



The Regulation and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Agency:	Positive Futures Crescent Supported Living Service
Agency ID No:	11017
Date of Inspection:	25 November 2014
Inspector's Name:	Audrey Murphy
Inspection No:	20097

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The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

General Information

Name of agency:	Positive Futures Crescent Supported Living Service
Address:	Castleton Centre 30a - 34a York Road Belfast BT15 3HE
Telephone Number:	02890183277
E mail Address:	Peter.hillier@positive-futures.net
Registered Organisation / Registered Provider:	Positive Futures Ms Agnes Philomena Lunny
Registered Manager:	Pauline Ferguson
Person in Charge of the agency at the time of inspection:	Mr Peter Hillier (Service manager)
Number of service users:	13
Date and type of previous inspection:	22 April 2013, Primary Announced Inspection
Date and time of inspection:	25 November 2014 09:30 – 17:45
Name of inspector:	Audrey Murphy

Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect supported living type domiciliary care agencies. A minimum of one inspection per year is required.

This is a report of a primary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

Purpose of the inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations, minimum standards and other good practice indicators and to consider whether the service provided to the people supported was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of domiciliary care, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Domiciliary Care Agencies Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

Methods/process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection include the following:

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit

- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

Consultation process

During the course of the inspection, the inspector spoke to the following:

People supported	2
Staff	5
Relatives	3
Other Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	30	20

Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following quality themes:

The following four quality themes were assessed at this inspection:

- **Theme 1 - Service users' finances and property are appropriately managed and safeguarded**
- **Theme 2 – Responding to the needs of service users**
- **Theme 3 - Each service user has a written individual service agreement provided by the agency**

Review of action plans/progress to address outcomes from the previous inspection

The agency's progress towards full compliance with the five requirements stated following the previous inspection was assessed and the agency has fully met all five requirements.

The registered provider and the inspector have rated the service's compliance level against each good practice indicator and also against each quality theme.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

Profile of service

The agency provides supported living type domiciliary care services to individuals who reside in the North and West Belfast area of the Belfast Health and Social Care Trust.

At the time of the inspection there were 13 people in receipt of agency services and the people supported have a range of needs associated with their learning disability and the personal care provided by Positive Futures has been commissioned by the Belfast Health and Social Care Trust and the Northern Health and Social Care Trust.

At the time of the inspection, the agency was being managed by service manager, Mr Peter Hillier. The service manager is supported by two deputy service managers, eight senior support staff and 39 support workers, some of whom are part time. Staffing also consists of some relief staff and the agency also sources staff from other domiciliary care agencies. The people supported receive both personal care and housing support from Positive Futures and several people supported have intensive and consistent care and support from agency staff.

At the request of the people who use Positive Futures supported living services, Positive Futures has requested that RQIA refer to these individuals as 'the people supported'.

Summary of inspection

The announced inspection was undertaken at the agency's registered premises, 30a - 34a York Road, Belfast on 25 November 2014, 09:30 – 17:45. The agency's service manager, Mr Peter Hillier was present throughout the inspection and Mrs Nicola McCann, Operations Manager, Positive Futures was present during part of the inspection and for feedback.

The inspector met with two people who are supported by Positive Futures during the inspection and received very positive feedback from them in relation to the quality of the support they receive from Positive Futures. One person supported spoke about the support they receive to go shopping, with budgeting and to manage their accommodation. The person supported advised that they can decline aspects of their support and can choose who supports them. Another person supported advised the inspector of the range of activities they have accessed since Positive Futures began to provide their support.

The inspector also met with two relatives of the people supported during the inspection and took feedback from another relative by phone during the inspection. One relative advised the inspector that they were really happy with the quality of care and support their relative receives and spoke of a strong sense of teamwork. The relative also commented on the commitment of staff to finding ways to improve the experience of their relative.

The other relatives who participated in the inspection provided positive feedback in relation to their relatives' experience of having their independence promoted and accessing activities in accordance with their preferences.

In advance of the inspection questionnaires were forwarded to the agency by RQIA for distribution among the staff team. Twenty questionnaires were returned by staff to RQIA and provided evidence of staff having received training in adult safeguarding. Staff who returned a questionnaire also confirmed they were aware of the agency's whistleblowing policy.

'Everyone has the right to live the life they want and to have the support they need to do this'
'Support is provided with a non-restrictive ethos, people supported choose which way they want to live their life'.

'The people we support are always at the centre of their own support plans'

'To support people to live independently in communities, to safeguard their human rights to be treated as equal and valued as individuals'.

The inspector met with a team of staff involved in the support of a recently referred individual. The staff team presented as enthusiastic, person centred and motivated to ensure that the person supported has as much choice, control and independence as possible.

Detail of inspection process:

- **Theme 1 - Service users' finances and property are appropriately managed and safeguarded**

The agency maintains policies and procedures that direct the provision of assessment and support to individuals supported in respect of their finances.

Agency staff have received training in handling money of the people supported and there was evidence of financial checks being undertaken during monthly and other quality monitoring activity.

The agency has been assessed as 'Compliant' with this theme.

- **Theme 2 – Responding to the needs of service users**

The agency has in place HSC Trust needs assessments and care plans and Personal Portfolios which have been prepared in a person centred manner. Agency staff who engaged with the inspector provided evidence of their commitment to promote the control, choice and independence of the people supported in their daily lives. The relatives of some of the people supported provided very positive feedback in relation to the quality of service provision. Agency staff have completed mandatory training and a range of other training linked to the needs of the people supported and receive regular supervision, in accordance with the agency's policies and procedures.

The agency has been assessed as 'Compliant' with this theme.

- **Theme 3 - Each service user has a written individual service agreement provided by the agency**

The agency has issued the people supported with a support agreement and an information handbook which sets out the amount of care / support allocated to each individual along with the numbers of staff and the times of their supply.

However, it was not clear during the inspection what amount of service each individual was receiving in respect of the payments they were making from their person income for care / support.

The registered person is required to forward to RQIA assurances that those people supported who make a financial contribution towards their care have had their support agreements reviewed and approved by the HSC Trust.

The agency has been assessed as 'Moving Towards Compliance' with this theme.

Additional matters examined

Monthly Quality Monitoring Visits by the Registered Provider

At the request of RQIA, the registered provider has been forwarding to RQIA reports of monthly monitoring visits to the service. The reports include the views of the people supported, their representatives and agency staff. The reports also include a review of progress made since the previous monitoring visit and action plans which identify timescales and persons responsible for quality improvement.

Charging Survey

The agency's charging survey was discussed with the service manager, who advised that since the survey had been returned to RQIA, two additional individuals were in receipt of a service.

