The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Positive Futures Lakeland Supported Living Service

Provider: Positive Futures

Date of Inspection: 27 December 2024

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/Responsible Person:	Mrs Agnes Philomena Lunny
Registered Manager:	Ms Nicola Johnston
Service Profile Positive Futures Lakeland Supported Living Service is a domiciliary care agency, supported living type service operated by Positive Futures which currently provides care and support to adults with a learning disability. Service users receive care and support in their own homes.	

2.0 Inspection summary

An unannounced inspection took place on 27 December 2024, between 9.45 a.m. and 3:32 p.m. This 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 were also reviewed.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards. The inspection established that safe, effective and compassionate care was delivered to service users and that the service was well led. However, an area for improvement identified related to record keeping.

It was evident that staff promoted the dignity, independence and well-being of service users.

Service users spoke positively about their experience of the care and support they received from staff. Refer to Section 3.2 for more details.

No areas for improvement were identified in the previous inspection.

We would like to thank the manager, service users and staff team for their support and co-operation during the inspection.

3.0 The inspection

3.1 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 against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this agency. This included registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trust.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic staff survey.

3.2 What people told us about the service and their quality of life

We spoke with a number of staff and a service user to seek their views of the agency.

Service users said that they were happy with the care and support provided and that staff were kind and helpful. Two comments included the following statements; "All is good for me" and "I can talk to staff if I need anything".

Staff spoke very positively in regard to the care delivery and management support in the agency. Two comments included the following statements; "All care and support plans are very person centred and detailed" and "I am very well supported in my role and I have supervision every three months".

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided.

The information provided indicated that those who engaged with us had no concerns in relation to the agency.

We did not receive any responses from the electronic staff survey.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users.

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); there was a 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 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, induction programme which also included shadowing of a more experienced staff member.

This agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; records are retained electronically.

There was evidence of effective systems in place to manage staffing. Sufficient staff were on duty to support the service users. Staff said there was good teamwork and that they felt well supported in their role by the manager. Staff said that there were enough staff to meet the needs of the service users. It was evident that staff had a good understanding of the needs, likes and dislikes of individual service users.

3.3.2 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 policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The safeguarding champion was known to the staff team. The agency's annual Adult Safeguarding Position Report was reviewed and found to be satisfactory. It was positive to note that an Easy Read Adult Safeguarding Position Report was also available.

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. 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.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Staff were provided with Moving and Handling training appropriate to the requirements of their role. Where service users required the use of specialist equipment to assist them with moving, this was included within the agency's mandatory training programme. A review of care records identified that moving and handling risk assessments and care plans were up to date.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their liquid medicine to be administered orally with a syringe. The manager was aware that should this be required; a competency assessment would be undertaken before staff undertook this task.

A service user had been assessed by the Speech and Language Therapist (SALT) with recommendations provided. Staff demonstrated a good knowledge of the service user's wishes, preferences and assessed needs. These were recorded within the care plan along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

A review of training records confirmed that staff had completed training in dysphagia and in relation to responding to choking incidents.

3.3.3 The arrangements for promoting service user involvement

Service users, where possible, were encouraged and supported to be involved in their own care and the details of care and support plans were shared with relatives, where appropriate.

Care and support plans were person centred and are kept under regular review. There was evidence that staff record regularly the details of care and support provided or any changes to the service users' needs and regularly reviewed and updated to ensure they continued to meet the service users' needs. Services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

A review of care records evidenced that a number entries were not dated and /or signed by the person making the entry. Review of a body mapping chart evidenced insufficient details of the injury were maintained. An area for improvement has been identified.

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.

Service user meetings were held on a regular basis which enabled the staff to keep service users updated on any issues arising that may affect them. Some matters discussed included activities and outings and shared living arrangements. The meetings also enabled the service users to discuss any activities they would like to become involved in.

3.3.4 The arrangements to ensure robust managerial oversight and governance

The manager had been registered since 21 November 2023. Staff commented positively about the manager and described them as supportive, approachable and always available to provide guidance.

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 and staff. The reports included details of a review of service user care records; accident/incidents; safeguarding matters and staff recruitment and training.

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. Records reviewed and discussion with the manager indicated that no complaints were recorded since the previous care inspection. Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager or the person in charge.

Discussions with a service user concluded they are aware of the agency's complaints process. The service user said they would have no difficulty raising any areas of dissatisfaction, concern or complaint with staff or the manager.

Our discussion with staff revealed they had a clear view about their role and responsibility to meet service user's individual needs and promote their rights, choices, independence and future outcomes. They identified staff training, policies and procedures, staff support mechanisms and the management team supported them to provide safe, effective and compassionate care in this setting.

4.0 Quality Improvement Plan/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

An area for improvement and details of the Quality Improvement Plan were discussed with Ms Nicola Johnston, Manager, and the Operations 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 5.6 **Stated:** First time **To be completed by:** Immediate from the date of inspection	The registered person shall ensure that all records are legible, accurate, up to date, signed and dated by the person making the entry. Ref: 3.3.3
	Response by registered person detailing the actions taken: All support records have been reviewed and updated to ensure all relevant information is provided. Staff have been reminded of the importance of full and accurate record keeping. The incident report form has been updated to include a body chart to accompany the staff member's description of any injury.

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

The **Regulation** and **Quality Improvement** Authority

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