The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Derramore View**

Provider: **Autism Initiatives NI**

Date of Inspection: **7 November 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:	Ms Marion Willis (Acting)
Service Profile – Derramore View is a domiciliary care agency which provides support to service users, who may have learning or mental health needs.	

2.0 Inspection summary

An unannounced inspection took place on 7 November 2025, between 10.30 am and 4.40 pm. A care Inspector conducted the inspection.

The last care inspection of the agency was undertaken on 7 November 2024 by a care Inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; 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. However, improvements were required to ensure the effectiveness and oversight of certain aspects of the agency, such as care records, staff supervision and the management of complaints.

Good practice was identified in relation to service user involvement and mandatory training compliance. 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 manager, service user, relatives 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, relatives and staff to seek their views of the agency.

The service user indicated that they enjoyed their experience of living in Derramore View 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 user's comments included; "Staff treat me well and I can talk to staff about anything." and "This is a good place to live".

Relatives who spoke with us said they were very satisfied with the care and support provided to their loved one. Some comments received included; "Very good communication and staff have a good understanding of Xxxx's needs." and "Staff work well with Xxxx and help support them to live as independent a life as possible".

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 agency. Staff comments included; "I am always working towards ensuring tenants lead an independent fulfilled life." and "I got a good induction including shadowing".

Returned service user questionnaires indicated that the respondents were generally satisfied with the care and support provided. However, a comment was received which was shared with the manager following the inspection for further consideration and action, as appropriate.

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 and through completion of regular staff training to ensure the agency safely and continually meets the needs of service users.

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, programme which also included shadowing of a more experienced staff member.

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 positive behaviour support and epilepsy management.

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.

A review of staff supervision records evidenced that staff supervision had not been completed in line with the agency's procedures. An area for improvement has been identified.

3.3.2 Care Delivery

There was a handover at the beginning of each shift, which all staff attended. These meetings focused on information about any changes in the service users' care needs.

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 shopping, visiting restaurants, arts and crafts and baking.

The service user told us they enjoyed the independence that living in Derramore View affords them and how they are encouraged to make their own decisions.

Discussion with a service user and service users' representatives, staff and observation of interactions demonstrated that service users are treated with dignity and respect while promoting and maintaining their independence.

Staff interactions with service users were observed to be polite, warm and supportive and the atmosphere was relaxed 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.

Review of a sample of care records identified that a service user's risk assessment and care plan had not been reviewed and updated, as appropriate, following a significant incident. An area for improvement has been identified.

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.

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.

Staff recorded regular evaluations about the care and support provided.

Records pertaining to consent were available.

3.3.4 Quality of Management Systems

We discussed the acting management arrangements, which have been ongoing since 8 August 2025; RQIA is keeping this matter under review. Those consulted with described having good relationships with the manager.

The agency was visited each month by a representative of the registered provider. 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 reports of these visits were completed in detail.

As noted in section 3.3.1, review of incident records identified that following a significant incident there was no evidence that risk assessments or care plans had been reviewed, to prevent recurrence.

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.

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

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. 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.

Discussions with the manager and the review of information relating to complaints indicated that a more robust system was required to be implemented to ensure that the information retained contained details of any investigations, outcomes and actions in regards to any complaints received. It was discussed with the manager the benefits of maintaining a log of complaints. An area for improvement has been identified.

Discussions 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.

Discussions with the manager 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

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Marion Willis, 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 Regulations (Northern Ireland) 2007	
Area for improvement 1 **Ref:** Regulation 15 (3) (b) **Stated:** First time **To be completed by:** Immediate from the date of inspection	The registered person shall ensure that risk assessments and care plans are updated in a timely manner including post incident. Ref: 3.3.3
	Response by registered person detailing the actions taken: On 1.12.25 a Care Management Annual review took place in Derramore View where all risk assessments, and Care Plans were reviewed and updated by Northern Trust Mental Health team in partnership with Autism Initiatives Management for the Cookstown Service. All supporters have read and signed the updated Care Plan and Risk Assessments. Following this inspection the Registered Person will ensure to update all Care Plans and Risk Assessments in a timely manner and this will include Post Incident Forms.

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, revised 2021	
Area for improvement 1 **Ref:** Standard 13.3 **Stated:** First time **To be completed by:** Immediate from the date of inspection	The registered person shall ensure that staff have recorded formal supervision meetings in accordance with the agency's procedures. Ref: 3.3.1
	Response by registered person detailing the actions taken: Following Autism Initiatives Policies and Procedures there is a Supervision and Apprasial Calendar in place in the service and the Registered Person will ensure all supervisions and Apprasials are completed in line with policy.
Area for improvement 2 **Ref:** Standard 15.10 **Stated:** First time **To be completed by:** Immediate from the date of 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 action taken. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Registered Person has reviewed Autism Initiatves Complaints policy and has a robust system in place to ensure that records are kept of all complaints and this is recorded on a complaints log.The Registered Person will ensure communication records are kept when communciation has taken place between the complaintant and the Registered Person, these records will be held alongside the complaints log. Outcomes and actions will be detailed and recorded with evidence of any follow ups as per policy.

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

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