All of the people supported have been assessed as lacking capacity to manage their finances and the HSC Trust have endorsed the financial management plans of the people supported.

Positive Futures are appointee for five people supported and maintain authorisation documentation from the social security agency in relation to this.

One person supported has their finances managed by the Office of Care and Protection and the agency act as agent for several people supported.

Most of the people supported make payments from their benefits income to Positive Futures for care / support. The inspector was advised that these payments are made in respect of services that have been assessed by the HSC Trust as necessary to meet the needs of the people supported.

The circumstances of these individuals were discussed with the service manager and Operations manager during the inspection who advised the inspector that the HSC Trust is aware that the people supported are making these payments to Positive Futures

The inspector also discussed these arrangements with the relative of a person supported who indicated that they were not aware of the amount or nature of service provided for these payments.

There was evidence examined during the inspection that reflected the registered person's communication with DHSSPS (20/08/14) in relation to the charging arrangements. The communication specifically refers to the supported living services being 'wrongly' categorised as domiciliary care services. The communication also refers to DLA 'Eligibility for Care Components' information and sets out the criteria for entitlement to DLA.

There was evidence examined during the inspection of an email sent to HSC Trusts by the registered person (19/08/14) in relation to 'the issues concerning the use of DLA care to contribute to the cost of care in supported living services'.

The correspondence sets out the DHSSPS guidance issued to the statutory sector in 1999 and advises that current funding arrangements have been endorsed by HSC Trusts. The

correspondence also seeks engagement with the Trusts in order to agree a more appropriate funding structure.

Reviews

The inspector was advised that in spite of requests being made by the agency to the HSC Trust for care management reviews of the people supported, these reviews had not been convened. The inspector was advised that agency staff highlighted concerns to the HSC Trust in relation to the timely review of the needs and risks associated with restrictive practices. Agency staff also advised that the quality of the records of the review meetings forwarded by the HSC Trust are variable. It was evident that agency staff have contributed to the review process and to the records of the meetings. Agency staff also make changes to the support plans subsequent to the reviews.

The inspector was advised that some of the people supported have not had an annual review. The inspector was advised that the agency convened quarterly review meetings, in accordance with their person centred plan. These reviews are internal and HSC Trust personnel are invited.

Staffing Arrangements

The agency's staffing arrangements were discussed and the inspector had received feedback from three of the relatives of the people supported in relation to staffing.

The inspector was advised by the service manager that up to twenty staff from other domiciliary care agencies were being supplied by Positive Futures to work in the homes of the people supported. The agency's alphabetical list of staff supplied or available for supply to work in the homes of the people supported was requested however this had not been developed. It was therefore not possible to make an assessment of the agency's staffing arrangements during the inspection. This was concerning as the agency had received a number of complaints from the relatives of the people supported in relation to staffing arrangements.

This matter was discussed with the registered person at a meeting in RQIA offices on 18 December 2014 and assurances were given to RQIA in relation to the agency's alphabetical list of staff supplied or available for supply, in accordance with Regulation 21 (1) (a) (c), Schedule 4 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007. At this meeting the inspector was advised that the agency's alphabetical list of staff had been updated following the inspection in accordance with this regulation.

The inspector discussed with agency management some feedback received from a relative of a person supported in relation to staff induction. In one instance, a member of staff was supplied to work in the home of an individual without an adequate induction and this was reported to have caused considerable anxiety to the person supported and their relative. From discussion with the service manager during the inspection it was not clear how much induction the member of staff had undertaken prior to being supplied to work with the individual. The registered person must ensure that all new workers are provided with an appropriately structured induction, in accordance with Regulation 16 (5) of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

The supply of staff from other domiciliary care agencies was discussed with agency management and the inspector was advised that these individuals are supplied only when all

other cover arrangements have been exhausted. The inspector discussed with agency management the outcome of a complaint made by a representative of a person supported in relation to the use of staff from other domiciliary care agencies and their competence in meeting the needs of the person supported. The inspector was advised of the arrangements that had been put in place to induct the staff supplied to work in the home of the person supported and these included a structured induction and shadowing.

In light of the feedback from the representatives of some of the people supported, it is recommended that the agency's staffing arrangements are reviewed during monthly quality monitoring.

Statement of purpose

The agency's Statement of Purpose was submitted to RQIA in advance of the inspection and continues to reflect the range and nature of service provision.

The inspector would like to thank the people supported and the agency staff for their warm welcome and participation in the inspection. The inspector would also like to acknowledge the time taken by the relatives to contribute to the inspection.

Follow-up on previous issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1.	15 (6) (d)	<p>The registered person shall specify the procedure to be followed where a domiciliary care worker acts as agent for, or receives money from, a service user.</p> <p>This requirement refers to the arrangements in place to ensure that individual service users are only charged for fuel used by them.</p>	<p>The agency's transport arrangements were discussed during the inspection and with the registered person during a meeting at RQIA offices on 18 December 2014.</p> <p>At the time of the inspection it was apparent that several people supported were using motability cars. There were agreements in place for these arrangements and these had been endorsed by the representatives of the people supported and outlined the charges for the fuel used by individuals.</p>	One	Fully Met
2.	15 (2) (a)	<p>The registered person shall ensure that a written plan ("the service user plan") is prepared which shall be consistent with any plan for the care of the service user prepared by any Health and Social Services Trust.</p> <p>This requirement refers to the implementation of restrictive interventions in accordance with the HSC Trust care plan.</p>	<p>The use of restrictive practices in the homes of some of the people supported was discussed with agency staff.</p> <p>The HSC Trust care plans in respect of these practices were examined during the inspection and reflected multi-disciplinary inputs and the views of the people supported and their representatives.</p>	One	Fully Met

