

Inspection Report

25 March 2024



Positive Futures Crescent Supported Living Service

Type of service: Domiciliary Care Agency
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Positive Futures	Registered Manager: Ms Anne Magee
Responsible Individual: Ms Agnes Philomena Lunny	Date registered: 5 December 2022
Person in charge at the time of inspection: Ms Anne Magee	
Brief description of the accommodation/how the service operates: Positive Futures Crescent Supported Living Service is a domiciliary care agency (DCA) which provides a range of supported living services, housing support and personal care services to 15 individuals living in the Belfast area. Their care is commissioned by the Belfast Health and Social Care Trust and the Northern Health and Social Care (HSC) Trust.	

2.0 Inspection summary

An unannounced inspection took place on 25 March 2024 between 9.15 a.m. and 4.45 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 Safeguards (DoLS), Service user involvement, Restrictive practices and Dysphagia management was also reviewed.

Areas for improvement identified related to recruitment and induction. An area for improvement in relation to staff registration with the Northern Ireland Social Care Council (NISCC) will be stated for a second time.

Good practice was identified in relation to person centred care records. There were good governance and management arrangements in place.

Positive Futures Crescent 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.

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 spoke with a number of staff members.

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

Comments received included:

Staff comments:

- "I love my job."
- "The people we support are receiving a high level of person centred support."
- "I am supported in my role."
- "I can approach my manager with any concern I may have."
- "The manager helps me fulfil any professional development I pursue."
- "I have no concerns about any aspects of this service."

Returned questionnaires indicated that the respondents were satisfied with the care and support provided. Written comments included:

- "Keep me safe, go out with staff, help me with paperwork."

- “For the past year, I have not had staff every day because I kept telling them to get out. It takes me a while to get used to new staff. I only like the one that is on all the time.”

There were no 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?

The last care inspection of the agency was undertaken on 6 March 2023 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was reviewed by the care inspector during this inspection.

Areas for improvement from the last inspection on 6 March 2023		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<p>Area for Improvement 1</p> <p>Ref: Regulation 13 (d)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all staff are appropriately registered within the timescale provided by NISCC.</p> <p>Ref: 5.2.5</p> <hr/> <p>Action taken as confirmed during the inspection: Inspector confirmed that two staff members were not appropriately registered with NISCC.</p>	<p>Not met</p>

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. 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.

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 manager reported that none of the service users currently required the use of specialised mobility equipment. They were aware of how to source such training should it be required in the future.

Care reviews had been undertaken or pursued by the Agency 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. A review of the procedure relating to medicines management identified that it included direction for staff in relation to administering liquid medicines.

The Mental Capacity Act (MCA) (2016) 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.

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.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users, 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 at least annual basis, or when changes occur.

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 with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

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?

A review of the agency's staff recruitment records confirmed that pre-employment checks, criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

Recruitment records did not consistently contain full employment histories, reasons for leaving employment or identify gaps in employment. An area for improvement has been identified.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC), however there were two active staff members whose registration had recently lapsed. An area for improvement has been identified and will be stated for a second time.

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 limited evidence that all newly appointed staff had completed a structured orientation and induction, although there was a robust, structured, induction programme which also included shadowing of a more experienced staff member, written records did not indicate that all elements of the induction had been completed.

A review of the written records relating to staff that were provided from recruitment agencies also identified that the induction received by these staff was not adequately documented with a lack of consistency with induction for agency staff was noted. An area for improvement has been identified.

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 (SAI) procedure.

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. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

There is a system in place that clearly directs staff as to what actions they should take if they are unable to gain access to a service user's home.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and The Domiciliary Care Agencies Minimum Standards (revised) 2021.

	Regulations	Standards
Total number of Areas for Improvement	3*	0

* the total number of areas for improvement includes one that have been stated for a second time

The areas for improvement and details of the QIP were discussed with Ms Anne Magee, Registered 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 Regulations (Northern Ireland) 2007

Area for improvement 1

Ref: Regulation 13 (d) schedule 3

Stated: First time

To be completed by:
Immediately from the date of inspection

The registered person shall ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.

Ref: 5.2.4

Response by registered person detailing the actions taken:

Following the inspection, the Registered Manager communicated with the Human Resources team to identify the key priorities to ensure this area for improvement was addressed. The following actions were taken:

- Full employment history
The current process for applicants to detail their employment history has been amended to include specific details. Candidates are asked to provide:
 1. The date they left full time education.
 2. A specific date (month and year) of the start and end of employment.
 3. The reason for leaving each employment role.
 This was added to our pre-employment process on 27.03.24.
- Gaps in employment
These are reviewed as part of the current pre-employment process. If an applicant does not provide sufficient detail, the Registered Manager or delegated manager is required to discuss this and record their approval.
- Exploration of reason for leaving employment
This was added to the pre-employment process on 27.03.24. All applicants must include their reason for leaving employment when completing their employment history. If an applicant does not provide sufficient detail, the Registered Manager or delegated manager is required to discuss this and record their approval.

These areas will be reviewed during monthly monitoring visits.

<p>Area for improvement 2</p> <p>Ref: Regulation 13 (d)</p> <p>Stated: Second time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered person shall ensure that all staff are appropriately registered within the timescale provided by NISCC.</p> <p>Ref: 5.2.5</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>Following inspection, the process was reviewed and communicated with all staff to ensure they are aware that any staff member not registered due to non-payment of fee or non-renewal of registration is ineligible to work in the service and, if necessary, will be removed immediately from shift.</p> <p>Furthermore, all managers now have access to the NISCC Employer portal to review the 'live' NISCC register daily. This enables managers to identify those staff whose fees are approaching or overdue.</p> <p>An identified admin staff member monitors the NISCC portal alongside Positive Futures' NISCC record on a weekly basis. This process ensures there is a dedicated person reviewing and monitoring NISCC compliance.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 16 (5) (a)(b)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered person shall ensure that a new domiciliary care worker is provided with appropriately structured induction training.</p> <p>Ref: 5.2.5</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>Following inspection, a full review of the induction process for Positive Futures staff and agency workers was carried out.</p> <p>A revised induction programme template has been developed (pending approval) alongside the Positive Futures Foundation Programme (PFFP). The need for signatures on the 2-week induction programme has been replaced by a requirement to ensure that the PFFP contains details of all induction shifts.</p> <p>The organisation will have a consistent approach to templates supporting staff induction by the end of May 2024.</p>

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