



The Regulation and
Quality Improvement
Authority

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
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PRIMARY INSPECTION

Inspection No: 12141
Agency ID No: 11292
Name of Agency: Family Matters Adult Placement Agency
Date of Inspection: 24 January 2013
Inspector's Name: Jim McBride

GENERAL INFORMATION

Name of agency:	Family Matters APA
Address:	The Gatelodge 326 Crumlin Road Belfast BT14 7EE
Telephone Number:	(028) 90741271
E mail Address:	Liz.palmer@positive-futures.net
Registered Organisation / Registered Provider:	Ms A Lunny
Registered Manager:	Ms Elizabeth Palmer
Person in Charge of the agency at the time of inspection:	Ms Elizabeth Palmer
Number of service users:	20
Date and type of previous inspection:	2 February 2012 Announced Inspection
Date and time of inspection:	24 January 2013 Annual Announced Inspection 09:30 – 15:00
Name of inspector:	Jim McBride

1.0 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.

1.1 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 service users 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.
- Adult Placement Agencies Regulations (Northern Ireland) 2007.
- The Department of Health, Social Services and Public Safety's (DHSSPS) **Draft** Adult Placement Agencies Minimum Standards (2008).

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

1.2 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 Draft 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:

Service users/Carers	2
Agency Staff	4
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. The questionnaires returned highlighted positive areas for the agency and the APA carers; the inspector has added the comments received to the body of the report.

Issued To	Number issued	Number returned
Staff	25	8

1.3 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: Adults on placement are not inappropriately deprived of liberty or subject to inappropriate physical interventions.**
- **Theme 2: Assessing and monitoring the quality of service provision.**
- **Theme 3: Supporting Carers.**

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

The one recommendation issued during the last inspection has been fully met by the agency.

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

Family Matters Adult Placement Service aims to;

- enhance the quality of life for both the person supported and their families / carers by providing periods of home based care with a placement provider;
- offer positive experiences to the adults who use the service; and
- enable adults with a learning disability to remain, for as long as possible, in their community, thus reducing dependence on institutional respite services.

The agency has currently placed 20 adults with 26 placement providers.

SUMMARY OF INSPECTION

The inspection took place on the 24 January 2013. Prior to the inspection the inspector had the opportunity to speak to two AP carers and has added their comments to this report. The agency has embraced the themes for this year's inspection and the evidence available to achieve compliance levels was in place. The inspector would like to commend the agency for the work completed on training for AP carers, this was evidenced on the day of inspection as well as the comments received from carers, one stated "the training is excellent" another stated "I know what is expected of me". The agency also has in place effective quality monitoring of the service with action plans and feedback in place, this theme and its compliance is discussed later in the report. The inspector would like to commend Positive Futures staff in their work, with both the people supported and the AP carers. One AP carer stated: "I believe positive futures provide a high quality service to the people we support" another stated: "Positive futures staff are helpful and supportive" "They can help with my problems" another stated: "As a carer I truthfully have been very satisfied with the care and support I have received from Positive Futures, through the manager and the social worker. I feel confident as caring individuals that they continue to hold the service users' needs as paramount which I believe is vital for any organisation to be successful caring for vulnerable individuals". The inspector would like to take this opportunity to thank the AP carers and the agency staff for their support and comments prior to, and during the inspection.

The agency completed an annual survey of adult placement providers and the inspector has included some of the results and satisfaction levels with the service:

Q I was provided with all the information I needed to get started as an adult placement provider? 95% satisfaction level

Comment "What worked well for us was having a friendly helpful and professional member of staff managing our assessment"

Q I know what is expected of me as an adult placement carer? 95% satisfaction Level

Comment "Training is helpful but more important is having helpful staff"

Q Communication from Positive futures is effective? 93% Satisfaction Level

Comment "I am more than happy with the communication I have received to date"

Q I have been provided with adequate training relevant to my role as an adult placement carer? 93% satisfaction level.

Comment “I believe the training has been relevant, it is good to refresh in all areas, and it also gives you the opportunity to meet other carers”

Q I feel valued as an adult placement provider? 95% satisfaction level.

Comment “I believe positive futures provides a high quality service to the people we support”

Comments from the people supported “How happy are you survey”

“My family are good”

“I like having a family”

“They are kind to me”

“I say what I want to wear”

“I love it, it is fun living here”

“It’s my home”.

