The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Alan Close**

Provider: **Autism Initiatives NI**

Date of Inspection: **9 December 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:	Ms Adele Leighton
Registered Manager:	Ms Caroline McClean

Service Profile –

Alan Close is a supported living type domiciliary care agency, which provides personal care and housing support to four adults with a learning disability and associated needs. The South Eastern Health and Social Care Trust (SEHSCT) and the Belfast Health and Social Care Trust (BHSCT) commission the service.

2.0 Inspection summary

An unannounced inspection took place on 9 December 2025, between 10 am and 2 pm. It was carried out by a care Inspector.

The last care inspection of the service was undertaken on 9 December 2024 by a care Inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the service is performing in relation to the regulations and standards; and to determine if Alan Close provides safe 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.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements for the purposes of the inspection report, the term ‘service user’ is used, in keeping with the relevant regulations.

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 service 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 supported living facility. This included the registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Throughout the inspection process, inspectors will seek the views of those living, working and visiting the service; and review a sample of records to evidence how Alan Close 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

Throughout the inspection the RQIA inspector will seek to speak with service users, their relatives and staff for their opinions on the quality of the care and support and their experiences of living, visiting or working in Alan Close.

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.

We spoke to a range of service users, relatives and staff to seek their views of living within, visiting and working within this service.

Service users described being very happy living in Alan Close and said that staff were good to them. A relative said they were delighted and that "you couldn't ask for better staff."

Staff were very satisfied stating that they really enjoyed working here and praised the management team. A member of staff commented, "I am proud to make an impact here and see the impact on the lives of the people we support"

The information provided indicated that there were no concerns in relation to the service.

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 and ensure compliance with training.

Review of the agency's 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. The robust, structured induction programme 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 including 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 and annual appraisal.

3.3.2 What are the systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was reviewed and 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.

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

The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns. The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

The Mental Capacity Act (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. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act (MCA).

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative.

There were monthly monitoring arrangements in place in compliance with the regulations and standards and a review of the reports of 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.

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

There was a system in place to ensure that complaints were managed in accordance with the service's policy and procedure. The manager advised that no complaints had been received since the last inspection.

There was evidence that the agency responded to any concerns, raised with them or by their processes, and took measures to improve practice and the quality of services provided by the agency, as necessary.

3.3.2 Care Delivery

A review of service users' care records identified that each service user had a detailed, person centred support plan and risk assessments to enable them to follow and participate in all aspects of their care. Care records evidenced multi-disciplinary working and regular communication and clinical input with relevant professionals from the HSC Trust.

Some service users were assessed by Speech and Language Therapist (SALT) with recommendations; some required their food and fluids to be of a specific consistency as assessed by a SALT. Staff were familiar with how food and fluids should be modified and followed a clear programme for each service user with SALT requirements at meal times to ensure the care received in the setting was safe and effective.

A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents. Within the care records reviewed, any SALT recommendations were clearly identified within the service user's care plan and risk assessment.

Staff were observed communicating patiently and sensitively with service users. Records evidenced staff involving service users in a range of activities within the local community.

3.3.3 Management of Care records

Service users care records were held confidentially. Care plans contained details about service users' likes and dislikes and the level of support they may require. These are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur. 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. It was also good to note that the agency had service users' meetings on a regular basis which enabled the service users to discuss the provisions of their care and living arrangements.

Any restrictive practices were reviewed alongside the support plan, care review and subject to multidisciplinary review. The inspector noted some information required updating within service users' hospital passports; advice was also given in respect of ensuring SALT recommendations were sufficiently detailed within these documents. These matters will be reviewed at a future inspection.

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 Ms Caroline McClean, registered manager and Mrs Dolores Curran, Area Manager 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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