

# Announced Domiciliary Care Agency Inspection Report 27 March 2017



## Positive Futures Ards Peninsula Supported Living Service

Type of service: Domiciliary Care Agency

Address: 2 Coastguard Cottages, Harbour Road, Portavogie, BT22 1EA

Tel no: 02891475397

Inspector: Amanda Jackson

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced inspection of Positive Futures Ards Peninsula Supported Living Service took place on 27 March 2017 from 09.30 to 16.30 hours.

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

### **Is care safe?**

During the inspection the inspector found evidence to indicate the delivery of safe care. Examination of the staffing arrangements showed that the individual needs of people receiving support are central to decision making about how services are provided. The agency maintains a provision of appropriately trained and supervised staff who understand the needs of those receiving support. Review of staff supervision timeframes and maintaining records of staff observed practice were discussed during inspection. Staff have a high degree of confidence in management and have access to appropriate consultation at all times.

The arrangements to protect those receiving support include the provision of safeguarding training which will reflect the most up to date regional guidance over the coming year. The arrangements for the provision of care and support to people supported include evidence of positive risk taking whilst actively maximising safety for individuals at all times. The inspector found evidence of positive outcomes for those in receipt of support through a process of person centred assessment, and review of needs, preferences, and risks.

### **Is care effective?**

During the inspection the agency was found to be competently delivering effective care. The agency has systems in place to ensure an effective response to the assessed needs of individuals receiving support. Individuals 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 those receiving support, relatives and key stakeholders, including the HSC Trust. The quality monitoring arrangements include consultations with those supported, their representatives, and the HSC Trust, and provide a thorough system of audit and service improvement. The inspector received feedback from relatives, staff and two HSC Trust professionals, which indicated that service provision, had resulted in positive outcomes for individual's lives.

### **Is care compassionate?**

During the inspection the agency was found to be delivering a high standard of person centred compassionate care.

The inspector observed interactions between staff and one person receiving support and received feedback from relatives and community professionals which indicated that the human rights, choice and respect of individual are upheld through service delivery. Discussions with relatives indicated that the views and wishes of family and those receiving support are absolutely central to service delivery. The agency staff make extensive efforts to support the choices and independence of those receiving support.

The agency maintains systems to ascertain the wishes and feelings of individual/their representatives, and to involve them in decision making. The delivery of compassionate care has resulted in notable positive outcomes for those in receipt of support.

### Is the service well led?

During the inspection the delivery of a well led service was found. Management and governance systems have been effectively implemented at the agency to ensure that the needs of those receiving support are met and quality improvement is driven. Agency staff are aware of their roles, responsibilities and accountability systems within the organisational structure. It was noted that staff have access to a manager who has knowledge of the needs of those receiving support at all times. The inspector noted evidence of effective team working to the benefit of those in receipt of support. Constructive working relationships with key stakeholders, including relatives and the HSC Trust, were notable and have contributed significantly to the positive outcomes achieved with those receiving support.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and previous inspection outcomes and any information we have received about the service since the previous inspection.

#### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Ms Anne Magee, Registered Manager and the operations manager as part of the inspection process and can be found in the main body of the report.

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

#### 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 on 02 March 2016.

#### 2.0 Service details

<b>Registered organisation/registered person:</b> Positive Futures/Ms Agnes Philomena Lunny	<b>Registered manager:</b> Ms Anne Magee
<b>Person in charge of the service at the time of inspection:</b> Ms Anne Magee	<b>Date manager registered:</b> 01 April 2015

### 3.0 Methods/processes

Prior to inspection the following records analysed:

- Previous inspection report
- Record of notifiable events for 2015/2016
- Record of complaints notified to the agency
- Correspondence with RQIA.

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

- Discussion with the registered manager and services manager
- Consultation with one person receiving support
- Consultation with three relatives
- Consultation with two support staff and one senior support staff
- Consultation with one Health and Social Care Trust (HSCT) professional
- Examination of records
- File audits
- Evaluation and feedback.

During the inspection the inspector spoke with the registered manager, the operations manager, three support staff, one person receiving support, three relatives, and one community professional. During the inspection the inspector observed the interactions of two staff with a person receiving support.

The registered manager was provided with eight questionnaires for those receiving support and ten staff questionnaires to distribute to all in receipt of support and a random selection of staff members for their completion. The questionnaires asked for individuals and staff views regarding the service, and requesting their return to RQIA. Two staff questionnaires and four people supported/relative questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report and were shared with the deputy manager post inspection for review as required.

Feedback received by the inspector during the inspection process is included throughout this report.

The following records were examined during the inspection:

- Recruitment policy and procedure
- Three staff members recruitment records
- Induction programme and supporting templates
- Three staff members induction and training records
- Supervision and appraisal policies and procedures
- Three long term staff members supervision and appraisal records
- A range of long term staff members training records
- A range of staff duty rotas
- Vulnerable adults policy and procedure
- Whistleblowing policy and procedure
- Three people supported, records regarding review, reassessment and quality monitoring
- Two tenants house meeting minutes

- Two staff house meeting minutes
- One staff meeting minutes
- Record keeping, Information security, confidentiality and access to information policy (including confidentiality)
- The agency's people being supported guide/agreement/tenants agreement
- The agency's statement of purpose
- Staff handbook
- Three individuals home recording records
- Three monthly monitoring reports
- Annual quality report 2016
- Three compliments
- A range of communications to trust professionals/keyworkers regarding changes to service for those receiving support
- Complaints policy and procedure and people supported easy read complaints guide
- Reporting adverse incidents policy and procedure.

#### **4.0 The inspection**

Positive Futures Ards Peninsula Supported Living Service is a supported living domiciliary care service based at Harbour Road, Portavogie. The service provides twenty four hour care and support to eight individuals across five houses who have a learning disability and complex needs.

#### **4.1 Review of requirements and recommendations from the most recent inspection dated 02 March 2016**

The most recent inspection of the agency was an announced care inspection.

#### **4.2 Review of requirements and recommendations from the most recent inspection dated 02 March 2016**

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

#### **4.3 Is care safe?**

During the inspection staffing arrangements were reviewed by the inspector. 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.

Staff rotas and feedback from staff and relatives indicated that sufficient numbers of staff are available to meet the needs of those requiring support at all times. One relative mentioned that changes in staff can be unsettling for their relative but recognised the difficulties faced by the service in maintaining continuity in staffing levels. Staff spoken with highlighted the committed staff team working across all houses and the level of management support available. Staff highlighted that a number of staff have worked in the service for many years and have developed a strong relationship with individuals over this time.

The inspector received feedback from the registered manager, operations manager and staff team which indicated that the needs of those being supported are to the forefront of decision making regarding providing appropriate cover across all shifts. The inspector noted the staff team is not currently fully staffed with the service depending on relief staff to cover shifts mainly during holiday periods or periods of staff absence. The staffing arrangements enable the agency to largely provide familiar staff to those being supported who particularly need staff continuity. The registered manager is responsible for the day to day provision of services demonstrated good knowledge of people being supported during inspection discussions and review of records. The staffing arrangements provided by the agency have contributed to positive outcomes for those individuals receiving support. This was supported during the inspector discussions with one person supported, relatives and one trust professional.

It was noted that the agency has a Learning and Development policy which includes the induction process and associated templates for induction. The induction programme includes an initial period of induction to the service and shadowing experienced staff over a period of several weeks, together with an ongoing probationary period of six months. The inspector received feedback from one recently commenced staff member which indicated that the induction period prepares staff for their roles and responsibilities within the organisation.

The inspector noted that the staffing arrangements include flexibility to allow individuals the time they need to get to know new staff before they provide services alone in the person's home. Staff members spoken with commented: 'Staff are introduced to people receiving support during an induction period, new staff work alongside experienced staff to become familiar with the individual's needs.' The inspector received feedback from staff and through observation which indicated that the needs of those receiving support are a primary consideration in staffing arrangements and have contributed to positive outcomes for individuals.