Comments by AP carers RQIA Contact:

“Staff are most helpful”

“They do their very best”

“***** is part of our family”

“I’m involved in any reviews”

“All training completed”

“Great service”

“I’m enjoying the scheme”

“Positive futures staff are helpful and supportive”

“My social worker is fantastic”

“They can help with my problems”

“I am always kept updated”

“The training is excellent”.

Training evaluation feedback from AP carers:

“It gave me good reminders”

“More understanding”

“Gave me a chance to ask questions”

“I know what is expected of me”

“How to record and where”

“Good examples provided deeper insight into the service”

“I’m more aware of the issues”.

Comments from APA carers on RQIA returned questionnaires:

“The welfare of the person I support is paramount to the agency. This is reflected in the level of support provided to me. They are always available for advice and practical support”

“As a carer I truthfully have been very satisfied with the care and support. I have received from Positive Futures, through the manager and the social worker. I feel confident as caring individuals that they continue to hold the service users’ needs as paramount which I believe is vital for any organisation to be successful caring for vulnerable individuals”

“I know I can rely on any of the girls for support”

“Person centred service in real sense the matching process is thorough and well planned. Approachable and supportive social work staff”.

“I highly recommend all aspects of care and service provided. I find all the staff helpful, pleasant, friendly, informative and friendly”.

All eight questionnaires returned stated that carers were familiar with their training requirements and have attended the following training: The inspector is satisfied that the following records inspected show that training was completed.

- Vulnerable adults and child protection
- Restraint or management of challenging behaviour
- First Aid.
- Fire safety

Detail of inspection process

Theme 1: Adults on placement are not inappropriately deprived of liberty or subject to inappropriate physical interventions.

The agency has achieved a compliance level of “not compliant” for this theme.

The agency has in place individual comprehensive restrictive practice assessments for all the people supported, included is the multi-disciplinary assessments discussion and review documentation. The inspector read and reviewed a number of the assessments in place. The assessments were completed by the agency following discussion with trust staff and the people supported, and have been signed off and agreed by all parties excluding the trust. The inspector has made a requirement in the quality improvement plan attached to this report. Following discussion with staff it was clear the agency promotes outcomes which focus on the best interests of individual service users. The agency has stated: “discussion and decisions with the adult placed, the Placement Provider and other professionals around desired outcomes and restrictive practices are recorded and used to inform the development of the Person Centred Plan” also “where the adult placed lacks capacity to give their opinion and restrictive interventions are deemed necessary in very particular situations, the person we support / family representative and relevant H&SC Trust personnel are consulted with, to ensure best interests decisions are made. A record is retained in meeting minutes and Restrictive Practice Assessments are signed by relevant parties”. The trusts direction and endorsement about restrictive practice was not reflected in the documentation available during the inspection.

However, on 12 April 2013, Positive Futures provided RQIA with an assurance received from BHSC Trust that all current assessments of restrictive practice will be endorsed by the Trust by the end of May 2013. Positive Futures also advised RQIA that any subsequent assessments of the need for restrictive practices will be endorsed by the Trust on an on-going basis.

It was good to note that the people supported by the agency have their rights and liberty endeavoured to ensure that all risk assessments and any restrictive practice is in line with good practice and the wishes of the person supported and their carers.

- **Theme 2: Assessing and monitoring the quality of service provision.**

The agency has achieved a compliance level of “compliant” for this theme.

The agency has in place a number of quality initiatives and monitoring arrangements; these were read and reviewed during inspection.

- Monthly monitoring (Operations manager)
- AP Carer visits announced and unannounced (Positive futures staff -)
- Internal quality audits (Positive futures staff)
- “How happy are you? (People supported)
- Annual consultation exercise (People supported)
- Annual placement provider survey.

The monitoring and quality assessment of the agency is comprehensive and ensures that the needs of the people supported are being met, whilst they have a voice in the care/support they receive from the AP carers and agency staff. The inspector has included some of the comments made by individuals during the monitoring and review arrangements within the agency. The agency has demonstrated a commitment to quality monitoring and service user involvement. The annual consultation exercise (ACE Report) can also be found on the agency’s website.

- **Theme 3: Supporting Carers.**

The agency has achieved a compliance level of “compliant” for this theme.

