

Inspection Report

28 March 2022



Positive Futures Crescent Supported Living Service

Type of service: Supported Living Service
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Positive Futures	Registered Manager: Not applicable
Responsible Individual: Mrs Agnes Philomena Lunny	Date registered: Not applicable
Person in charge at the time of inspection: Mrs Anne Magee, Acting Manager	
Brief description of the accommodation/how the service operates: Positive Futures Crescent Supported Living Service is a domiciliary care agency (DCA) which provides a range of supported living services, housing support and personal care services to 15 individuals living in the Belfast area. Their care is commissioned by the Belfast Health and Social Care Trust and the Northern Health and Social Care (HSC) Trust.	

2.0 Inspection summary

The care inspector undertook an unannounced inspection on 28 March 2022 between 9.30 a.m. and 1.50 p.m.

The inspection focused on the agency's governance and management arrangements as well as staff recruitment, staff registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguarding (DoLS) including money and valuables, restrictive practices, monthly quality monitoring, Dysphagia and Covid-19 guidance.

Service users and their representatives said that they were very satisfied with the standard of care and support provided.

Good practice was identified in relation to appropriate checks being undertaken before staff started to provide care and support to the service users. Good practice was found in relation to the system in place for disseminating Covid-19 related information to staff.

No areas for improvement were identified. RQIA was assured that the care provided was safe, effective and compassionate, and that the service was well-led.

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 guidance, and to address any deficits identified during our inspections.

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, written and verbal communication received since the last care inspection.

The inspection focused on reviewing relevant documents relating to the agency's governance and management arrangements. This included checking how support workers' registrations with the NISCC were monitored by the agency.

During the inspection we discussed any complaints that had been received and any incidents that had occurred with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 23.

Information was provided to staff, service users and their relatives to request feedback on the quality of service provided. This included an electronic survey to enable them to provide feedback to the RQIA.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service

Prior to the inspection we provided a number of easy read questionnaires for the service users to comment on the following areas of service quality:



- Do you feel your care is safe?
- Is the care and support you get effective?
- Do you feel staff treat you with compassion?
- How do you feel your care is managed?

No responses were received.

During the inspection, we met with one service user. It was good to note that the service user was observed being relaxed and comfortable in their interactions with the staff. It was evident that the service user was genuinely fond of the staff.

As part of the inspection process, we consulted with a number of service users' relatives, who commented positively in relation to the care and support provided. A number of relatives commented in the need for there to be more staff who were able to drive. This would enable the service users to be brought out more frequently in their cars. This was relayed to the manager for review and action as appropriate. Other comments included:

- "Good team of staff, training is at a very good level. The staff are open and transparent and keep me well informed about any visits from health professionals. No concerns at all, I am very satisfied."
- "They are good. I have some reservations in regards to activities. The staff do not seem to have the creativity and training to provide meaningful activities. (My relative) needs consistency and although there seems less agency staff used than before, there is still room for improvement. Overall we have a good relationship with the staff"
- "I am satisfied with the level of training of staff and care provided. The staff keep me informed about Doctors' appointments, health related visits etc."
- "They are very good. I am very pleased with the care (my relative) receives and they appear to be happy and content. The staff are knowledgeable and know (my relative) very well. The standard of training appears to be very good. They keep me well informed and are able to answer any query I may have."
- "They are very good. The training level and knowledge of staff is good, I would have no concerns. I am unsure about the activity level and offering of in-house activities but I think the staff do take (my relative) out for walks if they want."

A number of relatives responded to the electronic survey. The following comments were received:

- "My (relative) seems very happy and settled in (their) home. The staff team are welcoming and do the things (my relative) likes ie. walking near the beach, playing ball etc. I have found management very responsive if I have any issues. We had a few teething problems when my (relative) first moved in but now there is a dedicated staff team. My (relatives) needs are being well met."
- "I am very satisfied with the standard of care provided for my son and I have no concerns about (their) well-being."

Staff provided mixed responses to the electronic survey. Whilst a number of staff commented positively in relation to the delivery of safe, effective and compassionate care, a number of staff commented negatively about the safe, effective and well-led domains. Following the inspection, these matters were relayed to the manager for review and action, as appropriate.

A number of questionnaires were returned, indicating that the respondents felt very satisfied with the care and support provided. No written comments were received.

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 inspection to Positive Futures was undertaken on 12 February 2021 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 agency's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflect information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC). The Adult Safeguarding Position report for the agency had been completed.

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff had undertaken training in relation to adult safeguarding. Review of incidents identified that they had been referred appropriately.

It was noted that incidents had been managed in accordance with the agency's policy and procedures. The manager was aware of which incidents required to be notified to RQIA.

Staff were provided with training appropriate to the requirements of their role. This included DoLS training. However, a review of the records relating to recruitment agency staff identified that DoLS training was not consistently included in their training. The manager agreed to seek these assurances from the agencies used.

The manager demonstrated that they have an 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. Examination of service users' care records identified a number of service users who required DoLS assessments to be undertaken/reviewed. The manager was advised to contact the service users' HSC key workers, to ensure that emergency provision was put in place. It was good to note that a system was in place to ensure the manager had oversight of all renewal dates.

Restrictive practices were reviewed and were noted to be in keeping with the agency's policy and procedures. We were informed that the service is planning on developing a restrictive practice register. This will improve the manager's oversight of this area.

The manager confirmed the agency manages individual monies belonging to a small number of service users. The manager was aware of the requirement to seek consent from RQIA should the monies held be in excess of £20,000.

5.2.2 Is there a system in place for identifying care partners who visit the service users to promote their mental health and wellbeing during Covid-19 restrictions?

The manager advised us that there were no restrictions on visiting service users at the time of the inspection. The manager was aware of the care partner approach should visiting restrictions come into effect again.

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 thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). A number of staff had yet to complete their Dysphagia training. This was discussed with the manager, who agreed to address this with the staff. Following the inspection, the manager confirmed to RQIA, on 25 April 2022, that the identified staff had updated their Dysphagia training. We were satisfied that this had been addressed. We further discussed the importance of all staff having this training. Whilst this is not included in RQIA's mandatory training guidance, the manager welcomed the advice and agreed that the organisation would consider including this in their mandatory training policy.

A review of the records relating to recruitment agency staff identified that Dysphagia training was not consistently included in their training and the First Aid Training content did not specify whether or not it included how to respond to choking incidents. The manager agreed to seek these assurances from the agencies used.

The manager advised that there were no service users who required supervision with eating and drinking due to having swallowing difficulties.

5.2.4 Are there robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before support workers are supplied to work with the service users. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff.

A review of the records confirmed that all support workers are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards.

5.2.5 Are there robust governance processes in place?

The quality monitoring processes were reviewed to ensure that complaints and any incidents were routinely monitored as part of the monthly checks in line with Regulation 23 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2005.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs)/Significant Event Analyses (SEAs) or Early Alerts (EAs). Safeguarding incident records were reviewed and it was noted that they had been reported and managed appropriately.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control (IPC) practices.

6.0 Conclusion

Based on the inspection findings and discussions held RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager/management team

7.0 Quality Improvement Plan/Areas for Improvement

There were no areas for improvement identified during this inspection, and a Quality Improvement Plan (QIP) is not required or included, as part of this inspection report.



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