

# Inspection Report

2 December 2022



## Positive Futures Mid Ulster Supported Living Service

Type of service: Domiciliary Care Agency  
Address: 4 Loy Street, Cookstown, BT80 8PE  
Telephone number: 028 8676 6246

[www.rqia.org.uk](http://www.rqia.org.uk)

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Service information

<b>Organisation/Registered Provider:</b> Positive Futures	<b>Registered Manager:</b> Not Applicable
<b>Responsible Individual:</b> Mrs Agnes Philomena Lunny	<b>Date registered:</b> Julie-Anne Hanna – registration pending
<b>Person in charge at the time of inspection:</b> Service Manager	
<b>Brief description of the accommodation/how the service operates:</b> This is a domiciliary care agency (DCA) which provides a range of supported living services, housing support and personal care services to 25 people, living in the Mid Ulster area. The service users' care is commissioned by the Northern Health and Social Care Trust (NHSCT) and the Southern Health and Social Care Trust (SHSCT).	

## 2.0 Inspection summary

An unannounced inspection took place on 2 December 2022 from 9:30 a.m. to 3:30 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. The service should also be commended for the work they have done in helping a service user settle into their own home.

Positive Futures Mid Ulster 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.

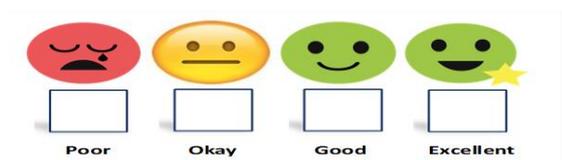
Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, 'We want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community'.

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?

Returned questionnaires indicated that the service users felt that the care and support provided was excellent. Written comments included

- "I am getting good support."
- "Yes, I think I am getting good support with my disability needs. I do think that Positive Futures is good."

As part of the inspection process we spoke with a number of service users' relatives.

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

Comments received included:

**Service users' relatives/representatives' comments:**

- “Happy enough with them – no concerns to raise.”
- “Everything is alright, she is doing very well there.”
- “Very happy, he has done very well there.”
- “We are so happy – she has just blossomed after she went in there. The staff are absolutely fantastic. Any issues raised were dealt with very quickly. We are more than happy and the staff really do go above and beyond the call of duty.”

A number of staff responded to the electronic survey. The respondents indicated that they were ‘very satisfied’ that care provided was safe, effective and compassionate and that the service was well led. Written comments included:

- “I love working with the Magherafelt team. I feel very supported by (the manager). She is brilliant and very competent. I feel all service users are well looked after and their independence promoted at all times. I have worked in several care companies and positive futures has been the best for personal, tailored care.”
- “Positive Futures are a caring company that put the service users’ needs first.”
- “We have a great Team in Magherafelt and each and every staff give 100%.”

## **5.0 The inspection**

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

The last care inspection of the agency was undertaken on 18 May 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. Advice was given in relation to adding an addendum which would identify information that was specific to the Mid Ulster service.

Discussions with the person in charge 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 of a small number of staff, all staff had undertaken training in relation to adult safeguarding. Following the inspection, it was confirmed to RQIA that the identified staff members 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. The person in charge advised that there were no service users requiring the use of specialised equipment to assist them with moving.

A review of care records identified that 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 had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. 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.

There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative.

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 were person-centred and contained details about their likes, dislikes and preferences. 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 'Decision Making Profile' for each service user. These demonstrated that the staff recognised the importance of presenting information to service users in a way that would help them understand at a time of day which best suited the service users.

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
- Their photograph to be used in media releases
- 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
- Understanding Human Rights
- Safeguarding – Adults at risk of harm
- Service User Agreement

Review of service users' meeting notes identified that service users were involved in a range of activities within the local community. These included:

- Bowling
- Drama
- Cinema
- Job opportunities
- Fun days
- Swimming.

It was good to note that a service user was supported to go to Centre Parks in Longford.

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)?**

A number of service users were assessed by SALT as being at risk when they were eating and drinking. 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. However, a number of staff required training in relation to Dysphagia/Swallow awareness. Following the inspection, it was confirmed to RQIA that this had been addressed. Staff who had been supplied by recruitment agencies had not completed training in relation to Dysphagia/Swallow awareness; the person in charge agreed to raise this with the recruitment agency.

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.

#### **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.

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. However, an identified staff member was identified as being outside the timescale for completion of registration with NISCC. This was discussed with the person in charge who took immediate action to address the matter. Following the inspection, it was confirmed to RQIA by email on 16 December 2022 that this matter had been addressed. RQIA was further assured that there were robust systems in place to prevent recurrence.

#### **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. Advice was given in relation to adding an addendum which would identify information that was specific to the Mid Ulster service. Whilst there were good systems in place for receiving feedback from staff and Trust' representatives, the person in charge was advised to incorporate this feedback into the Annual Quality Report. The Annual Quality Report will be reviewed at future inspection.

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 person in charge who demonstrated how such complaints would be managed.

The Statement of Purpose required to be updated with the new manager's details. The Complaints Leaflet also required to be updated with RQIA contact details and those of the Patient Client Council. These matters were discussed as part of the inspection process and will be reviewed at future inspection.

The manager has submitted an application for registration as manager. The application is currently pending review by RQIA.

There was a system in place to ensure that staff could access the service users' homes in the event of emergencies.

## **6.0 Quality Improvement Plan (QIP)/Areas for Improvement**

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



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