The agency has in place comprehensive recruitment procedures as well as induction and training in a line with legislation and the draft standards. The agency complete monitoring visits to AP carers and also has in place carers groups. The Adult Placement Social Worker supports trains, and advises placement providers on how to fulfil their role, as well as providing 24 hour on-call support.

The inspector read and examined the following documentation in place within the agency:

- Announced and unannounced monitoring visits
- Annual review of carers
- Minutes of support group meetings
- Training evaluation reports by carers.

It was good to note that the agency has been active in the training and support to the AP carers to ensure they are trained to fulfil their role.

Additional matters examined

The inspector also read and reviewed the records of the training completed by the agency.

- Restrictive practice 12 November 2012 12 & 15 January 2013
- Positive behaviors workshop 15 January 2013
- Medication 15 January 2013
- Infection control 15 January 2013
- Protection of vulnerable adults and child protection 15 January 2013

Annual Quality Monitoring Visits by the Registered Provider

The annual quality monitoring was completed in behalf of the registered provider by the Manager of operations, this was a comprehensive review of the service and following its completion an action plan was put in place. The inspector read and reviewed the action plan as well as the outcomes for the agency.

**What arrangements are in place for reviewing the fitness of adult placement carers?
Regulation (15)**

The agency has in place a number of arrangements to ensure the continued fitness of AP carers:

- Annual medical
- Review and monitoring visits
- Training
- Termination procedures

Having discussed these areas with the registered manager and the operations manager it is recommended that the agency formulate a separate policy encompassing all of the above that will ensure compliance with regulation 15; when completed this must be shared with the AP carers and the RQIA.

Since the inspection date and prior to the report being issued the agency has produced a draft policy "Fitness of Adult Placement Providers" and forwarded it to the RQIA.

FOLLOW-UP ON PREVIOUS ISSUES

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	NUMBER OF TIMES STATED	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	Standard 9	The agency may want to update the Positive Futures review policy to include specific areas of Adult placement provision.	Completed: read and reviewed by the inspector	Once	Fully met

THEME 1 – ADULTS ON PLACEMENT ARE NOT INAPPROPRIATELY DEPRIVED OF LIBERTY OR SUBJECT TO INAPPROPRIATE PHYSICAL INTERVENTIONS	
<p>Criterion Assessed: T1.1: The philosophy and practices of the Adult placement agency should lead to a friendly and caring service where service users are listened to and feel valued, their rights are upheld: a. The agency maintains records of the views of service users and their representatives in relation to the use of restrictive interventions. b. The agency maintains detailed records of needs assessments and multi-disciplinary decision making in relation to the use of restrictive practices. c. The agency promotes outcomes which focus on the best interests of individual service users.</p>	COMPLIANCE LEVEL
<p>Provider's Self Assessment: All restrictive practices are discussed and agreed with the adult placed where possible. Restrictions are detailed in Restrictive Practice Assessments. Where the adult placed lacks capacity to give their opinion and restrictive interventions are deemed necessary in very particular situations, the person we support / family representative and relevant H&SC Trust personnel are consulted with to ensure best interests decisions are made. A record is retained in meeting minutes and Restrictive Practice Assessments are signed by relevant parties. All restrictive interventions require the approval of Positive Futures' Managing Director. All restrictive practices are further discussed in the person's review which considers the nature of the restrictions and whether they can be reduced or removed. Discussion and decisions with the adult placed, the Placement Provider and other professionals around desired outcomes and restrictive practices are recorded and used to inform the development of the Person Centred Plan. Adults supported in our placements are consulted through the annual review contribution form entitled 'How Happy are you?'</p>	Provider to complete