3.	15 (2) (b) (c)	<p>The registered person shall ensure that a written plan (“the service user plan”) is prepared which shall</p> <p>(b) specify the service users’ needs in respect of which prescribed services are to be provided;</p> <p>(c) specify how those needs are to be met by the provision of prescribed services. This requirement refers to the implementation of interventions which are restrictive and impact on the service user’s human rights.</p>	<p>The range of restrictive practices undertaken in the homes of the people supported was discussed. The inspector was advised that some of the people supported require a member of staff to be with them at all times and this level of support and supervision was evidenced within the care records. Staff who met with the inspector described their commitment to ensuring that the rights of the people supported are upheld when providing support. Staff also described how they promote the independence of the people supported by providing person centred support that respects the rights of the individual.</p>	One	Fully Met
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4.	15 (5) (a) (b) (c)	<p>The registered person shall, for the purpose of providing prescribed services to service users, so far as is practicable—</p> <p>(a) ascertain and take into account the service user’s, and where appropriate their carer’s, wishes and feelings;</p> <p>(b) provide the service user, and where appropriate their carer, with comprehensive information and suitable choices as to the prescribed services that may be provided to them; and</p> <p>(c) encourage and enable the service user, and where appropriate their carer, to make informed decisions with respect to such prescribed services.</p>	<p>The capacity of the people supported to consent to or decline aspects of their support was discussed and the service manager advised the inspector of the efforts made by agency staff to secure from the HSC Trust an assessment of the capacity of the person supported.</p>	One	Fully Met
5.	23 (1)	<p>(1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p>	<p>The registered person has, on request from RQIA, forwarded the reports of the monthly quality monitoring visits undertaken. These reports include a summary of the views of the people supported, their relatives, representatives, agency staff and professionals. The reports also include the agency’s action plan for quality improvement.</p>	One	Fully Met

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<p>Statement 1:</p> <p>The agency maintains complete and up to date records in respect of the terms and conditions of the provision of personal care</p> <ul style="list-style-type: none"> • The agency provides to each service user a written guide, including a personalised written agreement detailing the specific terms and conditions in respect of any specified service to be delivered, including the amount and method of payment of any charges to the service user; • The individual agreement details all charges payable by the service user to the agency, the services to be delivered in respect of these charges and the method of payment; • Where service users pay for additional personal care services which do not form part of the HSC trust's care assessment, documentation exists confirming that the HSC trust are aware of any arrangements in place between the agency and the service user; • The individual agreement clarifies what arrangements are in place to apportion shared costs between the agency and the service user(s). This includes those costs associated with any accommodation used in connection with agency business, where this is conducted from the service users' home; • There are arrangements in place to quantify the costs associated with maintaining any unused areas within the service users' home which they do not have exclusive possession of; • The service user guide/ individual agreement clarifies what the arrangements are for staff meals while on duty in the service users' home; • Where the agency is involved in supporting a service user with their finances or undertaking financial transactions on the service user's behalf, the arrangements and records to be kept are specified in the service user's individual agreement; • The agency has a policy and procedure in place to detail the arrangements where support is provided by agency staff to enable the service users to manage their finances and property; • The agency notifies each service user in writing, of any increase in the charges payable by the service user at least 4 weeks in advance of the increase and the arrangements for these written notifications are included in each service user's agreement. 	<p>COMPLIANCE LEVEL</p>

<p>Provider’s Self-Assessment</p> <p>Each person supported is provided with a Handbook and a personalised Support Agreement which details the support provided, all charges payable by the person supported, terms and conditions, amount and method of payment. All Support Agreements are reviewed and updated on an annual basis or more frequently if there is any change that affects the Support Agreement. If a person we support pays for additional care and support, the arrangements are documented and shared with the HSC Trust.</p> <p>The Handbook and personalised Support Agreement outlines the costs that are payable by the person we support and those paid by Positive Futures in relation to any shared costs relating to the provision of support in the person’s home.</p> <p>The ‘Contributions from the people we support towards staff expenses when being supported in social activities – Supported Living and Short Break Services’ Policy outlines all arrangements with respect to staff meals.</p> <p>The ‘Personal Finances Policy and Procedure Supporting Living Services’ details all the arrangements and records in place regarding the management of finances and property of the people we support in line with all the RQIA criteria identified above.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>The agency has in place ‘Personal Finances Policy and Procedure – Supported Living Services’ and this sets out the arrangements for meeting the financial needs of people supported. The document states: ‘In supported living services, people are expected to use their DLA care component income to contribute towards the cost of their care / support. The amount to be paid to Positive Futures must be recorded in the person’s Support Agreement and any changes to this payment must be notified to the person in writing. Where a person is supported on an overnight visit by families or friends outside the service (minimum of 24 hours) they are entitled to a refund of their DLA care on a pro rata basis.’</p> <p>Each person supported has a personalised support agreement and these outline the amounts to be paid by the people supported for care / support services received. The agreements also state the amount received by the organisation from the HSC Trust, Northern Ireland Housing Executive’s Supporting People Programme and, where appropriate, Independent Living Fund. The agreements also set out the method of payment and the people supported are advised at least four weeks in advance of any changes to be made to the charges.</p>	<p>Compliant</p>

The range and nature of service provision an individual could expect to receive in respect of this payment is outlined within the agency's Information Handbook, which had been issued to all of the people supported. The information handbook advises people supported that they may be asked to pay for some of the help they get using their DLA care benefit and that individuals can choose not to use their benefit to pay for some of the help they get. The inspector was advised by Positive Futures Operations Manager that these payments were in respect of services that the HSC Trust had assessed as necessary to meet the needs of the people supported.

The relative of one person supported advised the inspector that they did not know amount of service was being provided to their relative in respect of the payment being made from their DLA. The relative also advised the inspector of their engagement with the registered person and with the HSC Trust in relation to this.

The inspector was concerned to note that the agreements did not specify the amount of care / support the individual was in receipt of in respect of the payments they were making from their own income. Most of the people supported were noted to be charged the entire amount of their DLA care benefit.

The arrangements for staff to have a meal in the home of the people supported were discussed during the inspection. The agency's Information Handbook states: 'In our Supported Living Services, Positive Futures staff eat meals with the people we support in the usual social way we all enjoy mealtimes'.

From speaking with agency staff and relatives, it was not clear whether the people supported had been consulted regarding agency staff eating a meal in their home. It was also not clear whether the people supported had agreed to their food being shared with agency staff or whether they had been given the option to opt out of this arrangement.

The registered person should ensure that the people supported are consulted in relation to any arrangements for staff to have a meal in their home and advised of their right to opt out of these arrangements.

The agency's 'Positive Futures Contribution for Costs of Staff Sharing Meals with People We support' document was examined. This sets out the fixed rates to be reimbursed to the people supported in respect of meals eaten by staff.

The inspector examined a document that stated that these rates had been developed in 2007 and was advised the same rates had been used since then to determine the amount to be paid to the people supported in respect of meals eaten in their home by agency staff.

