

# Inspection Report

30 November 2021



## **Positive Futures Sperrin Supported Living & Peripatetic Housing Support Service**

**Type of Service: Domiciliary Care Agency**  
**Address: Unit 29e Gortrush Industrial Estate, Great  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Positive Futures  <b>Responsible Individual:</b> Ms Agnes Philomena Lunny	<b>Registered Manager:</b>  Mrs Joanne Grimes  <b>Date registered:</b> 31 January 2013
<b>Person in charge at the time of inspection:</b> Mrs Joanne Grimes	
<b>Brief description of the accommodation/how the service operates:</b>  Positive Futures Sperrin Supported Living Service is a domiciliary care agency (DCA) which provides a range of supported living services, housing support and personal care services to twelve individuals living in the local area. Their care is commissioned by the Western Health and Social Care (HSC) Trust.	

## 2.0 Inspection summary

The care inspector undertook an announced inspection on 30 November 2021 between 9.45 am and 1.45 pm.

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

Service users said that they were very satisfied with the standard of care and support provided.

Good practice was identified in relation to appropriate checks being undertaken before staff started to provide care and support to the service users. Good practice was found in relation to the system in place for disseminating Covid-19 related information to staff.

No areas for improvement were identified. RQIA was assured that the care provided was safe, effective and compassionate, and that the service was 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 guidance, and to address any deficits identified during our inspections.

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, records of Notifiable incidents, written and verbal communication received since the last care inspection.

The inspection focused on reviewing relevant documents relating to the agency's governance and management arrangements. This included checking how support workers' registrations with the NISCC were monitored by the agency.

During the inspection we discussed any complaints that had been received and any incidents that had occurred with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 23.

Information was provided to staff, service users and their relatives to request feedback on the quality of service provided. This included an electronic survey to enable them to provide feedback to the RQIA.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

### 4.0 What people told us about the service

Due to the risks associated with the Covid-19 pandemic, none of the service users were spoken with. However, prior to the inspection we provided a number of easy read questionnaires for the service users 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?

Returned questionnaires show that those supported thought that the care and support was either excellent or good. A small number of responses were not fully completed. This may be due to the service users' individual needs.

Three questionnaires were returned, indicating that the respondents were very satisfied with the care and support provided. Written comment included:

- “The Covid factor is having a negative impact on the timing of the care and I understand this. I trust the rotas and stability of pre-covid can be restored in 2022.”

There were no responses to the electronic survey.

As part of the inspection process, HSC representatives were asked to provide their views on the care and support provided. The following written comments were received:

- “We have a very positive working relationship with Positive Futures. We work together, with a high level of communication, in the best interests of our service users. As a Trust and Team, we have a high level of contact with Positive Futures, both staff and management, which contributes to ensuring all of our service users are safe and well cared for. I have found all monitoring visits (announced and unannounced) to be positive, with relevant paperwork in place and up to date. The service users I have met with have also given positive feedback on the support they receive from Positive Futures. I can advise that the support provided is excellent and the commitment shown to (the) service users, in challenging circumstances, is admirable. Significantly worthy to note is the progress that (the) service users have made since their support from Positive Futures was implemented, which is a credit to their staff team and the dedication they continue to show in meeting all of their care needs.”
- “Positive Futures provide a wonderful service to our service users in the community some of whom have very complex needs and behaviours. There is regular contact within the teams with our community team leaders and any issues are dealt with quickly before they escalate.”

## **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 inspection to Positive Futures Sperrin Supported Living service was undertaken on 24 September 2019 by a care inspector; no areas for improvement were identified. An inspection was not undertaken in the 2020-2021 inspection years, 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). The Adult Safeguarding Position report for the agency had been completed.

Discussions with the manager 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 had undertaken training in relation to adult safeguarding. Review of incidents identified that they had been referred appropriately.

It was noted that incidents had been managed in accordance with the agency's policy and procedures. The manager was aware of which incidents required to be notified to RQIA.

Staff were provided with training appropriate to the requirements of their role. This included DoLS training. However, a review of the records identified a small number of staff who had yet to complete the training. This was discussed with the manager who agreed to address this. Confirmation was received by email on 8 December 2021 which indicated that the outstanding training had been completed.

Staff were provided with training appropriate to the requirements of their role. This included DoLS training. It was noted that a small number of staff had yet to complete the training. This was discussed with the manager who agreed to address this. Confirmation was received by email on 8 December 2021 which indicated that the outstanding training had been completed.

The manager demonstrated that they have an understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. Examination of service users' care records confirmed that DoLS practices were embedded into practice with the appropriate documentation available for review for two service users. It was noted that one service user's DoLS decision required to be reviewed, in terms of being extended. The manager agreed to liaise with the HSC, to ensure this was completed. This will be reviewed at the next inspection.

Restrictive practices were reviewed on in keeping with the agency's policy and procedures. Advice was given in relation to developing a restrictive practice register. This advice was welcomed by the manager, who agreed to develop this, in line with good practice.

The manager confirmed the agency does not manage individual monies belonging to the service users.

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

The manager advised us that there were no restrictions on visiting service users at the time of the inspection. Information regarding the care partner approach was shared with the manager, should visiting restrictions come into effect again.

### **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 manager identified a service user who required supervision with eating and drinking due to having swallowing difficulties. Review of the care plan identified that it required to be more specific regarding the specific needs of the service user. This was discussed with the manager who took immediate action; the care plan was amended before the end of the inspection.

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). A number of staff had yet to complete their Dysphagia training. This was discussed with the manager, who agreed to address this with the staff. Following the inspection, the manager confirmed to RQIA, by email on 8 December 2021, that the identified staff had updated their Dysphagia training. We were satisfied that this had been addressed. We further discussed the importance of all staff having this training. Whilst this is not included in RQIA's mandatory training guidance, the manager welcomed the advice and agreed that the organisation would consider including this in their mandatory training policy.

### **5.2.4 Are there robust systems in place for staff recruitment?**

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before support workers are supplied to work with the service users. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff.

A review of the records confirmed that all support workers are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards.

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

The quality monitoring processes were reviewed 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) 2005.

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

(EAs). Safeguarding incident records were reviewed and it was noted that they had been reported and managed appropriately.

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

## **6.0 Conclusion**

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

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

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



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