<p>Inspection Findings:</p> <p>The agency has in place their own comprehensive restrictive practice assessments for all individuals supported, included is the multi-disciplinary discussion and review documentation. The inspector read and reviewed a number of the assessments in place. The assessments were completed by the agency following discussion with trust staff and the people supported and have been signed off by all parties excluding the trust. The inspector has made a requirement in the quality improvement plan attached to this report. The agency stated: “discussion and decisions with the adult placed, the Placement Provider and other professionals around desired outcomes and restrictive practices are recorded and used to inform the development of the Person Centred Plan” “where the adult placed lacks capacity to give their opinion and restrictive interventions are deemed necessary in very particular situations, the person we support / family representative and relevant H&SC Trust personnel are consulted with to ensure best interests decisions are made. A record is retained in meeting minutes and Restrictive Practice Assessments are signed by relevant parties. As a record of the HSC trust’s endorsement of the restrictive interventions was not available at the time of the inspection, this criterion was assessed as ‘not compliant’. This issue was discussed with agency management during the inspection.</p>	<p>Not Compliant</p>
<p>Indicator Assessed:</p> <p>T1.2: Service users’ individual and human rights are safeguarded and actively promoted within the context of services delivered by the agency:</p> <p>a. Service users and their representatives are made aware of the agency’s policies and procedures for the management of challenging behaviours and how these apply to them.</p> <p>b. Service users and their representatives are aware of their right to comment or complain about any aspect of the care provided to them.</p> <p>c. The agency promotes the rights of service users who are not subject to restrictions and ensures these rights are not compromised by the needs of other service users.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self Assessment:</p> <p>The adults placed, and their families / representatives, each receive a copy of the Easy Read Handbook. This Handbook explains Positive Futures’ policies and procedures on the management of challenging behaviours and restrictive practices. Placement Providers attend a workshop on Positive Behaviour Management based on our policy and procedure and they are updated annually at placement visits.</p> <p>The adults placed and their families are provided with accessible information on how to complain. This is included in the Information Pack each of the adults placed receives. The Registered person collates complaints information in a quarterly report which is presented to the Senior Management Team and the Board of Trustees.</p>	<p>Provider to complete</p>

<p>Inspection Findings:</p>	
<p>The right to comment and complain is raised with adults placed both at initial assessments, training and at Support Group Meetings. In relation to ensuring the rights of the adults placed being subjected to the restrictions of others supported in the same house, Positive Futures does not currently support any placements with more than one adult in the same house. The agency also has in place individual behavioural plans and a policy is in place to ensure compliance.</p>	<p>Compliant</p>
<p>Indicator Assessed: T1.3: Service users have as much control as possible over their lives whilst being protected against unreasonable risks: a. The agency undertakes and documents risk assessments which balance the risk of using a restrictive practice against the risk of not using a restrictive practice. b. The agency adopts a — least restrictive approach to the use of restrictive practices; service users only experience interventions which are reasonable and proportionate.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self Assessment:</p>	
<p>Careful assessments are undertaken to determine the necessity of setting boundaries or restrictions and the principle of least restriction is adhered to within the Organisation as per our policy.</p> <p>Risk assessments consider the balance of risk between using a restrictive practice against not using one. The Organisation recognises the necessity of positive risk taking, with carefully considered strategies to reduce any risks, to try and ensure the person has a positive quality of life.</p> <p>The Restrictive Practice Assessment considers the reason behind the practice, who has agreed it and how the restriction may be reduced in the future. The Placement Providers are provided with a guidance leaflet which explains the concept of restrictive practice with examples. Evidence provided will show how issues such as access to medication, alcohol and wandering at night have been managed in situations using this process.</p>	<p>Provider to complete</p>

<p>All physical interventions are formally agreed with the person and/or their representative and the placing H&SC Trust. Our policy is clear that should such a method be required, it would only be as a very last resort to prevent serious injury.</p> <p>Positive Futures' Adult Placement Service does not use any form of restraint in response to challenging behaviours by the people currently supported.</p>	
<p>Inspection Findings:</p>	
<p>See T1.1& T1.2 for assessed compliance levels: the agency states: “all physical interventions are formally agreed with the person and/or their representative and the placing H&SC Trust. Our policy is clear that should such a method be required, it would only be as a very last resort to prevent serious injury” evidence of assessments completed and discussion with staff verified the above statement. The agency also states: “risk assessments consider the balance of risk between using a restrictive practice against not using one. The Organisation recognises the necessity of positive risk taking, with carefully considered strategies to reduce any risks, to try and ensure the person has a positive quality of life”</p>	<p>Not Compliant</p>

