Inspection Report

6 March 2023

Positive Futures Crescent Supported Living Service

Type of service: Domiciliary Care Agency
Address: Castleton Centre, 30a - 34a York Road, Belfast, BT15 3HE
Telephone number: 028 9018 3277

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:** 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 16 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 6 March 2023 between 9.30 a.m. and 3.45 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, Dysphagia management and Covid-19 guidance was also reviewed.

An area for improvement was identified relating to staff registration with the Northern Ireland Social Care Council (NISCC).

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

Positive Futures Crescent 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?

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

The information provided indicated that there were generally no concerns in relation to the agency. Comments received included:

Service users' relatives/representatives' comments:

- "Eighty percent of the time the core team are there and they are absolutely brilliant. We are not so happy about the amount of agency staff used as it impacts on (name) not always being able to do certain activities."

- "We have had a few niggles around the agency staff but everything is always addressed, when raised. I find management very helpful and responsive. (Name) seems quite happy and has a good relationship with them."
- "We are happy enough, the two agency staff recently have been dead on."
- "I am very happy with how (they are) getting on, the level of care given is excellent. I have never had any concerns."

No questionnaires were returned within the timescale for inclusion within the report.

A number of staff responded to the electronic survey. The responses were mixed, in that some staff responded that they were 'very satisfied' or 'satisfied' that care provided was safe, effective and compassionate and that the service was well led; and other responses indicated to the contrary. A specific comment made by a staff member was relayed to the manager for review and action as appropriate.

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 28 March 2022 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 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.

Review of records confirmed that any safeguarding referrals made to the HSC Trust in relation to adult safeguarding had been managed appropriately.

The manager advised that no concerns had been raised to her under the whistleblowing policy and procedures.

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 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.

Care reviews had been undertaken in keeping with the agency's policies and procedures.

The majority of staff had been provided with training in relation to medicines management. However, two staff who were supplied from recruitment agencies required training in respect of medicines management and in relation to the administration of buccal midazolam. Following the inspection, RQIA received confirmation that this matter had been addressed. Advice was given in relation to recording training dates provided to recruitment agency staff. The manager welcomed this advice and agreed to retain this information going forward.

The manager advised that the medicines competency assessment included direction for staff in relation to administering liquid medicines via an oral syringe.

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 Mental Capacity Act (MCA).

The majority of staff had completed appropriate Deprivation of Liberty Safeguards (DoLS). However, there were two staff members who required higher level training appropriate to their job role. Following the inspection, it was confirmed to RQIA by email that this had been addressed. 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.

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. Following the inspection, it was confirmed to RQIA that the majority of training had been completed with a small number provided with timescales for completion. Staff who had been supplied by recruitment agencies had not completed training in relation to Dysphagia/Swallow awareness; the manager agreed to raise this with the recruitment agency.

A resource folder was available for staff to access information in relation to Dysphagia.

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.

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, a number of staff were identified as being outside the timescale for completion of registration with NISCC. This was discussed with the manager who took immediate action to address the matter. However, weaknesses in the system in place for monitoring registration applications were identified as contributing factors to these having occurred. An area for improvement has been identified in this regard.

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.

Discussion with the manager confirmed that they were reliant on agency staff, due to a significant number of staff vacancies. We were assured that there were a number of staff recruited and in the process of undergoing pre-employment checks. One relative spoken with expressed dissatisfaction about the number of agency staff used and how that impacts upon them participating in certain activities. RQIA will keep this matter under review.

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 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 manager who agreed to update the complaints records in this regard. The manager was also advised to inform RQIA of the outcome of any Northern Ireland Public Services Ombudsman (NIPSO) investigations.

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

An area for improvement has been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

	Regulations	Standards
Total number of Areas for Improvement	1	0

The area for improvement and details of the QIP were discussed with 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) **Stated:** First time	The registered person shall ensure that all staff are appropriately registered within the timescale provided by NISCC. Ref: 5.2.5
To be completed by: Immediate from the date of the inspection	**Response by registered person detailing the actions taken:** Following investigation as to how this non-compliance occurred, we noted that our internal alert system was not working. Furthermore, the managers did not follow up with staff in relation to their completion of NISCC due to the busyness of the service. To prevent reoccurence, the following actions have been agreed: 1. HR will review the current internal NISCC record and revise with a new version which will be linked directly to the NISCC register. 2. NISCC status review and advise for new starter/ transfers will be added to Day 1 Checklist. 3. NISCC check has been added to 2 week induction programme. 4. NISCC check has been added to 3 month probation template for sign off. 5. For existing staff their status will be reviewed and discussed at PCS 6. QMV will review NISCC status with OM and SM. 7. HR provide a monthly alert for the SM where staff are needing to action their registration. OMs will be cc'd into the alert. 8. A reminder will be sent to staff and manager at 3 month interval with reminders weekly, thereafter.

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

The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA