The Regulation and Quality Improvement Authority

Inspection Report

29 September 2022

Positive Futures Windermere Supported Living Service

Type of service: Domiciliary Care Agency
Address: 36 Crescent Business Park, Enterprise Crescent, Lisburn, BT28 2GN
Telephone number: 028 9260 6749

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: Positive Futures **Responsible Individual:** Ms Agnes Philomena Lunny	**Registered Manager:** Ms Anne Magee **Date registered:** Acting
Person in charge at the time of inspection: Ms Anne Magee	
Brief description of the accommodation/how the service operates: Positive Futures Windermere Supported Living Service is a domiciliary care agency (supported living type) which provides personal care and housing support to individuals who reside in the Lisburn area. At the time of the inspection there were 11 individuals in receipt of a service.	

2.0 Inspection summary

An unannounced inspection took place on 29 September 2022 between 10.35 a.m. and 2.30 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 Safeguards (DoLS), service user involvement, restrictive practices, Dysphagia management and Covid-19 guidance was also reviewed.

One area for improvement identified related to staff training.

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

Positive Futures Windermere 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 for staff.

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 show that the service users thought their care and support was either excellent or good.

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

Comments received included:

Service users' relatives/representatives' comments:

- "I am well pleased with the service. They do a good job."
- "They are all a bunch of great girls."
- "My relative is very happy. When he is out, he cannot wait to get back. I have no concerns. I haven't seen my relative for a couple of years due to Covid and my own health issues but the girls always ring me and update me."

Staff comments:

- "I am aware of the whistleblowing policy and my duty to report poor practice."
- "Loads of training. It is done mostly on eLearning. I am happy enough with the training."
- "I have had face to face training as well as eLearning training."
- "I have done training in dysphagia and I am aware of how to modify food and fluids."
- "I would have concerns about staffing sometimes but we are always able to do what we need to do. This is down to Covid and the problems it presented; but no real concerns overall."

HSC Trust representatives' comments:

- "Working along with the provider has been satisfactory."

No staff responded 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?

The last care inspection of the agency was undertaken on 25 November 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 was reviewed and found to be satisfactory.

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. There were a number of staff whose safeguarding training was out of date. An area for improvement has been identified in this regard. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also 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 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.

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.

The manager reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future. A review of the policy pertaining to moving and handling training and incident reporting identified that there was a clear procedure for staff to follow in the event of deterioration in a service user's ability to weight bear.

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. A number of trust care plans were outstanding however the manager had contacted the trusts requesting that care plans are reviewed for every service user.

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 MCA.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles, with a small number of staff who were still required to complete this. An area for improvement has been identified in this regard however this has been subsumed into the area for improvement regarding training. 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.

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. Service users were provided with easy read reports which supported them to fully participate in all aspects of their 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 are 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 important that service users 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 was aware of the resources available from NI Direct, HSC websites and local organisations to support service users.

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). One service user was assessed by SALT with recommendations provided and 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 number of staff required to complete training in relation to Dysphagia. This area for improvement has been subsumed with training needs in 5.2.1.

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.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

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

A review of the agency's staff recruitment records confirmed 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. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body. There was an appropriate system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

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.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

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. The manager was advised to discuss the post registration training requirement with staff to ensure that all staff are compliant with the requirements.

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 complaints were managed in accordance with the agency's policy and procedure. No complaints had been received since the last inspection. 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 required updating with the current manager's name as well as RQIA's contact details and those of the Patient Client Council and the Northern Ireland Public Ombudsman's Office. The manager was also signposted to Part 2 of the Minimum Standards, to ensure the Statement of Purpose included all the relevant information. The manager agreed to submit the revised Statement of Purpose to RQIA within two weeks of the inspection. This was received and was satisfactory.

We discussed the acting management arrangements which have been ongoing since 22 February 2022; RQIA will keep this matter under review.

Where staff are unable to gain access to a service users home, there is a system in place that clearly directs staff from the agency as to what actions they should take to manage and report such situations in a timely manner. In addition to written direction, it is essential that all staff (including management) are fully trained and competent in this area. Following discussions with the manager it was reported that there is a clear system in place which all staff are aware of and adhere to.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021.

	Regulations	Standards
Total number of Areas for Improvement	0	1

The area for improvement and details of the QIP were discussed with Ms Anne Magee, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021	
Area for improvement 1 **Ref:** Standard 12.3 and 12.4 **Stated:** First time **To be completed by:** Immediately from the date of inspection and ongoing	The registered person shall ensure that mandatory training requirements are met and the training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them. This relates to safeguarding, DoLS and dysphagia training. Ref: 5.2.1, 5.2.3 and 5.2.6
	Response by registered person detailing the actions taken: The Operations Department including specific Service Manager have worked with Learning & Development to review the current status of training for all individual staff within the service. Arrangements were put in place to ensure individual staff completed training to meet the requirements for their roles and responsibilities. With the exception of one member of staff, who will be subject to investigation, training has now been completed or is scheduled for completion in the coming weeks, for all relevant staff. This will be completed by 16.12.2022.

Please ensure this document is completed in full and returned via Web Portal

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