<p>Indicator Assessed: T1.4: Service users have a legal right to determine what happens to them and their informed, genuine and valid consent to the care and support they receive is essential: a. Service users and their representatives are involved in all stages of needs assessment and care planning; their views are actively sought and documented. b. The agency undertakes and documents an assessment of the service users' capacity to consent to any care practices which are restrictive in nature; capacity is reviewed regularly. c. The agency maintains records of all decisions made in the "best interests" of service users.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self Assessment:</p> <p>During the referral and assessment process, adults placed are actively consulted about their wishes and preferences and this information is used to find the most suitable match to Placement Providers.</p> <p>The adults we support and/or their representative are invited to contribute their views, choices and preferences as part of our review process each year. This is documented and used in the development of the "care plan", including their person centred support plan.</p> <p>We assume that all the adults placed have the capacity to participate in decision making and involve them in the process with their family / representatives.</p> <p>Records are kept of meetings with family / representative and H&SC Trust personnel at Reviews, discussions on home visits, Restrictive Practice Assessments or Risk Assessments where "best interests" decisions have been made on behalf of people who are deemed not to have capacity.</p>	<p>Provider to complete</p>
<p>Inspection Findings:</p> <p>See T1.1, 2, 3, 4. Indicators assessed for compliance levels.</p>	<p>Not Compliant</p>

Indicator Assessed:	COMPLIANCE LEVEL
<p>T1.5: Service users feel as safe as is possible, in all aspects of their care and life, and are free from exploitation, neglect and abuse:</p> <p>a. Restraint and seclusion are used as a last resort - used for the minimum time necessary to protect life, to safeguard from harm or to prevent serious damage to property.</p> <p>b. The agency maintains records of specific interventions which are restrictive and the details of staff that are appropriately trained in the use of these and in the promotion of human rights.</p>	
Provider's Self Assessment:	
<p>Positive Futures' Positive Behaviour Management Policy states clearly that restraint should only be used as a last resort. Adult Placement Social Workers have Restrictive Practice Training and are trained by Studio 3 in “low arousal techniques” to reduce the need for such action. This training includes staff responsibilities in relation to the promotion and protection of human rights and instructs them on the parameters of physical intervention.</p> <p>We do not currently support any adults who require physical restraint; however, our Placement Providers have all attended a Positive Behaviour Management awareness workshop which explains the importance of de-escalation to manage challenging behaviour and addresses the promotion and protection of human rights. This is reinforced within the manual given to Placement Providers and in the handbook given to the people we support and their families.</p> <p>All Placement Providers have a signed copy of the Positive Behaviour Management Policy in their Home file.</p> <p>The likelihood of behaviour that challenges is considered with any new referral. At this point, Behaviour Management Guidance will be developed to ensure that managing the behaviour is achieved through de-escalation and low-arousal, along with reporting procedures to record any intervention.</p>	<p>Provider to complete</p>
Inspection Findings:	
<p>Records of restrictive practice assessments are in place for all people supported. The agency has also completed training for all AP carers in these areas. Discussions with staff AP cares and training records in place verify this.</p>	<p>Substantially compliant</p>

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Provider to complete

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Not Compliant

THEME 2 – ASSESSING AND MONITORING THE QUALITY OF SERVICE PROVISION	
<p>Indicator Assessed: T2.1: Service users and their representatives must be assured that the agency maintains a system for evaluation the quality of the service provided:</p> <ul style="list-style-type: none"> a. Agency has in place a continuous quality improvement system in place to help protect people who use the service. b. Consistently reviews their practice taking into account adverse events. c. Service users must be assured that services meet their needs. 	COMPLIANCE LEVEL
<p>Provider's Self Assessment:</p> <p>The Service has an effective system in place to ensure continuous quality improvement.</p> <p>The assessment and matching process undertaken by our staff and Placement Panel ensures that the placement is capable of meeting the needs of the person to be placed. This process is explained to prospective adults and Placement Providers during the assessment process and reinforced through the handbooks given to them when a placement begins.</p> <p>As the placement continues, the named Adult Placement Social Worker spends time alone with each person placed to ascertain their wishes and feelings in relation to the placement. Adults placed are encouraged to be involved in the development of their person centred plan and the placement review. Placing H&SC Trust Social Workers have a role in ensuring the placement continues to meet the adult’s needs.</p> <p>There are a range of processes to ensure ongoing quality improvement of the service. Actions are also developed based on analysis of accidents, incidents, compliments and complaints. Adult Placement Social Workers and the Operations Manager carry out regular announced and unannounced monitoring of all placements to ensure the service continues to meet the needs of individuals.</p> <p>Further information is gathered through an Annual Consultation Exercise (ACE) and the “How happy are you?” survey. These explore the adult's perception of the placement as well as that of family / representatives and the placing H&SC Trust Social Worker. Actions are agreed to address any recommendations.</p>	Provider to complete

