



Department of Health and Social Care

Rheyyn Slaynt as Kiarail y Theay

Isle of Man
Government

Reiltys Ellan Vannin

Regulation of Care Act 2013

Domiciliary Care Agency

Autism Initiatives Community Outreach
(Incorporating Supported Living)

Announced Inspection

12 August 2021

***Registration and Inspection Team,
Ground Floor, St George's Court,
Hill Street, Douglas, Isle of Man, IM1 1EF.***

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Part 1 - Service Information for Registered Service

Name of Service:

Autism Initiatives Community Outreach (incorporating Supported Living)

Telephone No:

(01624) 674826

Care Service Number:

ROCA/P/0138F

Conditions of Registration:

None

Registered company name:

Autism Initiatives

Name of Responsible Person:

Paul Ormond Smith

Name of Registered Manager:

Karen Campbell (Acting)

Manager Registration number:

ROCA/M/0208

Date of latest registration certificate:

7/1/21

Date of any additional regulatory action in the last inspection year (ie improvement measures or additional monitoring):

None

Date of previous inspection:

Community Outreach 11/3/19

Supported Living 4/12/18 – prior to merge of services

Person in charge at the time of the inspection:

Karen Campbell

Name of Inspector(s):

Sharon Kaighin

Part 2 - Descriptors of Performance against Standards

Inspection reports will describe how a service has performed in each of the standards inspected. Compliance statements by inspectors will follow the framework as set out below.

Compliant

Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken. In most situations this will result in an area of good practice being identified and comment being made.

Substantially compliant

Arrangements for compliance were demonstrated during the inspection yet some criteria were not yet in place. In most situations this will result in a requirement being made.

Partially compliant

Compliance could not be demonstrated by the date of the inspection. Appropriate systems for regular monitoring, review and revision were not yet in place. However, the service could demonstrate acknowledgement of this and a convincing plan for full compliance. In most situations this will result in requirements being made.

Non-compliant

Compliance could not be demonstrated by the date of the inspection. This will result in a requirement being made.

Not assessed

Assessment could not be carried out during the inspection due to certain factors not being available.

Recommendations based on best practice, relevant research or recognised sources may be made by the inspector. They promote current good practice and when adopted by the registered person will serve to enhance quality and service delivery.

Part 3 - Inspection information

The Inspection report is based on the information provided as part of the pre inspection desk top analysis and the findings of the inspection visit.

The purpose of this inspection is to check the service against the service specific minimum standards – Section 37 of The Regulation of Care Act 2013 and The Regulation of Care (Care Services) Regulations 2013 part 3, regulation 9.

Inspections concentrate on specific areas on a rotational basis and for most services are unannounced.

The inspector is looking to ensure that the service is well led, effective and safe.

Summary from the last inspection

Number of requirements from last inspection:

Community Outreach – Seven (7)

Supported Living – (1)

Number met:

Eight (8)

Number not met:

None

All requirements not met will be addressed within this inspection report

Please note that any requirement carried forward for three consecutive inspections will lead to the service being served an improvement notice.

Overview of this inspection

Due to COVID 19 the inspection process has altered slightly. More information and evidence has been sought from providers electronically. The inspection team have desktop assessed this information and a service visit has then been undertaken to verify the evidence provided.

Purpose of Inspection:

Autism Initiatives Community Outreach was inspected on 12 August 2021. This was the annual announced statutory inspection.

Inspector activity during the inspection:

This is the first inspection since the two domiciliary care services, Community Outreach and Supported Living have merged. As such a variety of records from both services were scrutinised. The following were examined during the inspection;

- Statement of Purpose
- Four service user files, two from each service
- Policies and procedures
- Staff files
- Quality assurance paperwork
- Training records

The inspector had the opportunity to meet with two service users in the Supported Living arm of the service. They were relaxed and seen to have an easy relationship with staff. Three family members of service users also gave feedback which was very positive regarding the service provided.

Part 4 - Inspection Outcomes, Evidence and Requirements

Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9) Standard 1 – Information about the service

Service users and their relatives have access to comprehensive information about the agency, so that they can make informed decisions.

1.1

Our Decision:

Compliant

Reasons for our decision:

A Statement of Purpose was in place, together with a Service User's Guide. This covered all required areas with up to date information and description of services.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	
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Requirements:

None

Recommendations:

None

Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9) Standard 2 – Assessment

The care needs of service users are individually assessed before they are offered a domiciliary care service, or within 2 days in exceptional circumstances.

Our Decision:

Substantially compliant

Reasons for our decision:

Care needs assessments were examined in relation to four service users. The initial referral to the service, together with accompanying documentation, formed the care needs assessment. Assessors in the service all held at least a QCF level 3.

The assessments scrutinised contained required information, among which were personal care, mobility and communication requirements. Feedback from staff confirmed that they were made aware of clients' specific needs. Emergency assessments were not generally undertaken. Staff were clear that they would be made aware if a client's needs changed through emails, meetings with social workers and service users' families as appropriate. Evidence was seen of support packages being tailored to meet identified additional health needs. Family feedback confirmed that the service had responded well to changing need. Reviews of care needs assessments were carried

out at the same time as care plans; however one service user's review was not on file. A requirement has been made concerning this.

Evidence Source:

Observation		Records	✓	Feedback	✓	Discussion	✓
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Requirements:

One

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 6 – Care / Support Plan**

A care/support plan must be in place for each service user.