The inspector noted that these flat rates may not reflect variations as a result of inflation or actual costs arising from agency staff eating meals at the home of the people supported. The inspector was advised that the amounts paid to the people supported for meals eaten by staff in their home had not increased as the funding received from the Trust had not increased during this period. This matter was discussed with the registered person at a meeting at RQIA offices on 18 December 2014. During this meeting the inspector was advised of a range of measures put in place by the agency to ensure that the people supported are not disadvantaged by this arrangement. These included close scrutiny by supervisory staff of the amounts spent on food in the homes of the people supported. At the meeting the agency's finance director advised the inspector of payments that had been made to the people supported for staff food that had not been consumed by agency staff. The inspector was satisfied that the people supported had not been disadvantaged financially by these arrangements

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED

Statement 2:

COMPLIANCE LEVEL

Arrangements for receiving and spending service users' monies on their behalf are transparent, have been authorised and the appropriate records are maintained:

- The HSC trust's assessment of need describes the individual needs and capabilities of the service user and the appropriate level of support which the agency should provide in supporting the service user to manage their finances;
- The agency maintains a record of the amounts paid by/in respect of each service user for all agreed itemised services and facilities, as specified in the service user's agreement;
- The agency maintains a record of all allowances/ income received on behalf of the service user and of the distribution of this money to the service user/their representative. Each transaction is signed and dated by the service user/their representative and a member of staff. If a service user/their representative are unable to sign or choose not to sign for receipt of the money, two members of staff witness the handover of the money and sign and date the record;
- Where items or services are purchased on behalf of service users, written authorisation is place from the service user/their representative to spend the service user's money on identified items or services;
- There are contingency arrangements in place to ensure that the agency can respond to the requests of service users for access to their money and property at short notice e.g.: to purchase goods or services not detailed on their personal expenditure authorisation document(s);
- The agency ensures that records and receipts of all transactions undertaken by the staff on each service user's behalf; are maintained and kept up-to-date;
- A reconciliation of the money/possessions held by the agency on behalf of service users is carried out, evidenced and recorded, at least quarterly;
- If a person associated with the agency acts as nominated appointee for a service user, the arrangements for this are discussed and agreed in writing with the service user/ their representative, and if involved, the representative from the referring Trust. These arrangements are noted in the service user's agreement and a record is kept of the name of the nominated appointee, the service user on whose behalf they act and the date they were approved by the Social Security Agency to act as nominated appointee;
- If a member of staff acts as an agent, a record is kept of the name of the member of staff, the date they acted in this capacity and the service user on whose behalf they act as agent;

<ul style="list-style-type: none"> • If the agency operates a bank account on behalf of a service user, written authorisation from the service user/their representative/The Office of Care and Protection is in place to open and operate the bank account, • Where there is evidence of a service user becoming incapable of managing their finances and property, the registered person reports the matter in writing to the local or referring Trust, without delay; <p>If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the agency on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user's agreement.</p>	
<p>Provider's Self-Assessment</p>	
<p>Positive Futures has liaised with all HSC Trusts requesting assessment of needs and care plans for all people supported. All Financial Capability Assessments completed by Positive Futures are agreed with the people we support, their representatives (if appropriate) and the Belfast Health and Social Care Trust. The agreement of Belfast Health and Social Care Trust is recorded in Review Meeting Minutes.</p> <p>Positive Futures maintains records of any money received for the people we support regarding specific items detailed in the individual's Support Agreement. The processes relating to the management of the money of the people supported and items or services purchased on behalf of the individual, the associated reconciliation and record keeping are detailed within the 'Personal Finances Policy and Procedure Supporting Living Services' and within the person's Financial Capability Assessment.</p> <p>A Personal Finance Plan is agreed for people we support and details written authorisation, contingency and reporting arrangements regarding expenditure (including exceptional expenditure). This Personal Finance Plan is reviewed regularly as part of the ongoing review of their Person Centred Portfolio as per the 'Person Centred Portfolio' Policy.</p> <p>Arrangements in relation to acting as a nominated appointee or as an agent are also outlined within the 'Personal Finances Policy and Procedure Supporting Living Services' in line with all the RQIA criteria noted above.</p>	<p>Compliant</p>

Inspection Findings:	
<p>Each of the people supported have in place a Capability Assessment on Management of Financial Affairs; these have been undertaken in accordance with the agency’s ‘Personal Finances Policy and Procedure – Supported Living Services’ The assessments had been completed by agency staff and outline the support needed by each individual. They also set out any appointee arrangements and had been signed by the family of the person supported, their HSC Trust professional and agency management.</p> <p>The people supported have in place a Personal Finance Plan and this outlines the range of expenditure including household bills.</p> <p>The Personal Finance Plans had been signed by the agency’s manager and by a representative of the HSC Trust. The specific support arrangements for individuals are outlined within their finance agreements and had been signed by a HSC Trust representative, a member of the person supported family and a member of agency staff.</p>	<p>Compliant</p>

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<p>Statement 3:</p> <p>Where a safe place is provided within the agency premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained:</p> <ul style="list-style-type: none"> • Where the agency provides an appropriate place for the storage of money and valuables deposited for safekeeping, robust controls exist around the persons who have access to the safe place; • Where money or valuables are deposited by service users with the agency for safekeeping and returned, a record is signed and dated by the service user/their representative, and the member of staff receiving or returning the possessions; • Where a service user has assessed needs in respect of the safety and security of their property, there are individualised arrangements in place to safeguard the service user's property; • Service users are aware of the arrangements for the safe storage of these items and have access to their individual financial records; • Where service users experience restrictions in access to their money or valuables, this is reflected in the service user's HSC trust needs/risk assessment and care plan; <p>A reconciliation of the money and valuables held for safekeeping by the agency is carried out at regular intervals, but least quarterly. Errors or deficits are handled in accordance with the agency's SVA procedures.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p> <p>Robust controls exist around ensuring an appropriate place for storage of money and recording the deposit and return of money and valuables (outlined in the 'Guidance on items securely stored in petty cash tins in houses'). Controls regarding the management of the property of people we support are outlined in 'Guidance on the management of the property of people we support in adult services'.</p> <p>Each person's Financial Capability Assessment informs the Personal Finance Plan and the specific arrangements to safeguard the finances and property of individuals which is agreed with people we support and their representative (if required).</p> <p>Positive Futures has requested the HSC Trust needs / risk assessments for all people we support and we are</p>	Compliant

<p>currently working with all the HSC Trusts to evidence Trust assessment of capacity and determinations of any restrictive practices required. Positive Futures completes Restrictive Practice Assessments for people supported who require them in relation to access of money or valuables and these Assessments are agreed with the person supported and / or their representative (if required) and the Trust. A named HSC Trust worker confirms that any planned restrictions are in line with the HSC Trust needs / risk assessment and care plan.</p>	
<p>Inspection Findings:</p>	
<p>The agency premises are not used for securing the money or valuables of individuals. People supported are encouraged to secure their own items and valuables within their own homes. Where individuals experience any restriction in their access to their money or property, there are appropriate restrictive practice assessments and care plans in place in relation to this.</p> <p>The inspector was advised of reconciliations and checks on money tins on at least a daily basis and following each transaction. Senior staff and senior management also have a checking and monitoring system in place. Financial audits are undertaken by the organisation’s finance auditors and externally.</p>	<p>Compliant</p>