Inspection Findings:	
<p>The agency has in place a number of quality initiatives and monitoring arrangements; these were read and reviewed during inspection.</p> <ul style="list-style-type: none"> • Monthly monitoring (Operations manager) • AP Carer visits announced and unannounced (Positive futures staff) • Internal quality audits (Positive futures staff) • “How happy are you? (People supported) • Annual consultation exercise (People supported) • Annual placement provider survey. <p>The monitoring and quality assessment of the agency is comprehensive and ensures that the people supported needs are being met, whilst they have a voice in the care/support they receive from the AP carers and agency staff. The inspector has included some of the comments made by individuals during the monitoring and review arrangements within the agency.</p>	<p>Compliant</p>

<p>Indicator Assessed: T2.2: The registered person must protect service users, and others who may be at risk, against the risks of inappropriate or unsafe care and support: a. Service users must be confident that the scheme carers are well supported by the agency. b. Service users can be confident that all AP cares use methods that reflect up to date best practice and guidance. c. Service users must be assured that AP carers have been assessed and recruited by the agency in line with legislation.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p> <p>Adults placed and their family or representative have confidence in the robust processes in place for recruitment, assessment, approval, ongoing monitoring and review of the Placement Provider's capacity to provide appropriate care that meets the person's needs, in line with legislation and the draft standards. The Registered Manager ensures that these processes are fit for purpose and carried out in a way that safeguards the person from any risk of unsafe care and support.</p> <p>Adults placed / their family or representative are confident that Placement Providers are effectively supported by a named Adult Placement Social Worker and the Service. The Adult Placement Social Worker carries out regular and unannounced support visits, Monitoring and Annual Reviews. A quarterly newsletter which details information and support is also provided. Regular support groups are held to enable Placement Providers to meet other providers in a supportive forum and explore common issues, recent guidance and best practice.</p> <p>Placement Providers are provided with all relevant up to date information and training, which reflects best practice and guidance, to enable them to fulfill their role. This is provided to individuals at times appropriate to their needs or in group settings. All Placement Providers receive a guidance leaflet and training on Restrictive Practices, a workshop in Positive Behaviour Support and training on the Protection of Vulnerable Adults. In addition, the person centred approach used actively seeks the views of the adults placed / their families or representatives</p>	<p>Provider to complete</p>

<p>Inspection Findings:</p>	
<p>As stated above the agency has in place comprehensive quality review systems. The inspector read and examined the documentation in place and has added comments received to the body of the report. The agency’s carer recruitment procedures are comprehensive and in accordance with the required legislation. The inspector read and examined a number of carer assessments and reviews in place during inspection. The assessments provided supporting evidence of this criterion.</p>	<p>Compliant</p>
<p>Indicator Assessed: T2.3: The agency must ensure that service users have in place individual care/support plans that are regularly reviewed: a. The agency must review personal outcomes for service users. b. Regular monitoring visits are completed. c. The AP provider must show that the service user is afforded the right to make their own decisions. d. The service user must be confident that any risk assessments offer a sensible balance between needs and preferences, and that risks are reviewed regularly.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self Assessment:</p>	
<p>There are regular reviews of the person’s "Care" / Person Centred plan. Personal outcomes for adults placed are defined during review meetings and assessed through the person-centred planning process. Information for these reviews is gathered directly from the person we support or their family / representative during monitoring visits.</p> <p>Regular announced and unannounced monitoring visits are carried out by the Adult Placement Social Workers and the Operations Manager for a more objective view of the placement and the adult’s person centred plan, a minimum of 3 times a year for long term and twice a year for short break placements.</p>	<p>Provider to complete</p>

