



The Regulation and
Quality Improvement
Authority

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
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PRIMARY ANNOUNCED INSPECTION

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| Inspection No: | IN020952 |
| Establishment ID No: | 11292 |
| Name of Establishment: | Families Matter Shared Lives Service |
| Date of Inspection: | 5 March 2015 |
| Inspector's Name: | Mr Jim McBride |

GENERAL INFORMATION

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| Name of agency: | Families Matter Shared Lives Service |
| 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: | Positive Futures Agnes Lunny |
| Registered Manager: | Elizabeth Anne Palmer |
| Person in Charge of the agency at the time of inspection: | Elizabeth Anne Palmer |
| Number of service users: | 26 |
| Date and type of previous inspection: | Primary announced inspection 19 September 2013 |
| Date and time of inspection: | Primary announced inspection 5 March 2015 09:15-13:15 |
| Name of inspector: | Jim McBride |

Introduction

The Regulation and Quality Improvement Authority (RQIA) will undertake an inspection of the Agency a minimum of once in every 12 month period as set out in The Regulation and Improvement Authority (Fees and Frequency of Inspections) Regulations (Northern Ireland) 2005. The purpose of the inspection is to assess compliance with the Regulations and draft Minimum Standards for Adult Placement Agencies published by The Department of Health, Social Services and Public Safety (DHSSPS).

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 adult placement agencies, 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 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:

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| Service users | 0 |
| Staff | 4 |
| Carer Visits/Telephone contact | 1 |
| Carers interviewed during inspection day | 1 |
| Other Professionals | 0 |

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

| Issued To | Number issued | Number returned |
|-----------|---------------|-----------------|
| Carers | 28 | 13 |

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: Referral and matching process:**
- **Theme 2: Feeling safe and secure:**
- **Theme 3: Supporting communication:**
- **Theme 4: Complaints:**

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

No requirements or recommendations were issued during the previous inspection of the 19 September 2013.

| Guidance - Compliance statements | | |
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| 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 being made within the inspection report. |

PROFILE OF SERVICE

Family Matters Shared lives Service aims to;

Families Matter Shared Lives Service offers people with a learning disability, acquired brain injury or autistic spectrum condition the chance to experience new relationships, new activities and increased independence within a “family setting”.

A Shared Lives Placement happens when the person has a short break or a longer stay with approved individuals or families (known as Shared Lives Carers). The agency describes placements as “Shared Lives” because of the unique opportunities they offer to the person supported, their family and to the Shared Lives Carer.

Some Shared Lives Carers provide weekend or short term planned support in order to provide existing carers with a short break (respite) and to provide individuals with opportunities to meet different people. This can range from a few hours on a Saturday or weekday evening to one weekend a month, whatever fits in with the daily routine and lifestyle of the Shared Lives Carer and according to the needs of the adult to be supported. Some Shared Lives Carers offer a few weekends a year to allow long term carers to have a short break.

Long term placements occur when an adult requires long term accommodation, similar to a fostering arrangement.

The agency has currently placed 26 adults with 28 placement providers.

SUMMARY OF INSPECTION

The inspection was undertaken on the 5 March 2015, the inspector met with the registered manager Mrs Liz Palmer and Mr Tim Parr operations manager (Acting) during the inspection.

The inspector had no opportunity to meet service users, but did speak with two APA carers both during and prior to the inspection. The inspector also spoke to four staff and one Social work trainee during the inspection and provided feedback about the inspection process.

Prior to the inspection thirteen, APA carers forwarded to RQIA completed questionnaires in relation to the quality of service provision.

Feedback in relation to the inspection findings and comments made by APA carers in the questionnaires was provided to the manager during the inspection. It has to be noted the positive comments within the returned questionnaires.

APA carers Comments:

“It’s a great service”

“The staff communicate well with me”

“The placement has been positive”

“I’m completely satisfied with the support I receive”

“I have no complaints”

“Service and staff are great”

“Good training and support”.

The Thirteen questionnaires returned indicated the following:

- The current care and support plans meet the person supported needs.
- The person supported is encouraged to take part in their review or any monitoring of the service
- The following training has been completed by all thirteen carers who responded:
 - Vulnerable adults and Child Protection
 - Medication
 - Human rights
- The APA carers have all stated that they are familiar with the complaints procedure
- They have all received an annual review

The inspector verified the above statements received from APA carers during discussion and by the records examined.

APA carers comments received on returned questionnaires

“First class no complaints”

“The care, service and support we receive is second to none”

“The training is good”

“The service is of a high quality”

“The group and the fun days are great”

“If I have any issues I bring it up during the visits or training”

“I feel fully supported by the APA staff”

“I get regular training”

“Both me and the person supported can ask the staff for help at any time”

“Positive Futures is very supportive to me and the person supported”.

Other comments received by the agency:

“I’m very lucky seeing different families and the behaviours or level of needs makes me realise I’m not alone”

“I really love helping other carers and having the chance to talk to them about difficulties. I love helping people”.