Records of training and staff feedback indicated that staff attends a range of training necessary to meet the needs of those people being supported. There was evidence that staff have attended training additional to that stated in the Minimum Standards such as epilepsy, assessment of swallowing and forensic training. Staff discussed key training as an ongoing process with provision for additional training as identified. Staff commented:

'Training is ongoing; we receive an email to inform us when training is due for renewal. The training is of a good standard and enables staff to meet the needs of those we support, additional training is available.'

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with the agency policy. A number of the staff records reviewed indicated staff appraisal had taken place in line with the agency procedure however several gaps in supervision were identified regarding the numbers of supervisions completed in 2016 and 2017, this was discussed with the registered manager and operations manager for review. Records also supported observations of practice in the area of medication management. Staff spoken with at inspection discussed observation of staff practice and this was discussed with the registered manager and operations manager, records of such observations are recommended to be retained in staff files for future review. Staff described managers and senior staff as 'very supportive' and available to discuss matters as they arise.

The agency's provision for the welfare, care and protection of those receiving support was examined by the inspector. The inspector viewed regional and local guidelines maintained by the agency in relation to the safeguarding of adults. The inspector received feedback from the registered manager and operations manager which indicated that safeguarding training to be

provided by the agency over the coming year will include the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015.

Staff described safeguarding training as being of a good standard and relevant to their roles. Records showed that staff are provided with safeguarding training during induction and at appropriate intervals to ensure best practice thereafter.

The inspector noted that staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear about lines of accountability. The agency maintains a system of access at all times to the registered manager who has knowledge of the needs of those people receiving support.

No safeguarding matters have arisen since the previous inspection. The registered manager and operations manager confidently described the agency's role working with the HSC Trust in relation to safeguarding concerns. The inspector noted that the effective person centred care and support plans, may have contributed to safer outcomes for individuals.

The inspector received staff feedback which indicated that staff are aware of their obligations in relation to raising concerns about poor practice/whistleblowing, and are confident of an appropriate management response.

The inspector examined the safety of the agency's arrangements to identify and manage risk to those receiving support. The inspector examined review arrangements with the HSC Trust which include risk assessments and care/support plans. It was evident to the inspector that the agency has sought to minimise risk whilst maximising the safety, independence and choice of individuals, thus contributing to positive outcomes for those receiving support.

The agency's registered premises includes a range of offices and staff facilities within a building separate to the houses which are suitable for the operation of the agency as set out in the Statement of Purpose.

Of questionnaires returned by staff, all indicated they were 'satisfied' or 'very satisfied' that care was safe. Of questionnaires returned by people receiving support, all four indicated they were 'satisfied' or 'very satisfied' that care was safe. One person supported/relative commented, 'Some staff are more competent than others.' This feedback was shared with the operations manager post inspection for review.

#### **Person being supported gesture:**

'Good' (thumbs up).

#### **Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
--------------------------------	----------	-----------------------------------	----------

#### 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 full nature and range of service provision is laid out in the Statement of Purpose (2017) and Service User Guide (2017).

The inspector reviewed a range of individuals care and support plans. The inspector was informed that person centred care plans are developed with individuals and/or their representatives in conjunction with relevant assessment provided by the HSC Trust multi-disciplinary team. Staff described those receiving support as actively involved in the development and review of care and support plans and this was supported in staff questionnaires returned. This was also supported by relatives spoken with by the inspector during the inspection. Individuals receive a yearly review or more often if required'.

Records indicated regular evaluation and review of care plans, including involvement as appropriate with individuals, relatives and the HSC Trust; this was supported by feedback from agency staff, relatives and one HSC professional spoken with during the inspection process.

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

The agency's systems to promote effective communication between those in receipt of support, staff and other key stakeholders were assessed during the inspection. Discussions with relatives indicated that they have open lines of communication with staff and are confident that they will be responded to appropriately. One relative provided positive feedback regarding the effective working relationship they have with staff, commenting 'I can't sing their praises enough.' A second relative commented: 'More communication with family would be appreciated.' This feedback was shared with the registered manager and operations manager during the inspection.

It was evident that the agency works effectively to implement appropriate communication methods and participate in ongoing re-evaluation to enhance services provided to those receiving support. In the course of the inspection the inspector observed that two staff were aware of and promoted effective communication with one person receiving support. This individual provided positive feedback to the inspector regarding how they feel about the staff saying 'Good' and gesturing the thumbs up sign.