<p>The agency consistently supports Placement Providers to enable the person to make choices, where possible using person centred tools such as the “decision making agreement”, where adults placed are consulted on how to make decisions and how they can be best supported to do so. The Service consistently works with the adults placed to ensure that they are afforded the right to make their own decisions and this is assessed through the “How happy are you?” survey.</p> <p>Where the adult supported lacks capacity, we have a process in place to monitor their behaviour in order that we can better understand what they are "saying" through their behaviour and respond to their choices and preferences.</p> <p>The adult placed can be confident that sensible positive risk taking is encouraged, with risk assessments offering a balance between preferences and safety needs. These are reviewed regularly to ensure risk continues to be managed appropriately.</p>	
<p>Inspection Findings:</p>	
<p>The agency has in place individual care/support plans in place for each individual person supported. The agency has created a comprehensive person centred approach to placement and use a “Matching” system that ensures the best outcomes for carers and the individual supported. The agency does complete reviews of care/support. The adult placed can be confident that positive risk taking is encouraged, with risk assessments offering a balance between preferences and safety needs. These are reviewed regularly to ensure risk continues to be managed appropriately. The agency consistently supports Placement Providers to enable the person to make choices, where possible using person centred tools such as the “decision making agreement”, where adults placed are consulted on how to make decisions and how they can be best supported to do so. The Service consistently works with the adults placed to ensure that they are afforded the right to make their own decisions and this is assessed through the “How happy are you?” survey.</p>	<p>Compliant</p>

Indicator Assessed: T2.4: The agency should gather information about quality from all relevant sources: a. Local commissioners. b. Carers. c. Relatives. d. Complaints/compliments. e. Audits. f. Adverse events/incidents i.e. learning.	COMPLIANCE LEVEL
Provider's Self Assessment:	
Information on the quality of the service provided is managed through an “Annual Consultation Exercise” which seeks to ascertain the thoughts and views of the placing H&SC Trusts, families, Placement Providers and adults.	Provider to complete
Inspection Findings:	
The inspector read and examined number of quality monitoring reports in place and has referred to them in the body of the report adding comments received. SeeT2.1 for indicated evidence and assessed compliance.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Provider to complete

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

Theme 3 SUPPORTING CARERS	
<p>Indicator Assessed: T3.1: The agency should ensure that the service users experience good quality care/support within the service. This should be provided by management and cares whose training and expertise enables them to meet the assessed needs of the service user, in line with legislation and good practice:</p> <p>a. Service users should be confident that staff are well supported by the agency. b. Service users should be assured that AP carers are recruited in line with policy and legislation. c. Service users must know that AP carers have had formal induction, and that they are encouraged to actively take part in on-going planned training.</p>	COMPLIANCE LEVEL
<p>Provider's Self Assessment:</p> <p>Adults placed and their family or representative have confidence in the robust processes in place for recruitment, assessment, approval, ongoing monitoring and review of the Placement Provider’s capacity to provide appropriate care that meets the person’s needs, in line with legislation, the draft standards and good practice.</p> <p>The Handbook for the adults placed explains how Placement Providers are recruited and supported. It covers all key areas of support and is in line with the relevant draft standards and regulations.</p> <p>Placement Providers are provided with all relevant up to date information and training, which reflects best practice and guidance, to enable them to fulfil their role. This is provided to individuals at times appropriate to their needs or in group settings.</p> <p>Following approval, Placement Providers are inducted through a Post Approval Process which introduces them to the role of a Placement Provider, covering both training and policies required. This process is communicated to adults placed. This is confirmed in their Home File which has a record of all Training and Policy Information.</p> <p>The Adult Placement Social Worker supports, trains and advises Placement Providers on how to fulfil their role as well as providing 24 hour on-call support. S/he carries out regular and unannounced support visits, monitoring and annual reviews.</p>	Provider to complete

<p>In addition, a quarterly newsletter, as well as regular support groups, enables Placement Providers to communicate with other providers.</p>	
<p>Inspection Findings:</p>	
<p>The agency has in place comprehensive recruitment procedures as well as induction and training in a line with legislation. The agency complete monitoring visits to AP carers and also has in place carers groups. The Adult Placement Social Worker supports, trains and advises Placement Providers on how to fulfil their role as well as providing 24 hour on-call support.</p>	<p>Compliant</p>
<p>Indicator Assessed: T3.2: There is training and development opportunities for AP carers, and where appropriate their families, based on the needs of the service user: a. Training need to be identified through monitoring visits and supervision. b. The effectiveness of training is evaluated annually and action taken to improve it. c. The agency must ensure the AP carers have access to a support group where they can share their experience and get support.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self Assessment:</p>	
<p>There are training and development opportunities for Placement Providers both through core training for all providers and where the individual requires specialist training related to their needs.</p> <p>Core training for Placement Providers is delivered and updated annually. The Adult Placement Social Worker ensures that additional training is based on the needs of the adult placed. This training is reviewed at monitoring visits. Training records are kept on file.</p> <p>Each individual training session is evaluated as well as an annual review / survey of its effectiveness. This informs improvements to the training (eg adjusting content, times, venues, documentation).</p> <p>To accommodate the needs of Placement Providers and enable them to access training and support:</p> <ul style="list-style-type: none"> • training is offered on an individual and group basis • alternative support is offered to the adult placed to enable the Placement Provider to attend training or support sessions 	<p>Provider to complete</p>

