

Inspection Report

18 May 2021



Positive Futures Mid Ulster Supported Living Service

Type of service: Domiciliary Care Agency
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Positive Futures	Registered Manager: Mr Patrick Murtagh – not registered
Responsible Individual: Mrs Agnes Philomena Lunny	Date registered: Mr Patrick Murtagh – application received 04 May 2020 – pending review
Person in charge at the time of inspection: Mr Patrick Murtagh	
Brief description of the accommodation/how the service operates: This is a domiciliary care agency (DCA) which provides a range of supported living services, housing support and personal care services to people, living in the Mid Ulster area.	

2.0 Inspection summary

The care inspector undertook an announced inspection on 18 May 2021 from 10.45 am to 2pm.

The inspection focused on staff recruitment and the agency's governance and management arrangements.

Good practice was identified in relation to appropriate checks being undertaken before support workers were supplied to the people they supported. Good practice was also found in relation to system in place of disseminating Covid-19 related information to staff. There were good governance and management oversight systems in place.

Due to the risks associated with the Covid-19 pandemic, none of the people supported by the agency were spoken with. However, prior to the inspection we provided a number of easy read questionnaires to enable them to provide their feedback.

RQIA were assured that this agency supplies support workers who are providing safe, effective and compassionate care; and that the agency is 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, 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, notifiable incidents and written and verbal communication received since the previous care inspection.

Prior to the inspection we provided a number of easy read questionnaires for those supported 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?

Returned questionnaires show that those supported thought care and support was either excellent or good. We have noted some of the comments received:

- “We should promote less paperwork.”
- “I feel staff are doing a good job.”

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 Northern Ireland Social Care Council (NISCC) and the Nursing and Midwifery Council (NMC) were monitored by the agency.

We discussed any complaints and incidents during the inspection 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 20.

Information was provided to support workers and the people they supported 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

People told us that they had no concerns in relation to the agency. The people supported by the agency completed questionnaires, which told us that they were happy with the care and support provided by the support workers. A number of support workers responded to the electronic survey. The majority of support workers indicated that that they were happy working in the Mid Ulster service. One support worker provided comment, indicating that they were dissatisfied with the service. Given that there was no indication that the needs of the people supported by the agency were not being met, the comments received were relayed to the manager, for review and action as appropriate.

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 of the agency was undertaken on 21 January 2020 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 the people they support 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 has been formulated and was reviewed.

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.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures.

Where a person supported by the agency is experiencing a restrictive practice, it was noted that the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSCT representative.

Support workers were provided with training appropriate to the requirements of their role. This included Deprivation of Liberty Safeguards (DoL's) training. Those spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. The manager gave assurances that the agency would contact the relevant trust key workers and advise that DoL's practices were required to be in place before the next inspection.

The manager confirmed the agency does not manage individual monies belonging to the people they support. It was agreed that the DoL's policy would be updated to include the provision for managing monies, in accordance with the Mental Capacity Act.

5.2.2 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 people they support. Records viewed evidenced that criminal record checks (Access NI) 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.

5.2.3 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 (SAI's)/Significant Event Analysis's (SEA's) or Early Alert's (EA's). Safeguarding incidents had been reported and managed appropriately.

The manager confirmed that the agency had not received any specific recommendations from the Speech and Language Therapist (SALT) in relation to service users Dysphagia needs to ensure the care received in the setting was safe and effective.

There was a system in place to ensure that support workers received supervision and training in accordance with the agency's policies and procedures.

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 we are satisfied that this agency is providing safe and effective care in a caring and compassionate manner; and that the agency is well led by the manager/management team.

7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Patrick Murtagh Manager, as part of the inspection process and can be found in the main body of the report.



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