

Inspection Report

Name of Service: East Coast Supported Living Service

Provider: Positive Futures

Date of Inspection: 28 January 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/Responsible Person:	Mrs Agnes Lunny
Registered Manager:	Mrs Anne Magee
Service Profile – East Coast Supported Living Service is a domiciliary care agency (supported living type) which currently provides a range of personal care services to 15 people living in their own homes. The people supported have a range of needs and require support to live as independently as possible in a range of accommodation types.	

2.0 Inspection summary

An unannounced inspection took place on 28 January 2025, between 9.00 a.m. and 2:30 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, and to assess progress with the area for improvement identified during the last care inspection on 26 September 2023.

One new area for improvement was identified, this was related to the annual report for service user feedback.

As a result of this inspection, the area for improvement previously identified was assessed as having been addressed by the provider.

East Coast Supported Living Service uses the term 'people 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 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 previous area for improvement issued, 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

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

Service users who spoke with the inspector shared that the staff support them with their shopping and that they felt that the staff are good.

Staff spoke very positively in regard to the care delivery and management support in the agency. One told us that they feel supported in their role and another that they loved their job and had progressed to a senior role.

There were no responses to the questionnaires or the electronic survey.

3.3 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 26 September 2023 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was reviewed by the care inspector during this inspection.

3.4 Inspection findings

3.4.1 Staffing Arrangements

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. There was evidence of scrutiny and oversight of recruitment records by the manager.

There was evidence that all newly appointed staff had completed a structured 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.

A review of the records relating to staff that were provided from recruitment agencies also identified that they had been recruited, inducted and trained in line with the regulations.

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

3.4.2 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).

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 in normal business hours and out of hours. 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. 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. The manager confirmed that no service users required the use of specialised equipment to assist them with moving.

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

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. 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 service users were 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.

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

The service has an operational procedure that clearly directs staff from the Agency as to what actions they should take to manage and report incidents where staff are unable to gain access to a service users home in a timely manner.

3.4.3 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. Person centred support plans were reviewed and found to involve the service user.

Since the last inspection, the agency has undertaken an evaluation of the service, however, the service users chose not to participate which resulted in no specific feedback being recorded. An area for improvement has been identified.

It was good to note that the agency had service users' meetings on a regular basis which enabled the service users to discuss the provisions of their care.

3.4.4 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 have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	0	1

Areas for improvement and details of the Quality Improvement Plan were discussed with the Person in charge and the 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 ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021	
Area for improvement 1 Ref: Standard 1.8, 1.9 Stated: First time To be completed by: Immediately from the date of inspection	<p>The Registered Person shall ensure that a report is prepared and available of the formal seeking of views of service users and their carers / representatives</p> <p>Ref: 3.4.3</p> <p>Response by registered person detailing the actions taken: Following the inspection the Registered Manager and Service Manager met with the Corporate Services Director to explore a range of approaches to capture the views of the people we support and their carers / representatives through the Annual Consultation Exercise (ACE) scheduled to take place by the end of March 2025.</p> <p>Furthermore, we agreed that the Service would continue to use the embeded 'What People Think' initiative and annual care management reviews to record the views of the people we support and their carers / representatives.</p> <p>The Service organised a Focus Group on Monday 31.03.2025, prior to closure of the ACE Survey. All of the people we support were invited to attend and enjoy a coffee/tea together with their staff. Unfortunately only one person we support attended, the management team decided to adopt a different approach and contact all people we support and seek their views. 8 people we support were contacted with a verbal response received from 7 people, this feedback is recorded on 'What People Think'.</p> <p>On 31.03.2025, when ACE closed the Service had received 12 responses; 7 family member or carer, 3 HSCT staff and 2 people we support.</p>

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