<ul style="list-style-type: none"> • different times of the day and weekends are offered • food is provided. <p>All Placement Providers are invited to a support group three times per year. This group provides an opportunity for Placement Providers to meet other providers, gain informal peer support, discuss issues, share information and best practice, as well as being a great way of Positive Futures acknowledging the excellent support Placement Providers give to the adults placed with them.</p>	
<p>Inspection Findings:</p>	
<p>The inspector read and examined the following documentation in place within the agency:</p> <ul style="list-style-type: none"> • Announced and unannounced monitoring visits • Annual review of carers • Reviews • Minutes of support group meetings • Training evaluation reports by carers. <p>The above records show and verify evidence of this criterion.</p>	<p>Complaint</p>
<p>Indicator Assessed: T3.3: The development of AP carers is supported through a regular system which should include one-to-one sessions and group meetings. They are arranged at a time and frequency agreed between the line manager, supervisor and the A P carer and all meetings be recorded:</p> <p>a. AP carers can discuss any issue about their role, or about the service users they provide care/support to. b. Service users need to be confident that all AP carers are receiving required training to meet their needs. c. The agency must ensure that staff are properly trained for their role. d. The agency must enable AP carers where appropriate to acquire new skills and qualification that are relevant to the work they undertake.</p>	
<p>Provider's Self Assessment:</p>	
<p>Placement Providers are supported and encouraged to develop their knowledge and skills by a named Adult Placement Social Worker, through coaching during monitoring visits, reviews, newsletters, ongoing contact by.</p>	<p>Provider to complete</p>

Inspection Findings:	
Records of the above criterion are in place and as stated above the inspector read and examined records of monitoring visits, carers groups training and placement monitoring.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Provider to complete

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

Any other areas examined

Complaints

The agency has had no recorded complaints to report during this inspection.

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Mrs L Palmer registered manager and Mr T Parr operations 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.

Where the inspection resulted in no recommendations or requirements being made the provider / manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

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:

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



QUALITY IMPROVEMENT PLAN

PRIMARY ANNOUNCED INSPECTION

Family Matters APA

24 January 2013

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

The specific actions set out in the Quality Improvement Plan were discussed with Mrs L Palmer registered manager and Mr T Parr Operation manager both during and after the inspection visit.

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	Regulation 20 (1) A, C, D, E, F.	The agency must ensure that the assessments of restrictive practice in place have been completed, as a direct result of a multi-disciplinary review of individual need and assessment and are signed off as agreed by the commissioner of the service. (Trust staff)	Once	<p>The Trust's decision to no longer sign off restrictive practices outside of the annual review process had been addressed twice with our commissioners prior to inspection.</p> <p>Since the inspection, we have again raised this matter with our commissioners who advised that they had arranged to meet with RQIA to discuss this issue.</p> <p>Our Chief Executive has also raised this matter with the Trust who have clarified their position in the attached document.</p> <p>Positive Futures recognises this requirement as best practice and these protocols are in place in all other Services. We have taken every action possible to ensure compliance with this Regulation, however, this matter is outside of our control.</p>	2 months from the inspection date 24 March 2013

				<p>For this reason, our Trustees have expressed extreme dissatisfaction with the inclusion of this as a requirement in the QIP and have directed that we request the removal of this requirement.</p> <p>Our commissioners and the RQIA can then meet in order to resolve this matter.</p>	
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RECOMMENDATIONS

These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

NO.	MINIMUM DRAFT STANDARD REFERENCE	RECOMMENDATIONS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	Standards 12,13,15	It is recommended that the agency formulate a policy that ensures the continued fitness of Adult placement carers in line with legislation Regulation (15) completed 22/2/13 JM CB	Once	Our draft policy, which draws together our existing policy and procedures for reviewing and managing any issues around the fitness of our Placement Providers in line with Regulation (15) will be issued and implemented.	6 months from the inspection date 24 July 2013

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	Elizabeth Palmer
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	yes	<i>Laubelle</i>	12-4-13
Further information requested from provider			