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED

Statement 4:

Arrangements for providing transport to service users are transparent and agreed in writing with the service user/their representative:

- The needs and resources of the individual service user are considered in conjunction with the HSC Trust assessment;
- The charges for transport provision for an individual service user are based on individual usage and are not based on a flat-rate charge;
- Service users have the opportunity to opt out of the transport scheme and the arrangements for opting out are detailed within the agency's policies and procedures;
- Written agreement between the service user and the agency is in place, detailing the terms and conditions of the transport scheme. The agreement includes the charges to be applied and the method and frequency of payments. The agreement is signed by the service user/ their representative/HSC trust where relevant and a representative of the service;
- Written policies and procedures are in place detailing the terms and conditions of the scheme and the records to be kept;
- Records are maintained of any agreements between individual service users in relation to the shared use of an individual's Motability vehicle;
- Where relevant, records are maintained of the amounts of benefits received on behalf of the service user (including the mobility element of Disability Living Allowance);
- Records detail the amount charged to the service user for individual use of the vehicle(s) and the remaining amount of Social Security benefits forwarded to the service user or their representative;
- Records are maintained of each journey undertaken by/on behalf of the service user. The record includes: the name of the person making the journey; the miles travelled; and the amount to be charged to the service user for each journey, including any amount in respect of staff supervision charges;
- Where relevant, records are maintained of the annual running costs of any vehicle(s) used for the transport scheme;
- The agency ensures that the vehicle(s) used for providing transport to service users, including private (staff) vehicles, meet the relevant legal requirements regarding insurance and road worthiness. Where the agency facilitates service users to have access to a vehicle leased on the Motability

COMPLIANCE LEVEL

<p>scheme by a service user, the agency ensures that the above legal documents are in place;</p> <ul style="list-style-type: none"> Ownership details of any vehicles used by the agency to provide transport services are clarified. 	
<p>Provider’s Self-Assessment</p> <p>The transport needs and resources of an individual are considered as part of the initial referral and assessment process for any person to be supported.</p> <p>In the Service, staff can use their own cars to transport people we support.</p> <p>Records are maintained for each journey which detail the name of the person supported and miles travelled. Each person supported is charged on a per mile basis (as outlined in the Handbook and Support Agreement for each person and the guidance ‘Procedure for staff and volunteers in adult services on being reimbursed for using their vehicle for journeys with, or on behalf of, the people we support’).</p> <p>Any social security benefits received by Positive Futures on behalf of the person supported are managed and recorded by the Finance Department and reconciled on a monthly basis. Positive Futures does not receive any benefits directly for the provision of transport.</p> <p>Positive Futures only charges and receives amounts that cover actual usage so arrangements to reimburse people we support are not required.</p> <p>All legal requirements as noted in the RQIA criteria above are met.</p> <p>Each person who shares the use of a Motability vehicle has a signed agreement detailing arrangements. This agreement does not involve Positive Futures.</p>	<p>Compliant</p>

Inspection Findings:	
<p>At the time of the inspection it was apparent that several people supported were using motability cars. There were agreements in place for these arrangements and these had been endorsed by the representatives of the people supported and outlined the charges for the fuel used by individuals. The service manager advised that the senior support worker monitors the usage of the car with regard to equity of usage, miles travelled etc and that this is kept under review.</p>	<p>Compliant</p>

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	<p>Compliant</p>

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	<p>Compliant</p>

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
Statement 1:	COMPLIANCE LEVEL
<p>The agency responds appropriately to the assessed needs of service users</p> <ul style="list-style-type: none"> • The agency maintains a clear statement of the service users’ current needs and risks. • Needs and risk assessments reflect the input of the HSC Trust and contain the views of service users and their representatives. • Agency staff record on a regular basis their outcome of the service provided to the individual • Service users’ care plans reflect a range of interventions to be used in relation to the assessed needs of service users • Service users’ care plans have been prepared in conjunction with the service user and their HSC Trust representative(s) and reflect appropriate consideration of human rights. 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p> <p>The views and preferences of people referred to the Service are actively sought throughout the referral and assessment process, as detailed in the ‘Referral and Assessment Policy and Procedure’.</p> <p>Throughout the process of referral and assessment and in the provision of support, appropriate consideration of the human rights of the person is integral and is implemented through our person centred approach.</p> <p>For every person supported, a Person Centred Portfolio is developed and regularly reviewed in conjunction with the person supported, their representative (if required) and Trust staff. Person centred tools are used to develop all Person Centred Portfolios which inform the care and support planning and the range of planned interventions.</p> <p>The people we support are at the centre of decision making processes and this is evidenced through their direct involvement in the development and ongoing review of their Person Centred Portfolio. All Person Centred Portfolios also reflect the input of the HSC Trust including Trust needs and risk assessments. Positive Futures adopts a positive risk taking approach and risk management approaches are agreed with the individual and / or their representative as well as HSC Trusts.</p> <p>Each person supported has regular person centred reviews which records individual outcomes.</p>	<p>Compliant</p>

Inspection Findings:	
<p>The people supported have a HSC Trust care plan and a Person Centred Portfolio. The person centred portfolios contain a range of documentation including 'How Do I want My life to be', staff matching information, 'My Perfect Week', Community Networks Map, 'Good Day ' 'Bad Day', Decision Making Profile, Communication chart, important, 'How best to support'.</p> <p>There was evidence within the care records of the views and preferences of the people supported being documented and incorporated into their daily and weekly care and support arrangements. There was also evidence of agency staff recording the outcome of their interventions and completing tools to assist with the evaluation of interventions.</p> <p>The care records reflected consideration of the individual human rights and were updated on a regular basis.</p>	<p>Compliant</p>

