regularly reviewed and updated to ensure they continued to meet the service users' needs.

An area for improvement identified during the previous inspection related to care plans. This related specifically to Deprivation of Liberty Safeguards (DoLS) information and Speech and Language Therapist (SALT) recommendations being included within service users individual care plans. The person in charge advised that no service users had SALT recommendations in place regarding the consistency of their food and fluids. Review of care records pertaining to DoLS evidenced these did not clearly outline the restrictions in place for the service user. This area for improvement is therefore stated for a second time.

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 user's 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.

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

Records pertaining to consent were available.

3.3.4 Quality of Management Systems

We discussed the acting management arrangements, which have been ongoing since 5 January 2024; RQIA is keeping this matter under review. Those consulted with commented positively about the manager and described her as supportive and approachable.

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, 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.

Incidents were managed appropriately and it was positive to note that any identified learning was shared with staff.

Agencies are 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. There was an individual within the organisation's senior management team who was identified as the appointed ASC for the agency. The annual safeguarding position report had been completed and was found to be satisfactory.

An area for improvement identified during the previous inspection related to the management of complaints. Whilst there was a system in place to manage complaints not all records relating to the complaints were available for review on the day on inspection. Review of one complaint identified that records were not available in relation to the acknowledgment of the complaint, the investigative process and the outcome. This area for improvement is therefore stated for a second time.

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.

Staff demonstrated an awareness of their role, responsibilities and knowledge of lines of accountability and knew when and who to discuss concerns with. All staff consulted with described an open door policy with the manager and that they were confident that any concerns or suggestions made would be listened to and addressed. One staff member commented: "good communication from the manager and she is helpful".

Discussions with the person in charge and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. As noted in section 3.3.1, staff spoken with during the inspection confirmed the availability of continuous update training. In addition, staff confirmed the availability of supervision/appraisal processes and staff meetings, which they described in positive terms and found beneficial.

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	2*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with the person in charge, 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 Regulations (Northern Ireland) 2007	
Area for improvement 1 **Ref:** Regulation 13 (d) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that AccessNI checks are undertaken on all staff regardless of whether or not they commenced employment via internal transfer arrangements. Refer: 3.3.1
	Response by registered person detailing the actions taken: 1. I can confirm that Enhanced Access NI checks are completed for all applicants during the pre-employment stage, before the person can commence employment with the Organisation. This is part of our recruitment exercise and procedures. 2. I can confirm that Enhanced Access NI checks are completed for any internal significant role change, i.e. promotion. These checks are completed before the person commences their new role with the Organisation. This is part of our recruitment exercise and procedures. Above are the only instances whereby a person commences employment (either for their first role, or a new role) with the Organisation as part of a recruitment exercise. For all other scenarios: - We follow our Policy and adapt best practice guidelines, whereby we re-check Enhanced Access NI on a 3 yearly basis. - For internal transfers (department), which are not part of a recruitment exercise, whereby the transfer will be permanent transfer, an Enhanced Access NI check will be completed. - For temporary internal transfers based on operational needs, we have requested clarity from RQIA. At Autism Initiatives, we pride ourselves on maintaining a flexible workforce, with staff who willingly move fluidly between services to ensure the safety and continuity of high-quality support of the people we support. This model reduces dependency on agency workers. As an autism specialist provider, our staff teams are trained in specialist autism practices, which are person centred depending on the person we support needs. To ensure continuity of care and routine for the people we support (who have autism) and rely on set routines, having the ability to rotate staff to cover operational need is crucial. We welcome the opportunity to discuss how we can continue to operate efficiently, while also ensuring compliance with the requirement to undertake a new Enhanced AccessNI check each time a staff member transfers temporarily between our services,

	and we welcome guidance on how best to balance these priorities in practice.
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, revised 2021	
Area for improvement 1 **Ref: Ref:** Standard 3.3 **Stated:** Second time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that individual service users care plans include 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 risks. This relates specifically to DoLS information and SALT recommendations being included within service users individual care plans. Refer: 3.3.3
	Response by registered person detailing the actions taken: All of the information has been received from the Southern Trust and is now included in Autism Initatives Care Plans

Area for improvement 2 **Ref:** Standard 15.10 **Stated:** Second time **To be completed by:** Immediate from the date of the inspection	The registered person shall ensure that records are kept of all complaints and these include details of all communications with complainants, the results of any investigations, outcomes and the action taken. Refer: 3.3.4
	Response by registered person detailing the actions taken: All complaints have been responded to formaly in writing to include details of any outcomes and actions taken.

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

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