

Announced Care Inspection Report 12 February 2021



Positive Futures Crescent Supported Living Service

Type of Service: Domiciliary Care Agency
Address: Castleton Centre, 30a - 34a York Road, Belfast, BT15 3HE
Tel No: 028 9018 3277
Inspector: Aveen Donnelly

www.rqia.org.uk

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

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.

3.0 Service details

Organisation/Registered Provider: Positive Futures Responsible Individual: Ms Agnes Philomena Lunny	Registered Manager: Not applicable
Person in charge at the time of inspection: Operations manager	Date manager registered: Application submitted 07 October 2020 in respect of Eioghnn MacLeod – pending review

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 was undertaken on 18 June 2019.

Since the date of the last care inspection, a number of correspondences were received in respect of the agency.

Having reviewed the agency's regulatory history, and in the absence of RQIA not being made aware of any specific risk to the people supported by the agency, the decision was made to undertake a remote inspection approach, to reduce any risk in relation to the spread of Covid-19.

An announced inspection took place on 12 February 2021 from 14.00 to 17.30 hours.

At the request of the people who received care and support from Positive Futures services, the organisation has requested that RQIA refer to these individuals as 'the people supported'.

Information was requested to be submitted to RQIA prior to the inspection and this was reviewed by the inspector in advance of the inspection. The inspection focused on discussing aspects of the submitted information, in order to substantiate the information. The inspector contacted stakeholders to obtain their views on the service quality.

We reviewed the dates that criminal records checks for staff employed by the agency (AccessNI) had been completed to ensure that they were in place before staff were supplied to the people they support. We checked that all staff were registered with the Northern Ireland Social Care Council (NISCC) and that there was a system in place for ongoing monitoring of staff registrations. Staff adherence to the Covid-19 Guidance was also reviewed through discussion with a number of staff and relatives. In addition, we reviewed Covid related information, disseminated to staff and displayed throughout the agency.

Evidence of good practice was found in relation to recruitment practices and staff registrations with NISCC. Good practice was also found in relation to Infection Prevention and Control (IPC); it was evidenced that all staff and the people they support had been adhering to the current Covid-19 guidance on the use of Personal Protective Equipment (PPE).

Those consulted with indicated that they were generally satisfied with the care and support provided. However, the feedback also identified that the staff training needs needed to be

reviewed. The manager agreed to provide RQIA with an action plan, detailing how this is to be addressed.

No areas for improvement were made.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and the experience of the people they support.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and the Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017.

4.1 Inspection outcome

	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 the operations manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 18 June 2019

No further actions were required to be taken following the most recent inspection on 18 June 2019.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA in relation to the agency. This included the previous inspection report, and written and verbal communication received since the previous care inspection.

Following a review of the information submitted to RQIA, the inspection took place remotely, using telephone and video technology, with the person in charge.

During our inspection we focused on contacting the relatives of those supported by the agency, the agency staff and health and social care' (HSC) Trust representatives to find out their views on the service. We were unable to speak with any of the people supported due to the current government restrictions on visiting. The person in charge advised that teleconferencing would not be suitable for any of the people currently being supported.

To ensure that the required pre-employment checks were in place before staff visited the people they support, we reviewed the following:

- Recruitment records specifically relating to Access NI and NISCC registrations.

We also reviewed IPC procedures to ensure that they were compliant with the current Covid-19 guidance for domiciliary care providers in Northern Ireland.

We discussed any complaints and incidents that had been received by the agency with the person in charge and in addition we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in line with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

RQIA provided information requesting feedback from the people supported by the agency and other stakeholders in relation to the quality of service provided. This included an electronic survey to feedback to the RQIA.

6.0 What people told us about this agency

During the inspection we spoke with the person in charge and staff with the use of telephone and video technology. The feedback received indicated that people were generally satisfied with the current care and support provided. However, feedback received from the HSC' representatives raised concerns in relation to staff training, particularly in relation to severe learning disability needs and in relation to skin viability. Following the inspection, this was communicated to the manager, by way of an enhanced feedback meeting. The manager agreed to provide RQIA with an action plan no later than 4 May 2021, to ensure that the areas of concern are included in the training programme going forward. Whilst there was some positive feedback received, relatives spoken with provided mixed feedback in relation to how the provision of activities had been managed since the start of the pandemic. All those spoken with stated that the management team had been responsive when concerns were raised with them and that the provision of activities had recently improved. A number of staff responded to the electronic survey. Whilst there was some positive feedback, a number of staff stated that they felt that communication between management and staff could be improved. A number of staff felt that the induction process was not as thorough as it should be. However, we were satisfied with the induction process provided. The staff comments were relayed to the manager for review and action, as appropriate. All those spoken with confirmed that staff wore PPE as necessary.

7.0 Inspection findings

Recruitment

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence employment and direct engagement with the people they support.