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 2:</p> <p>Agency staff have the appropriate level of knowledge and skill to respond to the needs of service users</p> <ul style="list-style-type: none"> • Agency staff have received training and on-going guidance in the implementation of care practices • The effectiveness of training and guidance on the implementation of specific interventions is evaluated. • Agency staff can identify any practices which are restrictive and can describe the potential human rights implications of such practices. • The agency maintains policy and procedural guidance for staff in responding to the needs of service users • The agency evaluates the impact of care practices and reports to the relevant parties any significant changes in the service user’s needs. • Agency staff are aware of their obligations in relation to raising concerns about poor practice 	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>Staff are provided with mandatory training and any additional training required (specific to the Service or individuals supported).</p> <p>An annual Training Needs Analysis is undertaken to plan Service specific training. In addition to policies and guidance, specific support (e.g. Positive Behaviour Management) is available to all staff.</p> <p>Evaluations are completed for training provided in relation to how the learning outcomes are met. Training evaluation sheets are reviewed by the L&D Department to inform and adapt future training as required.</p> <p>Guidance in relation to restrictive practices is outlined in the ‘Human Rights and Restrictive Practices’ Policy.</p> <p>The ‘Person Centred Portfolio’ Policy provides guidance for staff on how to ensure the support provided meets individual need. ‘The Life I Want’ Strategy provides all adults supported with the opportunity to plan the support they want and need to achieve what they want out of life.</p>	Compliant

<p>Individual person centred reviews are undertaken with the person supported and include monitoring and evaluation of outcomes for the person. Review information is shared and reported to all relevant parties. Staff are aware of their obligation to raise concerns about poor practice, in line with our ‘Challenging Bad Practice at Work (Whistleblowing)’ Policy in line with NISCC Code of Practice.</p>	
<p>Inspection Findings:</p>	
<p>The agency’s training records were examined and discussed with the service manager.</p> <p>There was evidence of all staff having received their mandatory training and of plans to provide update training.</p> <p>Agency staff who returned a questionnaire indicated that care practices that are restrictive are only undertaken when there are clearly identified and documented risks and needs. Agency staff who participated in the inspection advised the inspector of their responsibility to record and report any changes in the circumstances of the people supported. Agency staff referred to good working relationships with the HSC Trusts and to the regular review of care practices.</p> <p>Staff who returned a questionnaire and those staff who met with the inspector confirmed their awareness of the agency’s whistleblowing policy and their obligation to raise concerns about poor practice.</p>	<p>Compliant</p>

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 3:</p> <p>The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency</p> <ul style="list-style-type: none"> • Service users and their relatives and potential referral agents are advised of any care practices that are restrictive or impact on the service users’ control, choice and independence in their own home. • The agency’s Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions • Service users are advised of their right to decline aspects of their care provision. Service users who lack capacity to consent to care practices have this documented within their care records. • Service users are provided with a copy of their care plan (in a format that is appropriate to their needs and level of understanding) and receive information in relation to potential sources of (external) support to discuss their needs and care plan. • The impact of restrictive practices on those service users who do not require any such restrictions. 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p> <p>Where restrictive practices are deemed necessary, the person supported and / or their representative and relevant HSC Trust personnel are consulted and any restrictions are agreed with all parties. The HSC Trust Care Plan includes a determination of the person’s capacity to consent to any restrictive practices that are required.</p> <p>All restrictive practices require the approval of Positive Futures' Managing Director or designated other. The principle of least restriction underpins all decisions made where any intervention of a restrictive nature is necessary.</p> <p>The Statement of Purpose and Handbook detail the nature and range of services including the use of, and arrangements for, restrictive interventions if required. The rights of the individual to decline aspects of their care is confirmed.</p> <p>If a person no longer wishes to be supported by the Service or if they wish to change tenancy, they are</p>	Compliant

<p>supported to do so. This is detailed in our ‘Move on and Termination of Tenancy’ Guidance.</p> <p>People supported who lack capacity to consent to care practices have this information documented within their care records.</p> <p>The impact of restrictive practices on people supported who do not require restrictions is evaluated and acted upon to ensure that the rights of these people are not infringed.</p>	
<p>Inspection Findings:</p>	
<p>The agency’s Statement of Purpose outlines the range and nature of service provision and makes reference to the agency’s arrangements for the implementation of restrictive practices in the homes of the people supported and the role of the HSC Trust in relation to these. The relatives who participated in the inspection were aware of any restrictive practices in place in the home of their relative and advised the inspector that they had been consulted in relation to this.</p> <p>Agency staff had participated in HSC Trust ‘best interests’ meetings in relation to restrictive practices and the records reflected the views of the people supported and their representatives.</p>	<p>Compliant</p>

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 4</p> <p>The registered person ensures that there are robust governance arrangements in place with regard to any restrictive care practices undertaken by agency staff.</p> <ul style="list-style-type: none"> • Care practices which are restrictive are undertaken only when there are clearly identified and documented risks and needs. • Care practices which are restrictive can be justified, are proportionate and are the least restrictive measure to secure the safety or welfare of the service user. • Care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance. • The agency evaluates the impact of restrictive care practices and reports to the relevant parties any significant changes in the service user’s needs. • The agency maintains records of each occasion restraint is used and can demonstrate that this was the only way of securing the welfare of the service user (s) and was used as a last resort. • Restraint records are completed in accordance with DHSSPS (2005) Human Rights Working Group on Restraint and Seclusion: Guidance on Restraint and Seclusion in Health and Personal Social Services. • The agency forwards to RQIA and other relevant agencies notification of each occasion restraint is used • The registered person monitors the implementation of care practices which are restrictive in nature and includes their on-going assessment of these practices within the monthly quality monitoring report 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p> <p>The ‘Human Rights and Restrictive Practices’ Policy details how restrictions are managed and approved. This Policy is in line with all current guidance as detailed above. In addition, Positive Futures has a Rights Advisory Committee which comprises a Trustee, Senior Managers and independent external experts to oversee the management of restrictive practices within the Organisation.</p> <p>The principles of necessity, proportionality and least restriction are addressed within the ‘Human Rights and Restrictive Practices’ Policy and Restrictive Practice Assessments.</p>	<p>Compliant</p>

<p>All restrictive practices are documented in the Restrictive Practice Assessment which is regularly reviewed, with a view to reducing and / or removing these practices. Any restrictions are signed by the people we support and / or their representative and agreed with the Trust.</p> <p>Each time there is a significant behaviour event, staff record this on a Behaviour Incident Form including a record if any form of physical intervention was used and details of debriefing undertaken with staff. Any use of this physical intervention is reported to RQIA.</p> <p>Monthly monitoring is completed on behalf of the registered person which includes a specific focus on key areas of service delivery. Restrictive practices is one of the main focal areas incorporated into the Organisation's service monitoring tools.</p>	
<p>Inspection Findings:</p>	
<p>Discussion with agency staff and examination of care records provided evidence that restrictive practices are undertaken in accordance with the HSC Trust's assessment of needs and risks and that these remain under review by the Trust. Restrictive practices undertaken by agency staff are also evaluated during monthly quality monitoring visits and by senior care staff on an on-going basis.</p> <p>Agency staff who met with the inspector advised of their commitment to providing care and support to the people supported without compromising the level of choice, control and independence they experience.</p> <p>As outlined in the self-assessment, the agency maintains a policy on human rights and restrictive practice and this reflects the principles of least restriction, proportionality and necessity.</p>	<p>Compliant</p>

