

Unannounced Care Inspection Report 08 December 2016



Positive Futures

Type of service: Domiciliary Care Agency
Address: 46a Rainey Street, Magherafelt, BT45 5AH
Tel no: 02879395260
Inspector: Michele Kelly

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Positive Futures Magherafelt Supported Living Service took place on 08 December 2016 from 10:30 to 15:15.

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

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'

Is care safe?

During the inspection the inspector found evidence which indicated safe delivery of care. Examination of the staffing arrangements showed that the agency maintains a provision of appropriately trained and supervised staff who understand the needs of the people supported. Staff provided feedback that managers are available for consultation at all times and are very approachable.

The procedures to protect the people supported include the provision of a safeguarding policy and training which reflect the most up to date regional guidance. The arrangements for the provision of care and support include appropriate involvement of people supported, the HSC Trust and relatives. The inspector found evidence of positive outcomes through a process of person centred assessment, and an innovative approach to enable people to make decisions about how they want to live their lives.

Is care effective?

During the inspection the inspector found evidence which indicated that effective care was being provided.

The agency has systems in place to ensure an effective response to the assessed needs of the people supported. The people supported and/or their representatives are closely involved in the development of care and support plans which are appropriately reviewed. The agency maintains effective communication with people supported, relatives and key stakeholders, including the HSC Trust. The quality monitoring arrangements include consultations with people supported, their representatives and the HSC Trust, and provide a thorough system of audit and service improvement. The inspector received feedback from the people supported, representatives and staff, which indicated that service provision had resulted in positive changes in the lives of people supported.

Is care compassionate?

During the inspection the inspector found evidence which indicated that compassionate care was being provided. The inspector observed interactions between staff and a person supported and received feedback from staff, people supported, and a relative which indicated that human rights, choice and respect are upheld through service delivery. There was evidence which indicated that the views and wishes of the people supported are consistently sought by staff on a day to day basis, in addition to formal processes such as reviews, monthly quality monitoring and the annual survey. The agency maintains systems to seek the views of representatives

and records verified regular involvement of representatives in the development and review of appropriate care and support plans.

Is the service well led?

During the inspection delivery of a well led service was found. Management and governance systems have been effectively implemented by the agency to ensure that the needs of the people supported are met and quality improvement systems are maintained. Positive Futures staff are aware of their roles, responsibilities and accountability systems within the organisational structure. The inspector noted evidence of constructive working relationships with key stakeholders, including relatives and the HSC Trust, which has contributed to positive outcomes achieved with the people supported.

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 senior support worker, and Nicola McCann, Operations Manager as part of the inspection process and can be found in the main body of the report.

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

1.2 Actions/enforcement taken following the most recent care 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: Mr John James Diamond
Person in charge of the service at the time of inspection: Senior Support Worker	Date manager registered: 03 August 2012

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Previous inspection report
- Records of notifiable incidents
- Correspondence with RQIA.

During the inspection the inspector spoke with the senior support worker, the operations manager, the scheme secretary, one support staff member and one person supported. Following the inspection the inspector spoke on the telephone with a relative of a person supported.

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

- Discussion with the senior support worker in charge
- Discussion with the operations manager
- Examination of records
- File audits
- Evaluation and feedback.

The following records were examined during the inspection:

- A range of care and support plans from people supported who had consented to these being accessed
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports
- Staff meeting minutes
- House meeting minutes
- Staff training records
- Induction record
- Records relating to staff supervision
- Incident records.
- Whistle blowing Policy (Challenging bad practice at work)
- Recruitment and Selection Policy
- Complaints procedure.

As part of the inspection and at the request of the inspector, questionnaires were distributed for completion by staff; six were returned to RQIA. At the request of the inspector, questionnaires were distributed for completion by people supported; these were returned by post to RQIA but were not available to the inspector when completing this report. Feedback received by the inspector during the inspection process is included throughout this report.

4.0 The inspection

The agency provides supported living type domiciliary care services to five individuals with a learning disability in the Magherafelt area. People supported may receive up to 24 hour care and support from agency staff, dependent on needs assessed by the HSC Trust. Agency staff encourage the people supported to exercise choice and control over their lives, promoting their rights and providing support to live as independently as possible.

4.1 Review of requirements and recommendations from the last care inspection dated 09 November 2015

There were no requirements or recommendations made as a result of the last inspection.

4.2 Is care safe?

During the inspection staffing arrangements were reviewed by the inspector. The inspection was unannounced and the registered manager was off duty. The person in charge, a senior support worker facilitated the inspection process. The registered manager spoke to the inspector by telephone and the operations manager visited the agency and spoke with the inspector during the inspection.

Staff rotas and feedback from staff indicated that sufficient numbers of staff are available to meet the needs of people supported at all times. The inspector noted that vacant shifts on the rota are covered either by the current staff team, or by staff who work in another agency operated by the provider. The staffing arrangements maximise the provision of familiar staff to the people supported. The inspector noted that sufficient staff are available to support planned social inclusion activities, individually or in groups. On the day of inspection the inspector was informed that tenants were involved in a range of activities in community settings.