A review of the records confirmed that all staff provided by the agency are currently registered with NISCC. There was a system in place each month for monitoring staff registrations. However, advice was given to the person in charge in relation to the timeliness of staff informing NISCC of their employer details. The review of the records confirmed that staff are not permitted to work if their professional registration lapses. Advice was given in relation to proactively managing the application process.

Covid-19

Discussion with the person in charge and staff identified that they had a good understanding of the procedure to follow whilst providing care to the people they support and in the event of them being diagnosed with Covid-19.

Staff had also completed training in relation to IPC and the safe use of PPE training. This included training on the donning (putting on) and doffing (taking off) of PPE. The person in charge further described how a range of other Covid-related information was available for staff to read and that this information was retained in the office and also disseminated to the individual houses where the people they support live.

Staff described how they wore PPE for activities that brought them within two metres of the people they support. The staff members spoken with reported that there was an appropriate supply of PPE and sufficient bins available to allow the safe disposal of PPE. There was a system in place to ensure that IPC procedures were being adhered to. This included the person in charge undertaking spot checks of care staff in relation to their adherence to the guidance and cleanliness of the environment. The person in charge also had oversight of the PPE stock. The people they support and the relatives spoken with confirmed that the staff wore PPE appropriately.

The person in charge described the availability of hand sanitisers which are accessible throughout the houses for the staff and the people they support to use. Those spoken with confirmed this.

There were measures in place to encourage the people they support to maintain a two metre distance from other people. Changes to the routines of the agency had been made, to ensure this could be maintained. Relatives spoken with provided mixed feedback in relation to how the provision of activities had been managed since the start of the pandemic. All those spoken with stated that the management team had been responsive when concerns were raised with them and that the provision of activities had recently improved. This was discussed with the person in charge during the inspection, who advised that activities were arranged to be done on an individual basis and efforts were made to increase the amount of stimulating activities due to factors such as day centre closures. Following the inspection, discussion with the manager identified that the service had sought additional sensory equipment, to use in the persons' own homes, in the event that they are similarly affected by day care closures in the future.

There was a visiting protocol in place which was based on an individual risk based approach. This included relatives having to agree to a specified visiting timeslot, where they are observed washing their hands and provided with a mask. The system also included visitors' having their temperature checked and completion of a health declaration to confirm that they have not been in contact with anyone who has Covid-19 and that they have no symptoms. Garden visits were also facilitated where possible.

There was a system in place to ensure that staff and the people they support to have their temperatures checked twice daily and wellness checks recorded.

Enhanced cleaning schedules were in place, to minimise the risk of cross contamination. This included the frequently touched points throughout the houses where the people supported live.

The person in charge provided a list to RQIA, by email, of the signage that was available throughout the agency, in relation to Covid-19 precautions. Updates in relation to Covid-19 are provided to staff via email from Head Office and in addition, the manager communicated these to staff during their person centred supervisions and at team meetings.

Information in relation to Covid-19 was displayed appropriately and retained in a Covid-19 folder. This included information related to:

- Manager Guidance Covid-19
- Protocol for supporting the people supported with and during Covid-19
- Staff frequently asked questions
- Top tips for keeping safe in a pandemic
- Protocol for minimising risk from contact between services during the pandemic
- Guidance regarding car sharing
- Covid-19 vaccination information
- Guidance on Christmas visiting
- Covid-19 Office staff and visitor declaration
- Office Guidance
- Covid-19 outbreak action plan template
- Positive Futures risk management approach to changes in support packages
- Covid-19 guidance for people we support and families
- Induction guidance for managers during Covid 19
- Handwashing, social distancing and donning and doffing posters
- Covid-19 self-assessment for direct support staff and for non-direct support staff
- Guidance on dealing with death and dying in the context of the covid-19 pandemic
- PPE and correct use of information sheets and posters (external)

The agency had access to easy-read material on Covid-19, which they could access if needed. Information on the Covid-19 vaccine was also available in easy read format.

Individualised risk assessments had been completed for staff and the people they support in respect of the spread of Covid, PPE, visiting and accessing community based services. Individual contingency plans had also been updated accordingly.

The service continuity plan had also been updated to include staffing contingency measures.

Governance and Management Arrangements

We reviewed the quality monitoring processes to ensure that complaints and any incidents were routinely monitored as part of the monthly checks in line with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. RQIA were aware that a number of adult safeguarding incidents had been reported since the date of the last inspection. Discussion with the person in charge confirmed that these incidents had been managed in keeping with the regional adult safeguarding procedures. It was also good to note that the agency considered the human rights of the people they support, in referring concerns they had to the HSCT. This demonstrates the agency's values, particularly Respect, Equality and Autonomy.

Areas of good practice

Evidence of good practice was found in relation to staff recruitment practices and staff registrations with NISCC. Good practice was found in relation to IPC; all staff and the people they support had been adhering to the current Covid-19 guidance on the use of PPE

Areas for improvement

No areas for improvement were made.

8.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)



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