<p>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Compliant</p>
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<p>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Compliant</p>
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THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
Statement 1	COMPLIANCE LEVEL
<p>Evidence inspected confirms that service users/representatives have written information and/or had explained to them the amount and type of care provided by the agency</p> <ul style="list-style-type: none"> • Service users/representatives can describe the amount and type of care provided by the agency • Staff have an understanding of the amount and type of care provided to service users • The agency’s policy on assessment and care planning and the statement of purpose/service user guide describe how individual service user agreements are devised. • The agency’s service user agreement is consistent with the care commissioned by the HSC Trust. The agency’s care plan accurately details the amount and type of care provided by the agency in an accessible format. 	
<p>Provider’s Self-Assessment</p> <p>The people we support and / or their representative and staff can describe the amount and type of care provided. This information is detailed within the Handbook and associated Support Agreement which is agreed with the people we support and / or their representatives.</p> <p>Positive Futures’ ‘Referral and Assessment’ Policy, guidance on ‘Supporting People to Access our Adult Services or Enter Accommodation’ and the Service’s Statement of Purpose detail how each individual’s Support Agreement should be developed in partnership with the people we support and, if required, their representative.</p> <p>Individual Support Agreements and Person Centred Portfolios are developed in line with the care commissioned by the Trust. These documents detail the amount and type of care provided by Positive Futures in accessible formats. We are working with all HSC Trusts to ensure all Person Centred Portfolios are signed off by HSC Trusts to evidence that care and support provided is consistent with the Trust needs assessments.</p>	<p>Compliant</p>

Inspection Findings:	
<p>The agency maintains Care Plans from the HSC Trust and these set out the individuals' entitlements with regard to agency staff hours. The care plans also refer to MDT assessments and specialist assessments of risk.</p> <p>A selection of the support agreements of the people supported were examined and contained a detailed breakdown of the times that agency staff attend the home of the person supported. The agreements also stipulate the numbers of staff available to meet the needs of the individual and the type of provision (i.e. sleepover, waking night cover). The agreements had been made available to the people supported and their representatives who had signed them.</p>	<p>Compliant</p>

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
Statement 2	COMPLIANCE LEVEL
<p>Evidence inspected confirms that service users/representatives understand the amounts and method of payment of fees for services they receive as detailed in their individual service agreement.</p> <ul style="list-style-type: none"> • Service users/representatives can demonstrate an understanding of the care they receive which is funded by the HSC Trust • Service users/representatives can demonstrate an understanding of the care which they pay for from their income. • Service users/representatives have an understanding of how many hours they are paying for from their income, what services they are entitled to and the hourly rate. • Service users/representatives have an understanding of how to terminate any additional hours they are paying for from their income • Service users/representatives have been informed that cancellation of additional hours they are paying for from their income will not impact upon their rights as a tenant. 	
Provider's Self-Assessment	Compliant
<p>The people supported by Positive Futures and / or their representatives have an understanding of the care and support provided. An Information Handbook and the personalised Support Agreement regarding the support provided is agreed with the person supported and / or their representative. The Person Centred Portfolio further details the support provided. Person Centred Portfolios are reviewed at person centred review meetings (with the person supported, their representative and the HSC Trust as required).</p> <p>The support an individual receives and all associated costs are detailed within the Handbook and the individual's Support Agreement.</p> <p>For people who wish to purchase additional support hours, the hourly rate is £12.50 per hour. High-rate (£81.30) = 6.5 hours, mid-rate (£55.45) = 4.4 hours and low-rate (£21.55) = 1.7 hours per week.</p> <p>If a person no longer wishes to be supported by the Service or if they wish to change tenancy, they are supported to do so (see 'Move on and Termination of Tenancy' Guidance). The Support Agreement details</p>	

<p>how the people we support can change or terminate their hours of support.</p> <p>Positive Futures is not a housing provider so an increase or cancellation of hours does not impact upon their rights as a tenant.</p>	
<p>Inspection Findings:</p>	
<p>As outlined in Theme 1, the relative of a person supported advised the inspector that they were not aware of the amount of care / support provided to their relative in respect of the payment made by the individual.</p> <p>The people supported have been advised within their support agreement of the amount of payment they make for care / support they receive. The information handbook sets out the nature of care / support that a person supported could expect to receive in relation to this payment. However, it is not clear from the support agreement or from the handbook what amount of care / support is provided to each individual in relation to the payment they are making. As the amount of care / support provision is not clear, it is therefore not possible for the individual or their representative to make an informed decision in relation to continuing or declining to purchase these services.</p> <p>RQIA wrote to the registered person on 27 November 2014 to highlight concerns in relation these arrangements and meetings were held at RQIA offices on 18 December 2014 and 11 March 2015.</p> <p>At the meeting at RQIA offices on 18 December 2014, the inspector was advised by a representative of the registered person that it would not be possible to attribute an amount of service provision to payments made by the individuals supported and that to attempt to do so would be meaningless and a paper exercise only. The inspector was also advised that contributions from the people supported were in respect of the services provided to meet needs identified by the HSC Trust and that it would not be possible to separate out the amount of service received for the payment made.</p> <p>Subsequent to the meeting of 11 March 2014, the registered person forwarded to RQIA a copy of correspondence to the HSC Trust seeking engagement in relation to this matter. The registered person is required to forward to RQIA assurances that those people supported who make a financial contribution towards their care have had their support agreements reviewed and approved by the HSC Trust.</p>	<p>Moving towards compliance</p>

