

Unannounced Inspection Report 10 March 2017



Positive Futures Belfast Supported Living Service

Type of service: Domiciliary Care Agency
Address: Castleton Centre, 30a - 34a York Road, Belfast, BT15 3HE
Tel no: 02890183277
Inspector: Audrey Murphy

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Positive Futures Crescent Supported Living Service took place on 10 March 2017 from 09:30 to 16:00.

The inspection sought to assess progress with any issues raised during and since the last inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Positive Futures Belfast Supported Living Service is a supported living type domiciliary care agency which provides personal care and housing support to individuals living within the Belfast area.

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

Is care safe?

The delivery of safe care was evident during the inspection and the agency has in place arrangements to ensure the supply of appropriately skilled and experienced staff. The agency has a range of measures in place to ensure that the people supported are safeguarded from harm and has demonstrated compliance with policies, procedures and the minimum standards in relation to the provision of safe care.

There were no areas for quality improvement in the provision of safe care.

Is care effective?

The agency's delivery of effective care was evident during the inspection and staff demonstrated their detailed knowledge of each person supported and provide individualised care and support. Care provision is reviewed and evaluated on a regular basis in conjunction with the person supported, their representatives and the HSC Trust.

There were no areas for quality improvement in the provision of effective care.

Is care compassionate?

The agency's delivery of compassionate care was evident from discussions with staff and the relative of a person supported during the inspection. The people supported receive individualised care and the agency aims to promote consistency and continuity in the provision of care. The needs, preferences and choices of the people supported were understood by staff and there was evidence of the rights of individuals receiving support being promoted.

There were no areas for quality improvement in the provision of compassionate care.

Is the service well led?

The agency's management and leadership arrangements were examined during the inspection. The inspector was advised of challenges in ensuring a stable staffing provision within the service and of the measures in place to provide assurance in this area.

The registered person has effective management and governance systems in place to ensure that the needs of the people supported are met and quality improvement systems are maintained. Agency staff are aware of their roles and responsibilities and there are clear lines of accountability within the organisational structure.

There were no areas for quality improvement in the provision of well led care.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with a deputy service manager, as part of the inspection process and can be found in the main body of the report.

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

1.2 Actions/enforcement taken following the most recent inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Positive Futures/Ms Agnes Philomena Lunny	Registered manager: Ms Amanda Barr (acting)
Person in charge of the service at the time of inspection: Ms Amanda Barr	Date manager registered: Acting manager since 01 January 2016

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Notifiable events reported to RQIA
- Complaints records submitted to RQIA
- The previous inspection report
- Correspondence received by RQIA from the registered person in relation to the acting management arrangements and variation to the name of the agency (previously known as Positive Futures Crescent Supported Living Service).

Prior to the inspection the inspector had been advised by Positive Futures of plans to reduce the Positive Futures Belfast Supported Living service provision and to split current service provision by registering a further supported living type domiciliary care agency. At the time of this inspection an application had been submitted to RQIA in respect of these plans.

During the inspection the inspector met two of the people supported by Positive Futures. The inspector also met with the acting manager, a deputy service manager and three support staff. The inspector also spoke with the relative of a person supported during the inspection.

On the day of the inspection questionnaires were given to the acting manager for distribution to staff and to the people supported by Positive Futures. One questionnaire was returned to RQA and had been completed by the relative of a person supported.

On the day of the inspection the following records were examined:

- The agency's statement of purpose
- Information Handbook Positive Futures Supported Living Services
- Person centred risk assessment guidance
- Incident Management Policy
- Recruitment and Selection Policy and Procedure
- Guidance for using recruitment agencies for the short term supply of staff
- Disciplinary Policy and procedure
- Challenging Bad practice at work (Whistleblowing) policy
- Person Centred Supervision Policy
- Performance Management and Development Procedure – Probationary Staff
- Guidance on Person centred Staff management
- Learning and development policy
- Positive Behaviour Management Policy
- Record Keeping, Information Security, Confidentiality and Access to Information Policy
- Person Centred Review and Planning Policy and guidance
- On call policy and procedure
- Complaints policy
- Monthly quality monitoring records
- Staff induction records
- Staff training records
- Adult Safeguarding Policy and Adult Safeguarding Procedure
- Positive Futures Foundation Programme
- Support planners.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 26 January 2016

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the inspector.

4.2 Review of requirements and recommendations from the last inspection dated 26 January 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 1.9 Stated: First/Second/Third time	It is recommended that a report is prepared that identifies the methods used to obtain the views and opinions of people supported and their relatives/representatives, and incorporates the comments made and issues raised and any actions to be taken for improvement. A summary of the key findings is provided to people supported and their relative/representative, and a copy of the full report is available on request.	Met
	Action taken as confirmed during the inspection: A report that identifies the methods used to obtain the views of the people supported and / or their representatives had been prepared by agency staff. The report highlighted areas of good practice identified and a number of actions to be taken to improve the quality of service provision. It was noted that the report findings had been shared with the people supported and their relatives/representatives at a coffee morning.	