Detail of inspection process

The following four themes will be assessed during this inspection:

1 Referral and matching process:

The agency has achieved a compliance level of ‘compliant’ in relation to Theme 1

The agency’s procedures and systems for matching the people supported with APA carers is person centred and takes into account a variety of needs and wishes of the service user. The inspector examined a number of minutes of informal meetings held with carers and the people supported.

The person supported has in place an “About me” care plan that is person centred and asks “What’s important to me” and “How best to support me”. The matching checklist also describes what’s important in at placement for a service user. One carer stated: “The placement has been positive”.

2 Feeling safe and secure:

The agency has achieved a compliance level of ‘compliant’ in relation to Theme 2

The inspector read a number of care plans in place as well as “keep me safe” booklet. These explain safety procedures i.e.” What is an emergency in my home?” “Who helps me in an emergency?” “Individual care and support plan include risk assessments and risk management information.

The inspector also read the staff training records in place for APA carers and these clearly show the agencies adherence to the required training.

The inspector noted that each APA carer has in place an annual training workbook that includes the following:

- Health and safety update
- Positive behaviour training
- Safeguarding
- Medication training
- Infection control

Monitoring arrangements are in place and the inspector read a number of announced and unannounced monitoring visits completed by agency staff to APA carers’ homes.

3 Supporting communication:

The agency has achieved a compliance level of ‘substantially compliant’ in relation to Theme 3

The agency does provide information to service users in a format suitable to their needs. The inspector examined a number of documents in place that are in a pictorial format. The inspector read a number of monitoring visit records in place as well as monthly monitoring completed by the manager of the service.

However, the agencies annual monitoring visit carried out on behalf of the registered provider did not include any comments by service users; however evidence was in place that the staff have completed a number of monitoring visits and met with the people supported throughout the year and the agency had in place a plan to complete the monitoring visit within the business year.

4 Complaints

The agency has achieved a compliance level of ‘compliant’ in relation to Theme 4

The agency has had no complaints since the previous inspection. The agency has in place a comprehensive complaints procedure with an identified accountable person.

This was updated on the 29 September 2014. One carer stated: "If I have any issues I bring it up during the visits or training" another stated: "First class no complaints".

Additional areas examined:

The agency had completed their annual monitoring visit on behalf of the registered provider. The report shows clear evidence of discussion with APA carers and well as APA staff. However, during the annual visit to the carers no service users were consulted.

The agency completed their annual quality review of the service by asking service users about the carers and the service the results were positive.

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| <p>Theme 1 Referral and matching process: Service users must be confident that the adult placement service works for them and enables them to choose the best possible adult placement carer:</p> | | |
| <p>Criterion Assessed:</p> <ul style="list-style-type: none"> - Wherever possible, the service user should be able to choose the adult placement carer by meeting them and their family prior to reaching their decision. - Service users can visit the placement at least once to help them make a decision about using the service - The agency should show how the decision was discussed with the service user - The agency must ensure that where short periods of respite are part of the service, the service users' needs are effectively communicated to the adult placement carer | <p>COMPLIANCE LEVEL</p> | |
| <p>Provider's Self-Assessment:</p> <p>The person to be supported always has the opportunity to choose the Shared Lives Carer by meeting with them and their family prior to placement. For all people supported, at least one informal meeting with the prospective Shared Lives Carer is completed. Following the visit(s), a Shared Lives Social Worker discusses and records views of the person to be supported and / or their representative and agrees if the matching process with the identified Shared Lives Carer should continue. If the person to be supported and / or their representative considers it suitable at this stage, the Shared Lives Carer will complete a matching profile to support the decision making process regarding the choice of Shared Lives Carer. Following this matching exercise, the outcome will be discussed with the person to be supported and / or their representative in order to agree and record a final decision regarding choice of Shared Lives Carer.</p> <p>For short breaks (respite), the needs of the person supported are effectively communicated to the Shared Lives Carer through discussion and sharing of key documents including: detailed referral form, matching checklist and care plan (developed and submitted by the referring HSC Trust).</p> <p>In addition, Shared Lives Social Workers develop Person Centred Plans for each person to be supported (whether in long term or short term placements) which details the individual needs of the person. Person Centred Plans are shared with all Shared Lives Carers.</p> | | <p>Compliant</p> |

| Inspection Findings: | |
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| <p>The inspector examined a number of matching checklists in place these show the following areas of importance that service users indicated would suit their needs:</p> <ul style="list-style-type: none"> • Location and accommodation • Meals and mealtimes • Transport • Lifestyle and routines • Safety issues • Caring needs <p>Records in place show that the people supported have visited APA carers informally prior to making a decision about a placement. As stated by the agency: For short breaks (respite), the needs of the person supported are effectively communicated to the Shared Lives Carer through discussion and sharing of key documents including: detailed referral form, matching checklist and care plan (developed and submitted by the referring HSC Trust). The inspector examined a number of referral documents in place. The inspector also read a number of person centred care/support plans in place that shows clear evidence of service user involvement.</p> | <p>Compliant</p> |

