The Regulation and Quality Improvement Authority

Inspection Report

23 May 2022

Positive Futures Lakeland Supported Living Service

Type of Service: Domiciliary Care Agency
Address: Unit 2a, Scaffog Retail Park, 134 Sligo Road, Enniskillen, BT74 7JY
Tel: 028 6772 4700

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Postive Futures **Responsible Individual:** Ms Agnes Philomena Lunny	**Registered Manager:** Mrs Joanne Grimes **Date registered:** Acting - Awaiting submission of application
Person in charge at the time of inspection: Mrs Joanne Grimes	
Brief description of the accommodation/how the service operates: Positive Futures Lakeland Supported Living Service is a domiciliary care agency (DCA) which provides a range of supported living services, housing support and personal care services to individuals living in the Lisnaskea and Enniskillen area. The majority of service users' care is commissioned by the Western Health and Social Care Trust (WHSCT); a number pay privately for their care and support.	

2.0 Inspection summary

An unannounced inspection took place on 23 May 2022 9:45 a.m. and 3:45 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 Safeguarding (DoLS), restrictive practices, Dysphagia and Covid-19 guidance was also reviewed.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

Positive Futures Lakeland Supported Living Service 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 domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

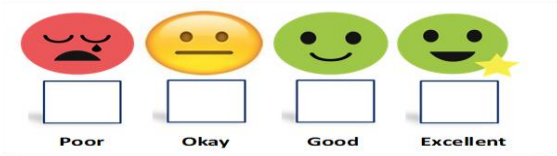
Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, 'We want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community'.

RQIA shares this vision and want to review the support individuals are offered to make choices and decisions in their life that enable them to develop and to live a safe, active and valued life. RQIA will review how service users who have a learning disability are respected and empowered to lead a full and healthy life in the community and are supported to make choices and decisions that enables them to develop and live safe, active and valued lives.

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 survey.

4.0 What did people tell us about the service?

During the inspection we provided a number of easy read questionnaires for those supported to comment on the following areas of service quality and their lived experiences:



- 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 questionnaires were returned within the timescale for inclusion within this report.

As part of the inspection process we spoke with a number of service users, relatives, staff members and HSCT representatives.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "I am getting on the best, they help me out."

Service users' relatives/representatives' comments:

- "It is fine, grand. The girls are a great support."

Staff comments:

- "Getting on grand."

HSC Trust representatives' comments:

- "The staff are very in tune with the service users' needs and keep me fully informed. There is effective and consistent communication, the care plans are comprehensive. Positive Futures are proactive in linking in with the Consultant Psychiatrist. It is a good service."

We did not receive any responses to the electronic survey.

5.0 The inspection

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

Due to the coronavirus (Covid-19) pandemic, the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in services. An inspection was not undertaken in the 2021-2022 inspection year, due to the impact of the first surge of Covid-19.

The last inspection to Positive Futures Lakeland Supported Living Service was undertaken on 11 February 2021 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 What are the 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 adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report had been completed and was awaiting final sign-off by senior management. This will be reviewed at the next care inspection.

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. With the exception on one staff member, all staff had undertaken training in relation to adult safeguarding. Following the inspection, the manager confirmed to RQIA that the identified staff member had updated the training. We were satisfied that this had been addressed. Following review of incident records, it was evident that staff understood their role in relation to reporting poor practice and the agency's policy and procedure with regard to whistleblowing.

The agency 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 agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately.

Staff were provided with training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, this had been provided before care delivery commenced.

A review of care records identified that moving and handling risk assessments and care plans were up to date.

Care reviews had been undertaken in keeping with the agency'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.

All 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) 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. 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 Mental Capacity Act (MCA).

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS. A resource folder was available for staff to reference. Advice was given in relation to including the Scenarios document which would be available for staff to reference.

Restrictive practice agreements were in place and were reviewed on a regular basis.

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

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records, it was good to note that service users had an input into devising their own plan of 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 were kept under regular review and services 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 good to note that staff completed a document called 'What we like and admire' about each service user. These demonstrated that the staff recognised the service users as individuals with specific attributes. The review of the care records identified that the agency focused on the service users' human rights. It was good to note the service users' consent was sought and that they had a choice in relation to whether or not they wanted:

- The staff to administer their medicines
- The staff to make referrals to Health and Social Care professionals/Advocacy services
- Certain personal documents retained within their care record
- RQIA inspectors to have access to their records.

Service users were provided with easy read reports which supported them to fully participate in all aspects of their care. The following documents were also available in easy read format:

- Service Information Handbook
- Making a complaint
- General Data Protection Regulations (GDPR)

Service users' meetings had not been undertaken on a regular basis due to Covid restrictions. Plans were in place to resume these in the near future.

It was important that individuals with learning disabilities are supported to maintain their relationships with family, friends and partners during the Covid-19 pandemic.

Service users were provided with an easy read document to explain Covid-19 and how they could keep themselves safe and protected from the virus. Where individuals with learning disabilities continued to experience anxiety about the pandemic, the agency's Positive Behaviour Support team was available to support them.

5.2.3 What are the systems 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 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 the majority of staff had completed training in Dysphagia and in relation to how to respond to choking incidents. A small number of staff required update training in relation to Dysphagia and First Aid. Following the inspection, the manager confirmed to RQIA that this had been addressed. One staff member who had been supplied by a recruitment agency had not completed training in relation to Dysphagia; the manger agreed to raise this with the recruitment agency and that in the interim, the staff member would be provided with Lakeland's own online Dysphagia training.

A resource folder was available for staff to access information in relation to Dysphagia. The inspector shared additional resources with the manager in this regard.

Discussions with staff and 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 agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

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

There was a robust recruitment procedure in place which ensured that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. However, discussion took place with the manager regarding how the agency assured themselves of the recruitment, induction and training of staff supplied from other recruitment agencies. This related specifically to the specific dates the agency staff had completed their training, the physical and mental fitness declaration, and the need for the recruitment agency to provide their staff with training in relation to Dysphagia. This will be followed up at the next care inspection.

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.

There were no volunteers working in the agency.

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

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning.

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

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's 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.

The Annual Quality Report was reviewed and was satisfactory.

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

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that any complaints were managed in accordance with the agency's policy and procedure. Any complaints received were reviewed as part of the agency's quality monitoring process. In some circumstances, complaints can be made directly to the commissioning body about agencies. This was discussed with the manager. Advice was given in relation to updating the complaints policy about how such complaints are managed and recorded.

The Statement of Purpose and Service User Guide required updating with RQIA's contact details and those of the Patient Client Council and the Northern Ireland Public Ombudsman's Office. The manager agreed to update these documents, which will be reviewed at the next inspection.

We discussed the acting management arrangements which have been ongoing since day December 2020; it was agreed that the manager will submit an application to RQIA for registration as manager. When submitted, the application will be reviewed.

6.0 Conclusion

RQIA was satisfied that this agency was providing services in a safe, effective, caring and compassionate manner and the service was well led by the manager/management team.

7.0 Quality Improvement Plan (QIP)/Areas for Improvement

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

The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

Assurance, Challenge and Improvement in Health and Social Care