The agency has a recruitment policy in place and a dedicated human resources department oversees the recruitment process, including the completion of appropriate pre-employment checks. The system is robust and ensures the registered manager has oversight of information in respect of the matters specified in Schedule 3 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

It was noted that the agency has an induction policy and programme which includes an initial two week induction programme within the six month induction period. This Positive Futures Foundation Programme is linked to the Northern Ireland Social Care Council (NISCC) induction standards for social care staff. Staff who provided feedback to the inspector commented that the induction was very beneficial.

Records of training and staff feedback indicated that staff attend a range of training in accordance with regulations, minimum standards and the agency's assessment of training needs. There is a robust system in place to ensure there are timely alerts when specific training for individual staff members is nearing expiration. There was evidence that staff have attended training additional to that stated in the minimum Standards, including Positive Behaviour Training, Challenging Bad Practice, Capacity and Consent.

Examination of records also indicated that an efficient arrangement is in place to ensure that staff supervision and appraisals are planned and completed in accordance with organisational policy.

An effective on call system ensures that staff can avail of support twenty four hours a day. The inspector received staff feedback which indicated that staff are aware of their obligations in relation to raising concerns about poor practice, and are confident of an appropriate management response.

The regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 is reflected in the comprehensive training materials viewed by the inspector and the inspector noted this matter was discussed at a staff meeting in August 2016. Records showed that staff are provided with safeguarding training during induction and at appropriate intervals to ensure best practice thereafter.

The inspector examined the agency's procedures to identify and manage risk which included referral and review arrangements with the HSC Trust including minutes of multidisciplinary meetings, HSC professional assessments, and updated risk assessments and care plans.

Six completed questionnaires were returned to RQIA from staff. Respondents were satisfied with this aspect of care.

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 arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection.

The inspector reviewed three care and support plans belonging to people supported who had consented to these being accessed. The inspector was informed by staff that person centred care plans are developed with the people supported and/or their representatives in conjunction with relevant assessments provided by the HSC Trust multi-disciplinary team. The inspector noted that relevant reassessments had been sought from the HSC Trust in response to individual changing needs, and incorporated into care and support plans.

Feedback received by the inspector from staff, a person supported and a relative indicated that the people supported have a genuine influence on the content of their care plans. Care and support plans reviewed by the inspector had a strong person centred focus, and clearly stated individual needs and preferences. The inspector noted how the service used "The Life I Want", an innovative strategy to empower persons supported to make their own decisions about how they spend their time and how they are supported. The inspector viewed materials used in this process and commends the focus on ensuring individual voices are heard and aspirations are achieved if possible.

The agency has developed and maintained a thorough quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered. Monthly quality monitoring is undertaken by operations managers who have a good working knowledge of the service. The quality monitoring system provides a very thorough standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of people supported, staff, relatives and HSC Trust professionals, and progress on improvement matters.

The agency's systems to promote effective communication between the people supported, staff and other key stakeholders were assessed during the inspection. Communications systems maintained by the agency provided evidence of effective communication with people supported, including a complaint and compliments process, regular meetings, quality monitoring reports, an

annual survey, and three monthly care plan reviews between keyworker and the person supported.

Examination of documentation and discussion with staff indicated that the agency refers to or consults with a range of appropriate HSC Trust professionals when relevant. The inspector found that the outcome of communication is recorded in the relevant notes and care and support plans.

Six completed questionnaires were returned to RQIA from staff. Respondents were satisfied with this aspect of care.

One staff member commented:

“People supported are at the forefront of all decisions”

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 inspection sought to assess the agency’s ability to treat the people supported with dignity and respect, and to fully involve the people supported and their representatives in decisions affecting their care and support. The inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

There were systems in place to ensure that the views and opinions of persons supported, and or their representatives, were sought and taken into account in all matters affecting them. Records examined also evidenced people supported are involved in every decision about their care and daily activities. Staff could confidently describe how they have upheld the rights of the people supported and promoted their independence and choice.

One relative commented:

“**** is getting on very well, I am very happy with the service”.

The inspector was advised that efforts are made to ensure staff are consistently allocated to work with the same persons supported as far as possible.

Six completed questionnaires were returned to RQIA from staff. Respondents were satisfied with this aspect of care.

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?

The inspector examined management and governance systems in place to meet the needs of the people supported. It was noted that robust systems of management and governance established by Positive Futures have been implemented at the agency. The day to day operation of the agency is overseen by the registered manager who is supported by a team comprising senior support workers and support workers.

The management structure of the agency is clearly defined and was well understood by staff who participated in the inspection.

The inspector saw evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for the people supported. This includes the agency's governance of risk which includes appropriate policies and procedures, regular audit of adverse incidents including safeguarding incidents and incidents notifiable to RQIA, and service improvement strategies implemented by the senior management team.

Staff indicated that they are confident that managers would listen and respond to their concerns.

The agency maintains a comprehensive range of policies and procedures which are reviewed at least every three years. Policies and procedures are maintained on an electronic system accessible to all staff, and paper policies are retained in the office used by staff daily. The agency maintains and implements a policy relating to complaints and compliments. The inspector noted that no complaints were received during the reporting period of 01 April 2015 to 31 March 2016.

Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy. There are effective systems of formal and informal supervision and consultation, both inside and outside of normal working hours.

Six completed questionnaires were returned to RQIA from staff. Respondents were satisfied with this aspect of care.

Staff members commented:

"Management are supportive to staff".

"We are a small team and we support each other".

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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