The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Positive Futures - Lagan**

Provider: **Positive Futures**

Date of Inspection: **24 February 2025**

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 Person:	Ms Agnes Lunny
Registered Manager:	Ms Anja Biskovitch-Grunder
Service Profile – Positive Futures - Lagan, aims to provide support for adults who have a learning disability, an acquired brain injury or autism, to live fuller and more valued lives and to participate meaningfully as part of the wider community. The service is part of the Positive Futures network of services which operates throughout Northern Ireland. This organisation also provides a peripatetic service. RQIA does not regulate these elements of support.	

2.0 Inspection summary

An unannounced post registration inspection took place on 24 February 2025, between 8.40 a.m. and 12:00 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.

Positive Futures - Lagan 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.

An area for improvement was identified, this was related to the updating of documentation.

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 agency 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.

To prepare for this inspection we reviewed information held by RQIA about this agency. This included the 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 survey.

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

No service users or members of staff were available to speak with the inspector on the day of inspection.

One service user responded to the questionnaire, the response did not indicate any concerns in relation to their care.

A number of staff responded to the electronic survey, comments indicated that the staff were feeling supported, had all the relevant training and that service users are given the "best possible care". One staff member responded with a comment in relation to improvement to the induction process. This comment was shared with the manager for their consideration.

3.3 Inspection findings

3.3.1 Staffing Arrangements

A review of the agency's staff recruitment records confirmed no new staff had been recruited and that a process was in place to ensure that pre-employment checks to include criminal record checks (AccessNI) would be completed and verified before staff members commenced employment and had direct engagement with service users.

There was evidence that all newly appointed staff would complete 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.

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

3.3.2 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 manager shared their plan for the completion of a Safeguarding Position Report.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding.

Staff were provided with training appropriate to the requirements of their role. No service users currently required the use of specialised equipment to assist them with moving. The manager was aware of how to source this training should it be required.

All staff had been provided with training in relation to medicines management. A review of medication errors found that appropriate action was taken. Medication audits are undertaken monthly.

The Mental Capacity Act (Northern Ireland) 2016 (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. 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.

Care and support plans are kept under regular review. Positive behaviour plans were found to be detailed and person centred but these do not reflect the techniques currently used. An area for improvement has been identified.

A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

3.3.3 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.

It was good to note that the agency held team meetings on a regular basis, which were meetings held in the homes of the service users that provided an opportunity for the service users to discuss the provisions of their care.

The manager shared the agency plans to complete an Annual Quality Report and for an evaluation of the service to include feedback from service users. These reports will be reviewed at future inspections.

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

There were monitoring arrangements in place. A review of the reports of the agency's quality monitoring established that there was engagement with service users, staff and HSC Trust representatives. The reports included details of a review of accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

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.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. No complaints were received since the last inspection.

4.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	1	0

The area for improvement and details of the Quality Improvement Plan were discussed with the 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 Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 **Ref:** Regulation 15 (3) (b) **Stated:** First time **To be completed by:** Immediately from the date of inspection	The Registered Person shall keep the service user plan under review. Ref: 3.3.2
	Response by registered person detailing the actions taken: The Positive Behaviour Support Plan viewed has been reviewed and updated to reflect current Positive Behaviour Support techniques used within the organisation and agreed for the person we support. A plan has been agreed between the manager and the organisation's Positive Behaviour Support team to ensure that any

	Positive Behaviour Support Plans are reviewed regularly and updated in a timely manner to reflect any change.

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

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

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