

# Inspection Report

25 November 2021



## 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

[www.rqia.org.uk](http://www.rqia.org.uk)

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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

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| <b>Organisation/Registered Provider:</b><br>Positive Futures   | <b>Registered Manager:</b><br>Mrs Eilis Mulholland |
| <b>Responsible Individual:</b><br>Mrs Eilis Mulholland   | <b>Date registered:</b><br>Acting – no application |
| <b>Person in charge at the time of inspection:</b><br>Mrs Eilis Mulholland   |  |
| <b>Brief description of the accommodation/how the service operates:</b><br><br>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 ten individuals in receipt of a service. |  |

## 2.0 Inspection summary

An announced inspection was undertaken on 25 November 2021 between 10.00am and 2.15pm by the care inspectors.

The inspection focused on the review of staff recruitment and the agency's governance and management arrangements, as well as registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS) including money and valuables, restrictive practices, monthly quality monitoring, Dysphagia and Covid-19 guidance.

Good practice was identified in relation to the governance and management arrangements within the agency and appropriate pre-employment checks being undertaken before staff started to provide care and support to the service users. Good practice was also found in relation to systems in place for disseminating Covid-19 related information to staff.

Information was provided to staff, service users and/or their relatives on how feedback could be provided to RQIA about the quality of the services being provided by the agency. This included service user/relative questionnaires and a staff poster.

RQIA were assured that this agency supplies support workers who are providing safe, effective and compassionate care; and that the agency is well led.

### 3.0 How we inspect

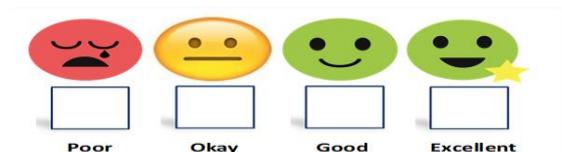
RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

The inspection focused on:

- contacting the service users, their relatives, HSC representatives and staff to find out their views on the service.
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

### 4.0 What people told us about the service

Prior to the inspection we provided a number of easy read questionnaires for those supported to comment on the following areas of service quality:



- 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?

Three questionnaires were returned and showed that those supported thought care and support was excellent. No comments were received.

Questionnaires were received from two service users' relatives and both were 'very satisfied' and 'satisfied' that the care being delivered was safe, effective, compassionate and the service was well-led. Comments received included:

- "New staff must ready my relative's care package – always."
- "Pass information on at staff change/handover re shifts starting and ending."
- "Communicate daily with day centre when collecting my relative."
- "Pass on any issues to me and keep me up to date and informed of any new problems, issues, incidents or news."

These comments were provided to the person in charge, however no name was provided on the questionnaire so unable to identify the service user for whom these comments refer to.

Two staff members responded to the electronic survey. One respondent was 'very satisfied' and 'satisfied' that the care being delivered to service users was safe, effective, compassionate and the service was well led. The second respondent was 'satisfied' that the care being delivered was compassionate however was 'dissatisfied' with the other aspects of care. This feedback was discussed with the person in charge. We were provided with assurances that changes are being implemented within the service since the new manager came into post. There was acknowledgement that due to the Covid-19 pandemic, staffing levels have been impacted upon, however the management team are undertaking shifts to ensure there are safe staffing levels and there was ongoing recruitment for new staff.

In addition, feedback was received from one HSCT representative.

### Staff comments

- "Really love the job but the pressure of the lack of staff is becoming increasing difficult."

### HSCT representatives' comments

- "Involvement with the service is positive."
- "Since the pandemic things have slightly changed due to the restrictions and limiting in general the foot fall but I have still seen my service user face to face."

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

The last care inspection of the agency was undertaken on 6 June 2019 by a care inspector and no areas for improvement identified. An inspection was not undertaken in the 2020-2021 inspection year, due to the impact of the first surge of Covid-19.

## 5.2 Inspection findings

### 5.2.1 Are there 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 reflect information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC).

Discussions with the person in charge demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns, including out of hours arrangements.

It was noted that staff are required to complete adult safeguarding training during their induction programme and required updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could 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 has a system for retaining a record of referrals made in relation to adult safeguarding matters. It was noted that a number of safeguarding referrals had been made since the last inspection. One safeguarding investigation was currently ongoing. It was noted that the referrals had been managed in accordance with the agency's policy and procedures.

There were systems in place to ensure that complaints and notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. One complaint had been received since the last inspection. It was noted that complaints and incidents had been managed in accordance with the agency's policy and procedures.

The manager and staff were provided with training appropriate to the requirements of their role; this included DoLS training. Those spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

There is a system in place for notifying RQIA if the agency is managing individual service users' monies in accordance with the guidance.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

### **5.2.2 Is there a system in place for identifying care partners who visit the people supported to promote their mental health and wellbeing during Covid-19 restrictions?**

The person in charge advised us that there were no care partners visiting service users during the Covid-19 pandemic restrictions. It was positive to note that the service users had regular contact with family.

### 5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

The discussions with the person in charge and review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within their home environment. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

It was identified that staff have completed training with regard to Dysphagia and Speech and Language Therapist (SALT) swallow assessments and recommendations. There is currently one service user who has been assessed by the SALT team in relation to Dysphagia needs and specific recommendations made. Staff demonstrated that they have a clear understanding of the needs of individual service users with regard to eating and drinking. Care plans viewed clearly reflect the recommendations of the SALT team.

### 5.2.4 Are their robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in conjunction with the agency's Human Resources (HR) Department and was in accordance with the regulations and minimum standards, and that pre-employment checks were completed before staff members commence employment and engage with service users. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff.

A review of the records confirmed that all staff provided were appropriately registered with NISCC. Information regarding registration details and renewal dates were monitored by the HR Department, the person in charge and through the monthly monitoring visits; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities for ensuring their registrations were up to date.

### 5.2.5 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with service users, service user's relatives, staff and HSCT representatives. The reports included details of the review of service user care records, accident/incidents, safeguarding matters, complaints, staff recruitment, training, and staffing arrangements. We noted some of the comments received during the monthly quality monitoring visits:

#### Staff:

- "I love my job and have developed strong relationships with the people I support."
- "I am aware of staffing issues and have completed some extra shifts but am happy to help out."

- “I am aware of my responsibility of being a positive role model to other staff by showing them that with some planning and effort the service users can be engaged in meaningful tasks that they enjoy.”

**Service users’ representatives:**

- “I am appreciative of the dedication of staff particularly as they stayed with my relative during a hospital stay. Staff phoned me each day with updates and they all care so much for my relative.”
- “I am very happy with the support my relative receives. I have got to know the staff team well over the years and I am confident in the approach they use with my relative.”

**HSCT representatives:**

- “The staff team have been proactive in trying to support every service user to receive their vaccine.”

It was established during discussions with the person in charge that the agency had not been involved in any Serious Adverse Incidents (SAIs), Significant Event Analyses (SEAs) or Early Alerts (EAs).

**6.0 Conclusion**

Based on the inspection findings and discussions held RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner; and that the service was well led by the manager/management team.

**7.0 Quality Improvement Plan/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the person in charge, as part of the inspection process and can be found in the main body of the report.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of Areas for Improvement</b> | 0           | 0         |



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

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