Our Decision:

Substantially compliant

Reasons for our decision:

A service summary containing the care plan was in place for all service user files scrutinised. Evidence was seen of service user involvement in the creation of the care plans. All of the plans seen were signed by the representative or family member. The support plans contained sections on achieving skills, supporting development and encouraging independence. Individualised support needs were all documented, with complex service user needs detailed and addressed. Feedback from family members confirmed that recognised needs were addressed, and support tailored as necessary. Staff feedback confirmed that they were given enough information to provide informed care for service users.

Care plans had been reviewed at least annually; however a finance support plan in respect of one service user was overdue for review and a requirement has been made concerning this. Changes in care needs were clearly stated, with input from other professionals as required. Care plans were available to the service users and their families upon request.

Evidence Source:

Observation		Records	✓	Feedback	✓	Discussion	✓
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Requirements:

One

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 7 – Medication**

The agency's policy and procedures on medication protect service users.

Our Decision:

Compliant

Reasons for our decision:

A medication policy was in place, and was appropriately reviewed. No administration of medication was done at the service.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	✓
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Requirements:

None

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 8 – Health & Safety**

The health, safety and welfare of service users and care and support staff is promoted and protected.

8.3

Our Decision:

Substantially compliant

Reasons for our decision:

Risk assessments were in place and were seen on file. These were comprehensive, and included individual risk assessments as well as environmental risk assessments. A risk assessment regarding a service user's health needs had not been carried out at six monthly intervals, and a requirement has been made regarding this.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	✓
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Requirements:

One

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 9 – Safeguarding**

Service users are protected from abuse, exploitation, neglect and self-harm.
9.5

Our Decision:

Compliant

Reasons for our decision:

Safeguarding training had been carried out by all staff, together with refresher training, at a minimum of three yearly intervals.

Evidence Source:

Observation		Records	✓	Feedback	✓	Discussion	✓
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Requirements:

None

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 10 – Security of the Service User’s Home**

Service users are protected and are safe and secure in their home.
10.3

Our Decision:

Compliant

Reasons for our decision:

The inspector viewed staff identity cards which contained all required information.

Evidence Source:

Observation	✓	Records		Feedback		Discussion	
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Requirements:

None

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 12 – Recruitment and selection of staff**

The well-being, health and security of service users is protected by the agency's policies and procedures on recruitment and selection of staff.

12.2, 12.3

Our Decision:

Compliant

Reasons for our decision:

Staff files were scrutinised and were found to contain all required information.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	
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Requirements:

None

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 13 – Development and training**

Service users know that staff are appropriately trained to meet their personal care needs, except for employment agencies solely introducing workers.

13.1, 13.2

Our Decision:

Substantially compliant

Reasons for our decision:

A staff training programme was in place. One staff member was overdue with fire training, and a requirement has been made concerning this. A formal recorded induction process was in place, with a shadowing and orientation programme in place.

Evidence Source:

Observation		Records		Feedback		Discussion	✓
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Requirements:

One

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 19 – Complaints and compliments**

Service users and their relatives or representatives are confident that their complaints will be listened to, taken seriously and acted upon.

19.4

Our Decision:

Compliant

Reasons for our decision:

A complaints policy was in place with timescales included. There was also an easy read complaints procedure in place. No complaints had been received at the service. Feedback from service user representatives confirmed that they felt happy raising any issues and those raised had been resolved.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	
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Requirements:

None

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 20 – Quality Assurance**

The service is run in the best interests of its service users.

20.2

Our Decision:

Compliant

Reasons for our decision:

An annual visit was undertaken to all service users by the acting manager of the service. Surveys were also carried out of both service users and staff to gain views on the service. A rota management system was in place to check on staff activity and manage staff.

No complaints had been received by the service. Feedback by service user's families expressed appreciation for the service and the support it provided.

Evidence Source:

Observation	✓	Records	✓	Feedback	✓	Discussion	✓
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Requirements:

None

Recommendations:

None

Other areas identified during this inspection /or previous requirements which have not been met.

Standard 8.2

Emergency lighting testing had not been carried out monthly.

The legionella risk assessment had identified a high risk which was not evidenced as having been addressed.

Standard 17.1

Scrutiny of paperwork evidenced that various information was incorrect and required amendment.

Standard 18.2

All policies had not been appropriately reviewed.

Evidence Source:

Observation	✓	Records	✓	Feedback	✓	Discussion	✓
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Requirements:

Three

Recommendations:

None

The inspector would like to thank the management, staff and service users for their co-operation with this inspection.

If you would like to discuss any of the issues mentioned in this report or have identified any inaccuracies, please do not hesitate to contact the Registration and Inspection Team.

Inspector: Sharon Kaighin**Date:** 8 September 2021

Provider's Response

From: Autism Initiatives Community Outreach (incorporating Supported Living)

I / we have read the inspection report for the inspection carried out on 12 August 2021 at the establishment known as Autism Initiatives Community Outreach (incorporating Supported Living), and confirm that there are no factual inaccuracies in this report.

I/we agree to comply with the requirements/recommendations within the timescales as stated in this report.

Or

I/we am/are unable to confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s)

Signed Responsible Person Date	Paul Ormond Smth 28-9-21
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Signed Registered Manager Date	Karen Campbell 28-9-21
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