

Inspection Report

5 May 2023



National Autistic Society NI Centre Belfast

Type of service: Day Care Setting
Address: Suites 1-3 Eastbank House, 3 Eastbank Road, Carryduff,
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: National Autistic Society Responsible Individual: Mrs Lesley Andrews (Acting)	Registered Manager: Miss Anita Todd Date registered: 12 September 2019
Person in charge at the time of inspection: Miss Anita Todd	
Brief description of the accommodation/how the service operates: The National Autistic Society NI Centre Belfast is a service provided within a purpose built autism friendly environment. The service offers personalised support that meets the specific needs of each autistic adult who have a range of complex needs, requiring high levels of staff support. Identified through detailed multi-disciplinary assessments the service seeks to offer a range of enjoyable, effective and meaningful services to support adults to learn and become as independent as possible. The centre provides services five days a week.	

2.0 Inspection summary

An unannounced inspection was undertaken on 5 May 2023 between 9.30 a.m. and 3.30 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices and Dysphagia management was also reviewed.

Areas for improvement identified related to restrictive practice review, fire safety, service user feedback and managing complaints.

National Autistic Society uses the term 'people who we support' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

3.0 How we inspect.

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care services, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care settings have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read questionnaires and an electronic staff survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of relatives and staff members.

The information provided indicated that there were no concerns in relation to the day care setting.

Comments received included:

Service users' relatives' / representatives' comments:

- "I really appreciate the centre and how much they help my family."
- "The staff are amazing, they should all get medals."
- "I trust them with my son."
- "They put my child's needs first."
- The communication from the centre is brilliant."

Staff comments:

- "The induction has been in depth and the shadowing of other staff has been very useful."
- "The manager is very approachable."
- "There is good support from other people who work in the team."
- "I feel supported in my role."

- “The people we support are well looked after.”
- “My only concern is related to staffing, we could benefit from more staff.”

HSC Trust representatives’ comments:

- “Anita and staff have been very helpful and contactable when I have been speaking with them.”
- “I am very pleased with the service provided by NAS to my client. Since attending, there has been very positive changes in his life as well as in his family’s life. He really enjoys attending NAS and the variety of activities that are delivered there gives a purpose to his day.”

There were no returned questionnaires.

A number of staff responded to the electronic survey. The respondents indicated that they were satisfied that care provided was effective and compassionate and that the service was well led. Written comments included:

- “Satisfied that all staff are aware of reporting concerns.”
- “I am confident in the staff team.”

A number of respondents indicated dissatisfaction in relation to staffing levels. Written comments included:

- “At times due to difficulties finding and maintaining a good member of staff, can prevent us from meeting the need of people we support.”
- “Dissatisfied with staff shortages which can deem the service unsafe for individuals attending as we rarely have responders and all management will be on the floor supporting.”

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last care inspection of the day care setting was undertaken on 25 August 2022 by a care inspector. No areas for improvement were identified.

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The day care setting’s provision for the welfare, care and protection of service users was reviewed. The organisation’s policy and procedures reflected information contained within the Department of Health’s (DoH) regional policy ‘Adult Safeguarding Prevention and Protection in Partnership’ July 2015 and clearly outlined the procedure for staff in reporting concerns. The

organisation had an identified Adult Safeguarding Champion (ASC). The day care setting's annual Adult Safeguarding Position report was not available to review at inspection, this was provided following the inspection 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.

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 day care setting's policy and procedure with regard to whistleblowing.

The day care setting 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.

The manager reported that none of the service users currently required the use of specialised mobility equipment. They were aware of how to source such training should it be required in the future.

Care reviews had been undertaken in keeping with the day care setting'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.

Staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required; a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) (2016) 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. The documentation in relation to restrictive practices did not contain any evidence that the review had been undertaken. An area for improvement in relation to this finding has been identified. 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 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. The documentation in relation to service users who were experiencing a deprivation of liberty, was found to include inaccurate information. This was addressed following the inspection and the actions taken were appropriate. This will be reviewed in future inspections.