It was evident that the agency maintains a range of methods to communicate with and record the comments of individuals, including through routinely speaking with those receiving support on a daily basis and being available for discussion. House meeting minutes were reviewed during inspection, and appeared to provide ongoing opportunities to discuss key matters within individual houses and to review matters arising in appropriate forums.

Communications systems maintained by the agency provided evidence of effective communication, including a complaints and compliments process, house meetings, staff meetings, quality monitoring reports and ongoing care plan reviews between keyworker and the individual being supported.

One community professional provided positive feedback regarding effective regular communication with the agency which has led to positive outcomes for those in receipt of support. Examination of documentation and discussion with staff indicated that the agency promotes good working relationships with the HSC Trust and understands when to refer to or consult with a range of appropriate professionals.

Of questionnaires returned by staff, all indicated they were 'satisfied' or 'very satisfied' that care was effective. Of questionnaires returned by those individuals receiving support, three of the four indicated they were 'satisfied' or 'very satisfied' that care was effective. One questionnaire received from suggested the person supported does not always get the right care at the right time and with the best outcome and they were not aware of the systems in place to monitor the quality and safety of the service received. This feedback was shared with the operations manager post inspection for review.

**Individual receiving support comment:**

'Good'. (Thumbs up).

**Relative comments:**

'Staff are great and have a great rapport with my relative'.  
'xxx loves it here.'

One relative discussed with the inspector a time when a staff member went the extra mile for their relative, the relative was overwhelmed with the compassion and thoughtfulness of the staff in question.

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
--------------------------------	----------	-----------------------------------	----------

**4.5 Is care compassionate?**

The inspection sought to assess the agency's ability to treat those receiving support with dignity and respect, and to fully involve individuals/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 service. Discussion with staff and observation of their interactions with one individual during the inspection showed that staff understand and respect the needs and wishes of individuals. The inspector observed staff promoting the independence of one individual throughout their interactions and provision of service delivery.

Staff discussed how those receiving support expect to have their voices heard in relation to care and support planning. Staff stated individual support plans are discussed and reviewed with each individual using various communication methods to support the process. Everything is planned according to what the person wishes.

In the course of the inspection the inspector noted that one individual appeared comfortable in their interactions with staff.

One community professional provided positive feedback regarding the focus of staff on improving individual's to make choices regarding their day to day life. The inspector received feedback from one community professional and a number of relatives about how staff support individuals to live a full and active life with support as required.

### **Several family members commented;**

'It's the personal touches that have been evident to me over time.'

'Staff go the extra mile.'

'More communication with relatives would be appreciated.'

Positive feedback was provided to the inspector by staff and relatives regarding the agency's actions in facilitating relationships with friends and family. It was noted that the wishes of those in receipt of support are a central driving force to facilitating good communication with family.

The inspector noted that the agency promotes involvement within individuals own homes and through the house meetings. The registered manager and operations manager discussed people who receive support attending the meetings with others in the house, and their participation in contributing to decision making regarding their own needs and those within their homes. Meeting minutes were evident during inspection.

The inspector received feedback from relatives which indicated that the agency seeks and takes into account their views and knowledge on an ongoing basis. The agency maintains formal processes to ascertain and respond to the views of relatives, such as monthly quality monitoring, review meetings and the annual survey feedback. A relative spoken with during inspection supported good communication mechanisms in place over the years since their family member moved to the service. The relative praised the staff for showing compassion to their relative above and beyond the daily role of staff. A second relative requested additional communication with family members and this was shared with the registered manager and operations manager during inspection. Relatives described having an ongoing relationship with agency staff where they felt that their opinions are listened to and valued.

### **Relative comments:**

- 'Staff are absolutely brilliant and very communicative, xxx is very happy living there.'
- 'Staff are great, I can discuss matters with them at any time, xxx loves it there.'
- 'Staff are very good but more communication with family would be appreciated.'