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
Statement 3	COMPLIANCE LEVEL
<p>Evidence inspected confirms that service users’ service agreements, care plans are reviewed at least annually confirming that service users/representatives are in agreement with the care provided and the payment of any fees.</p> <ul style="list-style-type: none"> • Service users/representatives confirm that their service agreement, care plans are reviewed at least annually by the commissioning HSC Trust, and confirm that they are in agreement with the care provided and the payment of any fees. • Records and discussion with staff confirm that the agency contributes to the HSC Trust annual review. • Records and discussion with staff confirm that reviews can be convened as and when required, dependent upon the service user’s needs and preferences. • Records confirm that service users’ service agreements, care plans are updated following reviews. Authorisation from the HSC Trust and consent from the service user/representative is documented in relation to any changes to the care plan or change to the fees paid by the service user. 	
Provider’s Self-Assessment	
<p>Positive Futures work closely with HSC Trusts to ensure that Person Centred Portfolios, Restrictive Practice Assessments and Financial Capability Assessments are reviewed at least annually with HSC Trust staff to ensure the support continues to be in line with the care commissioned by the Trust.</p> <p>Trust involvement in all annual review meetings has not been possible due to HSC Trust factors e.g. Social Work staff shortages. The Registered Manager works in partnership with HSC Trust senior staff to ensure that there is appropriate HSC Trust oversight of the support provided by Positive Futures on a minimum annual basis.</p> <p>Both HSC Trust and Positive Futures documentation evidences involvement of Positive Futures’ in the annual review process. The Handbook and personalised Support Agreement outlines that reviews can be convened as and when required, dependent upon people’s individual needs and preferences. Person Centred Portfolios are updated following person centred reviews. Any changes to support provided and charges made are discussed and agreed with the HSC Trust and the person supported and / or their representative.</p>	<p>Compliant</p>

Inspection Findings:	
<p>The service manager completed and returned to RQIA a questionnaire which sought information about the role of the HSC Trust in reviewing the needs and care plans of the people supported during the period 1 April 2013 – 31 March 2014 (in accordance with the DHSSPS Circular HSC (ECCPU)1/2010 “Care management, provision of services and charging guidance”).</p> <p>From discussion with the service manager it was evident that agency staff had engaged with the HSC Trust in relation to review meetings. As outlined in the self-assessment, not all of the people supported had had a review of their needs and care plan undertaken during the time period above in spite of agency staff requesting these.</p> <p>Relatives who participated in the inspection advised the inspector of their involvement in review meetings and advised that their views are sought regularly.</p>	Compliant

PROVIDER’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Moving towards compliance

Any other areas examined**Complaints**

Prior to the inspection the agency returned a completed complaints questionnaire to RQIA for the period 1 January 2013 to 31 December 2013. The agency had received one complaint during this period and the inspector was advised that this had been resolved locally.

The inspector discussed the outcome of a complaint made by the relative of a person supported in 2014. The agency's complaints records were examined and reflected correspondence with the complainant and notes of a discussion with the complainant and agency management. The inspector was satisfied that the agency had handled the complaint in accordance with the agency's complaints procedures.

Quality improvement plan

The details of the Quality Improvement Plan appended to this report were not discussed with Mr Peter Hillier (service manager), as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan

Announced Primary Inspection

Positive Futures Crescent Supported Living Service

25 November 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Domiciliary Care Agencies Regulations (NI) 2007

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	14(d)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided—</p> <p>(d) so as to ensure the safety and security of service users' property, including their homes;</p> <p>The registered person is required to forward to RQIA assurances that those service users who make a financial contribution towards their care have had their financial agreements reviewed and approved by the HSC Trust.</p>	One	The Registered Person has provided written assurance to RQIA about the arrangements for any person we support who makes a financial contribution towards their support. We will ensure that a review of the Support Agreement for any person we support who makes such financial contributions is taken forward within the relevant HSC Trust's normal review process.	14 July 2015
2.	16 (5)	<p>Where an agency is acting otherwise than as an employment agency, the registered person shall ensure that—</p> <p>(a) a new domiciliary care worker ("the new worker") is provided with appropriately structured induction training lasting a minimum of three full working days; and</p> <p>(b) during that induction training—</p> <p>(i) the new worker is not supplied to a service user unless accompanied by another domiciliary care worker who is a suitably qualified and competent person;</p>	One	All new staff commencing employment receive a structured induction of 2 weeks to the Service. During this time, the new staff member 'shadows' existing competent staff. Arrangements are in place for all new staff to report directly to an identified Senior Support Worker or Manager. Observed practice of all new staff in the Service is	From the date of inspection

		<p>(ii) a member of staff (“the staff member”) who is suitably qualified and experienced, is appointed to supervise the new worker; (iii) the staff member (or another suitably qualified and competent person if the staff member is unavailable) will always be available to be consulted while the new worker is on duty; and (iv) subject to the consent of the service user, the staff member makes arrangements to observe, on at least one occasion, the new worker carrying out his duties.</p>		<p>undertaken by Senior Support Workers or Managers during their induction and the 6 month probationary period. Any agency workers (used in either planned or emergency situations) receive a minimum of three days' structured induction, including shadowing opportunities and opportunities to observe practice.</p>	
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Recommendations

These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	8.11	<p>The registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis. This report summarises any views of service users and/or their carers/representatives ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p> <p>It is recommended that the agency's staffing arrangements are reviewed during monthly quality monitoring.</p>	One	Staffing arrangements (in terms of staff ratios, induction and training) are all reviewed during monthly quality monitoring of the Service.	From the date of inspection
2.	2.2	<p>It is recommended that the agency's service user guide is revised in relation to the general terms and conditions for receipt of the agency's services.</p> <p>This recommendation refers to the arrangements for agency staff to avail of a meal in the home of the people supported and for reimbursements made the people supported in respect of costs incurred by agency staff.</p>	One	<p>The Handbook and associated Support Agreement have been updated (and reissued) to clarify and confirm that the people we support have the right to opt out of any specific arrangements.</p> <p>In addition, the Service Manager or a Deputy Service Manager will meet with family</p>	14 July 2015

		<p>The people supported should be made aware of their right to opt out of these arrangements and if opting in, should be advised of the amounts paid to them in respect of staff costs.</p>		<p>representatives (where appropriate) to explain arrangements for staff meal provision in the home of each person supported, offering the option to opt out. The financial arrangements (including staff costs) will be clearly outlined to the person supported where possible and also to the family representative.</p>	
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Anne Magee (on behalf of Nicola McCann)
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Agnes Lunny

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	Audrey Murphy	18/06/15
Further information requested from provider			



5 August 2015

Mr John Black
Head of Programme
RQIA
9th Floor, Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Dear John

Re: Positive Futures' Crescent Supported Living Service: Report on Inspection of 25 November 2014

Thank you for the finalised report from the inspection of 25 November 2014.

Positive Futures recognises the increased accuracy within this inspection report, although we still note the negativity of comments that are not supported by evidence. In particular, I refer to the phrase "The inspector was concerned to note that..." on page 16 of the report. This phrase is used to describe practice that has been assessed by your inspector as compliant.

RQIA's guidance about a finding of compliance states "In most situations this will result in an area of good practice being identified and comment being made within the inspection report." This report does not reflect positive comments against the 10 areas where the Service was assessed as compliant.

Please attach this letter to the inspection report as comments made by the provider.

Yours sincerely

Paul Roberts
Managing Director