4.3 Is care safe?

The agency’s registered premises are located at Castleton Centre, 30a - 34a York Road, Belfast and are suitable for the purposes of the agency.

Agency staffing consists of the acting manager, two deputy service managers, senior support staff and support workers. The inspector was advised that a recruitment exercise is underway for additional support staff. At the time of the inspection there were eight individuals in receipt of a service.

The staffing arrangements for each of the people supported were discussed in detail with agency staff and support planners were examined. The staffing levels outlined within support planners were in accordance with the staff's description of needs and there were arrangements in place to respond to unplanned or emergency situations. The agency's on call arrangements were discussed with staff who reported that they could always seek guidance from a more experienced or senior member of staff.

The agency's induction arrangements were examined and discussed with staff members, one of whom reported very positive experiences of the induction they had received. Staff described their structured induction programme and a range of shadowing experiences alongside training and guidance in the care and support of individuals. Staff also described the 'matching' process that is undertaken to ensure that the people supported receive their support from staff who share their interests and or have particular skills and attributes.

The inspector was advised of a range of measures in place to promote the successful recruitment and retention of staff and staff recruitment was underway on the day of the inspection. The agency's recruitment policy and procedures were examined and discussed with the acting manager who described the role of Positive Futures human resources department in providing assurances that all pre-employment information is obtained and satisfactory prior to the new worker being supplied.

The agency's staffing levels are supplemented by the use of staff from several recruitment agencies and the arrangements in place for assuring the suitability of these workers were examined. The agency obtains a range of pre-employment information about each worker in advance of their supply and introductory interviews are held with each new worker prior to their supply. The agency provides a structured induction lasting at least three days for staff supplied from recruitment agencies. The inspector was advised that 'block bookings' had been made with recruitment agencies to ensure the consistent supply of staff.

Agency staff complete the Positive Futures Foundation Programme (PFFP) which has been developed in accordance with the Northern Ireland Social Care Council's Induction standards. Completion of the PFFP is signed off by the staff member and their manager.

The agency's staff induction records were examined and reflected a range of training and guidance provided during the induction periods including introductions to the people supported and shadowing experienced workers in the homes of the people supported across a range of shifts. The induction records included the new workers' reflections on their induction experience and had been signed by the new worker and a senior member of staff.

The agency's Person Centred Supervision Policy and Procedure was examined and an addendum to the policy was noted in relation to the frequency of supervision which was stated as a minimum of 12 weekly with new staff potentially requiring more frequent supervision. Staff who participated in the inspection confirmed they receive supervision on a regular basis and the agency's system for tracking the provision of staff supervision reflected compliance with the agency's person centred supervision policy and procedure.

Senior staff also make a record of any instances where staff supervision is deferred including the reason and the re-scheduled date. The inspector also noted that staff supplied from recruitment agencies also receive supervision in accordance with the agency's policy and that all staff supplied receive observations of their practice.

The agency has an Adult Safeguarding Policy and an Adult Safeguarding Procedure, both of which reference the regional policy “Adult Safeguarding: Prevention and Protection in Partnership” (2015). Staff who met with the inspector were knowledgeable in this area and were familiar with the terminology in the regional policy. The inspector discussed safeguarding referrals that had been made to the HSC Trust and a range of steps that had been taken in conjunction with the HSC Trust to put in place protection plans.

The agency’s training records were examined and included uptake in training by all staff in a range of areas including positive behaviour support, adult safeguarding, fire safety, finance, health and safety and moving and handling. Agency staff have also received training epilepsy and diabetes and training needs identified in relation to communication have resulted in training in Makaton and PECS (Picture Exchange Communication System) being scheduled for staff. The agency provides staff with face to face training and eLearning and there is a system in place to monitor uptake in training and to identify when training updates are necessary. It was noted that supervisory staff have received training in recruitment and selection and in person centred supervision.

A relative of a person supported commented in a questionnaire:

- “Positive Futures have been proactive in providing tailored training to staff in order to provide a high quality support service.”

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care effective?

The agency’s Statement of Purpose was examined and had been revised in February 2017. The Statement of Purpose outlined the range and nature of services provided. The agency has an Information Handbook for the people supported and this has been produced in an easy read format.

The agency maintains a policy on record keeping and information security and the records examined during the inspection reflected compliance with this. The inspector was advised that none of the people supported had consented to their care records being accessed by the inspector. The assessed needs of the people supported were discussed in detail with agency staff who also described the person centred portfolios maintained for each individual. Staff referred to person centred tools used within each portfolio and highlighted their role in ensuring that these are maintained and kept under regular review. The person centred tools discussed included learning logs, active support daily records, personalised support planner, how best to support the individual and decision making information.

