

Inspection Report

3 August 2021



Positive Futures Ards Peninsula Supported Living Service

Type of Service: Domiciliary Care Agency
Address: 2 Coastguard Cottages, Harbour Road, Portavogie, BT22 1EA
Tel No: 028 9147 5398

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: Miss Anne Magee
Responsible Individual: Ms Agnes Philomena Lunny	Date registered: 1 April 2015
Person in charge at the time of inspection: Miss Anne Magee	
Brief description of the accommodation/how the service operates: Positive Futures Ards Peninsula Supported Living Service is a domiciliary care agency which provides a range of supported living services, housing support and personal care services to individuals living in the Ards Peninsula area.	

2.0 Inspection summary

An announced inspection took place on 3 August 2021 between 10.25 am and 1.30pm by the care inspector.

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

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 systems in place for disseminating Covid-19 related information to staff. There were good governance and management oversight systems in place.

3.0 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 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.

The inspection focused on reviewing relevant documents relating to the agency's governance and management arrangements. This included checking how support workers' registrations with NISCC 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 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 and service user/relative questionnaires to enable them to provide feedback to the RQIA. Nineteen responses were received through the electronic survey, two however were incomplete. No questionnaires were received.

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

The information provided by staff during the inspection indicated that there were no concerns in relation to the agency. It was confirmed that they were very satisfied with the standard of care and support provided. The following comments were received during the inspection:

Staffs' comments:

- "I love my job; it's very rewarding."
- "The training is second to none."
- "If I had a relative who needed support at home, this service would be my first option."
- "It's a fantastic service and the management are very supportive."
- "There is an open door policy and the support is fantastic."

A number of staff gave feedback by way of the electronic survey. The majority of respondents were very satisfied or satisfied that the care being delivered was safe, compassionate and effective.

Comments received from the electronic survey included:

- "I am a new staff member to this company, I have settled in really well and enjoy supporting my clients and working along with the staff. Everyone made me feel welcomed."
- "People supported are very well cared for but employees are over worked due to lack of staff."
- "Staffing levels very low."

There were issues raised regarding the staffs opinion that the service was well led. The feedback received was discussed with the manager who had actions already in place to address these areas. Assurances were provided to the inspector that the issues raised by the

staff members were being discussed with the directors of the service and a team meeting would be held with all staff to provide them with feedback.

We attempted to contact two service users and a number of professionals following the inspection however there were no responses.

Comments from service users' relatives included:

- “My **** relies heavily on staff.”
- “Staff would be attuned to **** needs.”
- “**** is well fed.”
- “There is a high changeover of staff.”
- “**** is clean herself when we visit.”

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 5 March 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 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 has been formulated and was reviewed during the inspection.

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 could describe the process for reporting concerns, including out of hours arrangements.

It was noted that staff are required to complete adult safeguarding training during their induction programme and required updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency has a system for retaining a record of referrals made in relation to adult safeguarding matters. Records viewed and discussions with the manager indicated that adult safeguarding referrals made since the last inspection had been managed appropriately.

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.

The manager and staff were provided with training appropriate to the requirements of their role. This included DoLS 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.

There was one restrictive practice in place; it was noted that appropriate risk assessments were completed in conjunction with the HSCT representatives and are reviewed regularly. The agency had undertaken assessments in relation to all of their service users and maintains a matrix which included the date when the assessment was presented to the Panel and when the outcome was received.

There is a system in place for notifying RQIA if the agency is managing individual service users' monies in accordance with the guidance.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices. It was identified that staff and visitors are required to have temperature checks before entering the service.

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

The manager advised that there were no care partners visiting service users during the Covid-19 pandemic restrictions.

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

The discussions with the manager and review of service user care records identified that specific modified diets were included in the risk assessments and care plans. There was evidence that staff were respectful of the service users' preferences in relation to the level of supervision required. Staff had implemented the specific recommendations of SALT to ensure the care provided was safe and effective. It was good to note that lesser restrictive options were used in order to maintain service users' dignity when eating.

5.2.4 Are their 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 staff members commence employment and engage with service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all staff provided 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. Staff spoken with confirmed that they were aware of their responsibilities for ensuring their registrations were up to date.

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.

The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; and staffing arrangements including recruitment and training. It was noted that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been addressed.

There is a process for recording complaints in accordance with the agency's policy and procedures. All complaints are reviewed by the manager; however one was reviewed by an independent body due to the nature of the complaint. It was noted that complaints received since the last inspection had been managed in accordance with the organisation's policy and procedures and are reviewed as part of the agency's monthly quality monitoring process. It was positive to note that the records of complaints received, the actions taken and the outcomes were detailed and comprehensive.

Staff described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

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

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).

6.0 Conclusion

Based on the inspection findings and discussions held we are satisfied that this agency was providing safe and effective care in a caring and compassionate manner; and that the agency was 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 Miss Anne Magee, Registered Manager, as part of the inspection process and can be found in the main body of the report.



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