

Inspection Report

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| Name of Service: | Positive Futures Families Matter Shared Lives Service |
| Provider: | Positive Futures |
| Date of Inspection: | 20 March 2025 |

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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| Organisation/Registered Provider: | Positive Futures |
| Responsible Individual/Responsible Person: | Ms Agnes Lunny |
| Registered Manager: | Mrs Julie McDowell |
| <p>Service Profile – Families Matter Shared Lives Service offers people with a learning disability, acquired brain injury or autistic spectrum condition short breaks or longer stays with approved individuals or families who are known as Adult Placement Carers.</p> <p>The agency has placed 25 people supported by 38 Adult Placement Carers.</p> | |

2.0 Inspection summary

An announced inspection took place on 20 March 2025, between 10.15 am and 3.15 pm by care Inspectors.

Positive Futures Families Matter Shared Lives Service uses the term 'people who we support' or 'people supported' 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.

The last care inspection of the adult placement agency was undertaken on 16 June 2023 by a care inspector. No areas for improvement were identified.

This inspection was undertaken to evidence how the adult placement agency was performing in relation to the regulations and standards, and to determine if the adult placement agency was delivering safe, effective and compassionate care and if the service is well led.

The inspection evidenced that safe, effective and compassionate care was delivered to service users and that the agency was well led. No areas for improvement were identified. Details and examples of the inspection findings can be found in the main body of the report.

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, and to address any deficits identified during our inspections.

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

Information was provided to service users, carers, 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 received feedback from service users, their relatives, carers, staff and a Health and Social Care (HSC) professional in regard to the agency.

A service user was present on the day of the inspection and told us that they were very satisfied with the agency and that the care they received was safe, effective compassionate and well led. Other service users reported in the questionnaire feedback 'I love the two ladies who are my carers. They are good friends to me and my feelings matter to them'. Another service user commented 'I am cared for really well...I love them'.

A relative who responded to the questionnaire reported 'The care and respect my sister receives is so great...My sister is treated like family...Five star'.

Carers were extremely complimentary about the service provided by the agency, commenting 'Top notch staff, fully supportive of all we do as carers' and 'We get excellent support from Julie and the staff'. One carer commented 'The allowance provided by the Trust needs increased'.

Staff working within the agency indicated that they had no concerns about the care and support offered by the agency. They reported that if they raised an issue, it would be dealt with quickly.

One HSC professional who provided feedback on the service commented: "The frontline staff involved are always positive about their interaction with Shared Lives staff. There has always been good collaboration between ourselves and the Shared Lives team who are professional and approachable".

3.3 Inspection findings

3.3.1 Staffing and Carer arrangements

Safety in Adult Placement Agencies begins at the point of staff and carer recruitment and continues through to induction with regular training, continued monitoring and support for carers and supervision for agency staff.

A review of records evidenced that there were robust arrangements in place for the recruitment of staff and carers; for carers, this included full employment histories, obtaining criminal record checks (AccessNI) for all household members aged over 10 years, suitable references and proof or declaration of medical fitness.

All applications to become an Adult Placement Carer were fully scrutinised by a Panel before being approved. There was also a system to match the needs of individual service users with suitable carers.

There were records of carer induction and training; where the carers were a couple, the training was recorded as such. Advice was provided to the manager regarding having each training item recorded against the individual who completed the training to ensure accuracy of the record for each carer. There was also discussion about the benefit of clearly noting any inactive carers on the training records to help with effective auditing.

The agency had maintained a record for each member of staff of all training undertaken. Staff were also provided with supervision by the manager.

There were arrangements in place for each placement to be regularly monitored by agency staff to ensure service users received safe and effective care and that carers were sufficiently supported by the agency. Advice was provided to the manager regarding the inclusion of a prompt within the template of the monitoring meetings for any children in the carer's household approaching 10 years of age to have an AccessNI check completed in a timely manner.

3.4.2 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 has an identified Adult Safeguarding Champion (ASC). The manager was knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. The agency has a system for retaining a record of any referrals made to the HSCT in relation to adult safeguarding.

Staff were required to complete adult safeguarding training and regular updates thereafter. Staff indicated they had a clear understanding of their responsibilities in identifying and reporting any actual or suspected incidences 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.

Carers were required to complete adult safeguarding training during their induction programme and updates thereafter in line with legislation and draft standards.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately and any incidents had been managed in accordance with the agency's policy and procedures.

A review of care records identified that moving and handling risk assessments and care plans were up to date and all carers were provided with manual handling awareness training which was refreshed every 3 years. Where specific training was required around equipment, further training was arranged in conjunction with HSC professionals.

Some service users had been assessed by a Speech and Language Therapist as requiring their food and fluids to be modified. These recommendations were clearly recorded in service users' care plans.

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, being helped to do so when needed, and any decisions made on their behalf are in their best interests and as least restrictive as possible.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their roles. Where service users were subject to DoLS, the required documentation was in place and was kept under regular review.

The manager informed the inspectors that a DoLS training session is planned for carers in the upcoming months. Carers who supported a service user with a DoLS had received relevant written information around this.

The agency maintained a detailed Restrictive Practice register.

3.3.3 Arrangements for promoting service user involvement

RQIA was assured that service users were central in directing their care plans as far as possible. This was confirmed by service users, carers and staff. The service users' care plans contained details about their likes and dislikes, the level of support they required and how this should be delivered; annual reviews of care were signed by service users, their family or representative or by an advocate. Care plans and associated risk assessments were noted to be written in a professional and respectful manner which promoted the dignity and confidentiality of the service user and all other relevant parties.

There was evidence of regular contact with service users and their representatives.

3.3.4 Quality of Management Systems

There have been no changes to the managerial arrangements within the agency since the previous inspection. Staff described the manager as 'very supportive' and told us how the manager will regularly meet with the team to discuss any issues. It was positive to note that staff felt very involved with the service and could avail of a range of other training events and workshops to benefit their practice.

There were monitoring arrangements in place in compliance with regulations and draft standards. Records reviewed showed that monitoring visits were undertaken on a regular basis. This was where an agency staff member visited a carer's home when the service user was present, so that daily tasks could be observed in order to verify that carers were meeting the required standards. Reports relating to the agency's monitoring visits were reviewed and found to be robust.

The provider had ensured that the quality assurance systems in place were effective in achieving positive outcomes for service users. There was a system of internal audits and an annual satisfaction survey where feedback from service users, their relatives, carers and other stakeholders was sought. The feedback was incorporated into an annual Monitoring Quality in Adult Placement Agencies report. Advice was given to the manager regarding the need to have the report template adjusted to include the Responsible Individual's signature and date as confirmation that the report was shared with the manager. This will be examined at the next care inspection.

The manager was aware of the type of incidents which are required to be notified to RQIA. No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

There was a process for recording complaints in accordance with the agency's policy and procedures.

4.0 Quality Improvement Plan/Areas for Improvement

No areas 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 | 0 |

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



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