The agency maintains a range of quality monitoring systems to evaluate the quality of service provided, including monthly quality monitoring reports which specifically ascertain and include the views of those receiving support, their representatives and HSC professionals. The inspector examined the annual report for 2016, which reflected a high level of satisfaction amongst those people receiving support, family and professionals regarding the care they receive and the manner in which staff treat them.

Of questionnaires returned by staff, all indicated they were 'satisfied' or 'very satisfied' that care was compassionate with one staff stating 'the people we support in the service are fully supported to have the life they want'. Of questionnaires returned by those supported/relatives, three of four indicated they were 'satisfied' or 'very satisfied' that care was compassionate. The

fourth person stated they are not always treated with dignity and respect and involved in decision making. Their views and opinions are sometimes sought about the quality of service and most of the time new staff don't always know about the particular things they require. The person further stated some staff definitely show more compassion than others. This feedback was shared with the operations manager post inspection for review.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
--------------------------------	----------	-----------------------------------	----------

#### 4.6 Is the service well led?

The inspector examined management and governance systems in place to meet the needs of individuals being supported. It was noted that robust systems of management and governance established by Ards Peninsula Supported Living Service have been implemented by the agency. The agency is managed on a day to day basis by a registered manager.

The inspector saw evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for individuals. 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.

The inspector saw evidence of reflective learning through the monthly monitoring process, ongoing involvement of HSC Trust professionals in reviewing individuals' needs, and continued communication with people supported and relatives in maintaining and improving the quality of life for those receiving support. The manager discussed the process for reviewing incidents individually, and collectively to analyse trends and formulate effective improvement plans.

The inspector received positive feedback from one HSC Trust professional regarding the ability of the agency to work in partnership, and their commitment to learn, develop and implement strategies consistently to ensure the best support is available to individuals.

The management structure of the agency is clearly defined and was well understood by staff. Agency staff and relatives provided feedback that they were confident of the managers' ability to address concerns constructively. Whilst the agency may undergo changes in staffing, the inspector noted that the manager endeavours to facilitate consistency for individuals as far as possible. This includes providing those in receipt of support, time to familiarise themselves with new staff during staff induction programmes.

The agency operates a robust training system and has an appointed trainer. It was noted that the operations manager had a working knowledge of the service; management appeared to be respected by staff. Feedback from staff indicated they are confident that managers would listen to and respond to their concerns.

The agency maintains a comprehensive range of policies and procedures some of which are currently under review in line with the three year timeframe recommended in the domiciliary care agency standards. Policies and procedures are maintained in paper format and are also available on the service intranet; policies are accessible to all staff. The agency maintains and

implements a policy relating to complaints. The inspector noted that no complaints had been received during the reporting period of 01 April 2015 to 31 March 2016.

Staff could describe how they would respond to concerns about the 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. Staff that provided feedback to the inspector were informed of their responsibilities and understood their roles.

The inspector noted that agency staff work effectively as a team, particularly with regard to maintaining consistency needed by individuals. The inspector saw evidence of effective planning of staff resources to enable those receiving support to engage in social inclusion, and facilitate relationships with friends and family.

The registered manager has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders, including the HSC Trust and families, which are valued by staff. It was evident to the inspector that effective partnership working with Trust professionals has resulted in positive outcomes for those who have complex needs.

Of questionnaires returned by staff, all indicated they were 'satisfied' or 'very satisfied' that the service was well led. Of questionnaires returned by those receiving support/relatives, three of four indicated they were 'satisfied' or 'very satisfied' that the service was well led. One of these returns stated, 'A great manager who continues to provide 5 star support for my xxx'. A second return stated, 'My family provide positive reports regarding the service when they visit xxx'. The fourth questionnaire stated, 'Opinions about how the service is led may vary among staff, sometimes they think they know best'. This feedback was shared with the operations manager post inspection for review.

#### **Staff comments:**

- 'I am happy working in this service and have good line management support, I feel the people we support receive a good level of support and have a good quality of life.'
- 'I am fairly new to the service, the induction and training is very thorough and I am currently being inducted to work with another person requiring support.'

#### **Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
--------------------------------	----------	-----------------------------------	----------

## 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.



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

Web [www.rqia.org.uk](http://www.rqia.org.uk)

 @RQIANews