During the inspection fire exits were observed to be clear of clutter and obstructions. Fire risk assessments for the centre are reviewed annually, this was last completed on 28 April 2022, the next risk assessment date has been planned. Records examined identified that a number of safety checks and audits had been undertaken including fire alarm tests. It was noted that the weekly fire checks have not taken place on a number of recent occasions and the monthly fire check was not undertaken in April 2023. The last evacuation drill was undertaken on the 10 February 2023. The evacuation drills are undertaken when there are no service users present, this was discussed with the manager as restricting the learning gained by a drill. An area for improvement has been identified in relation to this finding.

5.2.2 What are the arrangements for promoting service user involvement?

Service users were provided with easy read reports which supported them to fully participate in all aspects of their care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and service users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was also positive to note that the day care setting had planned service user meetings on a regular basis, however a record of only one such meetings in 2022 was found, with no meeting notes filed for 2023. Evidence of a recent service user meeting was on display,

The day care setting had not completed an annual review in relation to their practice which incorporated service user and their representatives' feedback (Regulation 17). The manager explained that this had been delayed and following inspection provided an action plan for addressing completion of an annual report. An area for improvement has been identified in relation to the user meetings and the annual review of service user feedback.

5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

New standards for modifying food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

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 day care setting.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the day care setting's staff recruitment records confirmed that pre-employment criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Following the inspection, the manager has developed a pre-employment check list. This will be reviewed in future inspections. 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. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There were no volunteers working in the day care setting.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

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 day care setting's policies and procedures. There was a robust, structured, at least three-day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the day care setting of the person's capability and competency in relation to their job role.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monthly monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A review of the reports of the day care setting's monthly 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.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

The day care setting's registration certificate was up to date and displayed appropriately along with current certificates of insurance.

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure, however, there was a complaints log that was incomplete and had limited evidence of acknowledgment and seeking of satisfaction with the investigation and outcome of complaints. An area for improvement has been identified in relation to this finding.

The Statement of Purpose and Service User Guides were only available in easy read format at inspection. The manager was signposted to Part 2 of the Minimum Standards, to ensure the Statement of Purpose included all the relevant information. The manager agreed to submit the Statement of Purpose and Service to RQIA within two weeks of the inspection. The documents were reviewed and found to be satisfactory.

6.0 Quality Improvement Plan/Areas for Improvement

Four areas for improvement have been identified where action is required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007.

	Regulations	Standards
Total number of Areas for Improvement	4	0

The areas for improvement and details of the QIP were discussed with Anita Todd, Registered 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 Day Care Setting Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 16(2)(b) Stated: First time To be completed by: Immediately from the date of inspection	The registered person shall ensure that the service user's plan is kept under review, this relates specifically to the review of restrictive practice Ref: 5.2.1
	Response by registered person detailing the actions taken:
Area for improvement 2 Ref: Regulation 26 (4)(a)(d)(iii)(v) Stated: First time To be completed by: Immediately from the date of inspection	The registered person shall have in place a current written risk assessment and fire management plan and make adequate arrangements for the evacuation, of all persons in the day care setting and review and test fire equipment at suitable intervals. This relates specifically to lapses in fire checks and fire evacuation drills not including service users Ref: 5.2.1
	Response by registered person detailing the actions taken:
Area for improvement 3 Ref: Regulation 17(1)(a)(3) Stated: First time To be completed by: Immediately from the date of inspection	The registered person shall establish and maintain a system for at least annual monitoring, and provide for consultation with service users and their representatives. This relates specifically to the annual report for service user feedback and the lack of evidence of service user meetings Ref: 5.2.2
	Response by registered person detailing the actions taken:

<p>Area for improvement 4</p> <p>Ref: Regulation 24 (1)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered person shall establish a procedure for receiving, managing and responding to complaints</p> <p>This relates specifically to the accuracy of the complaints log and evidence of acknowledgment of complaints and the seeking of satisfaction with the investigation and outcome of complaints.</p> <p>Ref: 5.2.6</p> <p>Response by registered person detailing the actions taken:</p>
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