

Inspection Report

Name of Service:	Positive Futures – Ormiston Supported Living Service
Provider:	Positive Futures
Date of Inspection:	19 March 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 Person:	Ms Agnes Lunny
Registered Manager:	Ms Anne Magee
Service profile: Positive Futures Ormiston is a domiciliary care agency, supported living type, which aims to provide clients with learning disability opportunities to live fuller and more valued lives and to participate meaningfully as part of the wider community. This service was registered on 20 December 2024 and currently provides care for one individual.	

2.0 Inspection summary

An unannounced post registration inspection took place on 19 March 2025, between 8.55 am and 2:00 pm. 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 - Ormiston 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.

Two areas for improvement were identified, these were related to recruitment of staff and the system for verification and induction of staff from recruitment agencies.

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 registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trust.

Information was provided to the service user, 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 member of staff to seek their views of the agency.

Staff spoke very positively remarking that: it was a good organisation to work for and that there is plenty of support and opportunities.

The response to the electronic survey did not indicate any concern in relation to the agency.

3.3 Inspection findings

3.3.1 Staffing Arrangements

A review of the agency's staff recruitment records confirmed that criminal record checks (AccessNI) were completed and verified before staff members commenced employment and had direct engagement with service users. Full employment histories, documented reasons for leaving previous employments and explanations for gaps in employment were not consistently available. An area for improvement has been identified.

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, 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 identified that the process for verification and induction for these staff was not robust, with inaccurate information on profile documents supplied by the recruitment agency which was not identified or challenged. Induction checklists were not consistently completed. An area for improvement has been identified.

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 Person in Charge at inspection was aware that an Annual Safeguarding Position Report is required, this will be reviewed at future inspections.

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. The agency has not made any referrals to the HSC Trust in relation to adult safeguarding. The Person in Charge at inspection was aware of what processes are in place for the referral of safeguarding concerns.

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 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.

The agency has a restrictive practice register in place.

A service user was assessed by Speech and Language Therapy (SALT) with recommendations made. 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. The service users' care plans contained details about their likes and dislikes and the level of support they may require.

The Person in Charge at inspection was aware that the agency is required to undertake an evaluation of the service to include feedback from service users. This 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 the service user, 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

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	2	0

Areas for improvement and details of the Quality Improvement Plan were discussed with the Person in charge, 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 13 (d) schedule 3 Stated: First time To be completed by: Immediately from the date of inspection	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3. This relates specifically to full employment histories, explanations for gaps in employment and reasons for leaving previous employment. Ref: 3.3.1
	Response by registered person detailing the actions taken: Any person recruited for the service shall not proceed through pre employment checks without providing a full employment history, reason for leaving each post and explanation of any gaps in employment included in their application. Those who do not include this information from leaving full time education to current day will be contacted directly by the service manager to provide this and their file is updated.
Area for improvement 2 Ref: Regulation 13(b) Stated: First time To be completed by: Immediately from the date of inspection	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless he has the experience and skills necessary for the work that he is to perform. This relates specifically to the verification of workers from recruitment agencies and their induction. Ref: 3.3.1
	Response by registered person detailing the actions taken: The agency file has been updated and only staff who are working in the Ormiston service information is being held. The agency profiles that are included have been updated with any missing data, correct training and Right to Work information. Any information that is shared by Agencies will be reviewed and checked for factual accuracies.

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