Agency staff also described the efforts made to ensure that the people supported receive their support from staff who are best ‘matched’ with them; staff matching is completed with all new workers and staff can be matched to individuals on the basis of their skills, experience, interests or other attributes.

The agency’s records of quality monitoring undertaken on behalf of the registered person were examined and noted to be detailed and contained a summary of the views of staff, relatives and professionals in relation to the quality of service provision. Quality monitoring also includes an overview of a range of information relating to incidents, staffing levels, training and staff supervision. The inspector was advised that agency staff maintain a ‘What people think’ template and document the views and comments of the people supported and or their representatives and other relevant individuals throughout the months. The template is reviewed during quality monitoring and a summary made within the report. The monitoring report also includes an update obtained from the manager during the quality monitoring visit. It was good to note several areas of best practice identified during quality monitoring including partnership working arrangements between the agency and the HSC Trust in relation to intensive support services and behaviour management.

The inspector was advised that the people supported have a review of their care every six months and that HSC Trust representatives are invited to these meetings. Annual reviews are also held and lead by the HSC Trust. The inspector was advised that risk assessments and restrictive practice assessments are reviewed during these meetings and updated as necessary by agency staff and shared with the HSC Trust. A relative of a person supported who returned a questionnaire indicated high levels of satisfaction with the effectiveness of the care and support provided and stated they are fully aware of all aspects of the support provided to their relative.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

The agency’s arrangements for ensuring that the people supported by Positive Futures are treated with dignity and respect were discussed with staff and with the relative of one of the people supported.

Staff identified a range of measure in place to promote dignity and respect including promoting choice and independence and matching staff to work with individuals.

It was noted that most of the people supported were in receipt of individualised support with one to one staff in most instances.

Agency staff described a range of interventions used to promote the choice and dignity of the people supported while ensuring their safety within their homes. The use of restrictive practice in the homes of some of the people supported was discussed by staff who highlighted the arrangements in place to ensure that the HSC Trust are involved in approving any intervention that restricts an individual’s ability to access their belongings or property or to move around freely. Staff demonstrated their knowledge of the human rights implications of implementing restrictive practices and were familiar with the risk assessments aligned to each restrictive practice within the care records.

The agency has Positive Behaviour Management Guidance which outlines the steps to be taken by staff in the event of behaviour that challenges.

The guidance identifies a number of potential causes of behaviour that challenges and references the human rights implications of restrictive practices.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

At the time of the inspection the agency was being managed by Amanda Barr with the support of another manager and Positive Futures senior manager. The organisation's plans to split the current service provision and to register another supported living type domiciliary care agency were discussed and the inspector was advised that the relatives of the people supported and the HSC Trust had been engaged in this change process. The inspector was also advised of nature and benefits of the split in service provision, many of which were already apparent and included increased management within both parts of the service arising from the appointment of an additional manager. Other benefits include a separate management structure and core teams aligned to work with individuals and or households.

The agency's organisational structure is outlined within the statement of purpose and Information Handbook Positive Futures Supported Living Services.

The inspector examined a range of policies and procedures and it was evident that a review of these had been undertaken with plans in place to ensure that all policies and procedures are updated and where appropriate, revised in accordance with the frequency outlined in the minimum standards.

The agency's complaints arrangements were examined and were in accordance the standards. The inspector was advised that there had been several complaints received since the previous inspection and the records of these reflected details of the investigations undertaken and the outcome.

The acting manager and agency staff reported excellent working relationships with the HSC Trust and highlighted a range of multi-disciplinary inputs provided to the people supported including care management, social work, nursing and behaviour support.

The agency's Incident Management Policy-Incident reporting and investigation procedure provides guidance for staff to report incidents to relevant agencies including HSC Trusts and RQIA. Since the previous inspection the agency had notified RQIA of a number of incidents relating to the administration of medications; no further action was required in relation to these notifications. RQIA had also been notified of one incident relating to behaviour management issues and discussion of these during the inspection provided satisfactory assurances that the incident had been managed in accordance with the agency's procedures and the minimum standards.

Quality monitoring records evidenced contact with and a summary of the views of the people supported, relatives, HSC Trust and other professionals. It was good to note that the reports of quality monitoring also referenced areas of best practice identified and any recommendations for sharing or consolidating best practice. Quality monitoring also included a review of finance agreements, staffing levels, recruitment practices, incident management, safeguarding referrals, training, provision of supervision and complaints. The records included action plans and an update on progress made in accordance with identified timescales.

The inspector reviewed the outcomes of the organisation’s annual consultation exercise and noted a range of positive feedback in relation to the quality of service provision. Areas for quality improvement were also noted and the agency has put in place an action plan to address each of these areas.

A relative of a person supported who returned a questionnaire commented:
 “There is a very professional management team in place. They are receptive to all feedback and I always have the impression that they have xxxxx’s best interest’s at heart in any engagement with them.”

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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



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