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

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

| Theme 2 Feeling safe and secure: Service users must feel safe and secure, and can choose the risks they want to take when they know what is involved: | |
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| Criterion Assessed: | COMPLIANCE LEVEL |
| <ul style="list-style-type: none"> - Service users have information about what to do if there's is an emergency in the carer's home. - Service users must be assured that they have competent AP carers to support them. - The carer has access to emergency contact out of hours. - Service users must be confident carers will allow them to choose the risks they want to take as long as there is balance between their individual needs and their safety. - Carers must always respect and activity promote service users rights - Assessments are reviewed regularly and not less than once annually - Service users are supported to take calculated risks on the basis of individual assessments completed with them in conjunction with their keyworker. | |
| Provider's Self-Assessment: | |
| <p>All people supported are provided with 'Keep Me Safe' information which provides them with essential information as to what to do if there is an emergency in the Shared Lives Carers' home. The 'Keep Me Safe' information is also discussed with the people supported during monitoring visits. In addition, leaflets, information and equipment (such as First Aid kits, smoke and carbon monoxide detectors) regarding health and safety and emergency situations are provided to each Shared Lives Carer.</p> <p>The people supported are assured of competent Shared Lives Carers through Positive Futures' processes of recruiting, assessing and training all Shared Lives Carers to ensure that they are competent and able to provide care and support in line with Organisational and regulatory requirements. Furthermore, the competency of each Shared Lives Carer is monitored (through announced and unannounced monitoring visits and an annual review process) to ensure required standards are maintained.</p> | <p>Compliant</p> |

Shared Lives Carers are provided with the Positive Futures' emergency on call number and a HSC Trust out of hours on call number. These numbers are also included in each Shared Lives Newsletter as an ongoing reminder for all Shared Lives Carers.

In line with Positive Futures' Risk Management Policy and Risk Management Framework, all the people supported are encouraged to choose the risks they want to take, while ensuring that there is a balance between individual needs and their safety. For each person supported, a risk assessment is completed (involving the person supported and the Shared Lives Carer) which considers the benefits, risks and required controls. Decision making agreements are used for complex decisions. The monitoring and annual review processes enable Shared Lives Social Workers to monitor the implementation of this positive risk taking approach. Positive Futures is committed to ensuring that the rights of all the people supported are upheld and are respected. Human Rights training is provided to all Shared Lives Carers as part of the annual training programme to promote the rights of the people supported. Monitoring and annual review processes are the mechanisms for ensuring that Shared Lives Carers are respecting and actively promoting the rights of the people they support.

As a minimum, there is an annual review of each placement. Each annual review considers current family circumstances, health and safety, living environment, up to date Access NI checks and medical checks. Where there are significant changes in circumstances, a comprehensive assessment is completed by a Shared Lives Social Worker. The outcomes of this assessment are presented to the Shared Lives Approval Panel to decide on any actions / changes required in relation to the placement.

| Inspection Findings: | |
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| <p>The inspector examined a number of “Keep me safe” records in place; these were distributed to APA carers. The documents in place ask service users and carers the following:</p> <ul style="list-style-type: none"> • What is an emergency in my home? • Who helps me in an emergency? <p>Risk assessments are completed and this is all completed on easy read format. Records of monitoring visits show clear evidence of risk assessments being reviewed. Training records examined by the inspector show that both training on human rights and restrictive practice was provided to APA carers in September 2014.</p> | <p>Compliant</p> |

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

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

| Theme 3 Supporting communication: Service users must have help to use services, aids and equipment for communication if they have communication needs: | |
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| <p>Criterion Assessed:</p> <ul style="list-style-type: none"> - Service users' assessments are comprehensive and communication needs are assessed by relevant persons to ensure service users' can communicate in a way that meets their needs and requirements. - Service users are supported by the agency to contribute to any individual review or monitoring visit. - Service users are supported to take part in the monitoring and RQIA inspection process. - Service users' communication needs are reviewed regularly. - Service users must be able to communicate in a way that is most suitable to their needs and strengths. - AP carers can help service users to use specialist communication equipment and individual training when required. | COMPLIANCE LEVEL |
| <p>Provider's Self-Assessment:</p> <p>The care plan from the referring HSC Trust will identify a person's communication needs. As part of the referral and assessment process, guidance will be included from Speech and Language therapists as required. People are supported to communicate in a way which is most suitable to their needs and strengths. Where the person we support has particular communication difficulties, a range of creative approaches (e.g. pictorial communication information, person centred tools including communication charts and learning logs) are used to elicit his/her views. People's communication needs are reviewed as part of the ongoing monitoring and annual review processes.</p> <p>Each person supported is actively involved in their annual review and is supported to complete a 'How Happy Are You?' questionnaire. The information from this questionnaire informs the objectives for the person supported. As a minimum, the person supported participates in at least one monitoring visit per year. Monitoring on behalf of the Registered Person is carried out at least annually. During this process, the people supported are consulted and their views recorded.</p> <p>During the RQIA inspection process, all people supported are informed of planned inspections via the Shared Lives Newsletter and are provided with an opportunity to meet with the RQIA Inspector. In addition, summary information from the 'How Happy Are You?' questionnaires is shared with the RQIA Inspector.</p> | Compliant |

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| <p>Where appropriate, Shared Lives Social Workers support Shared Lives Carers to access information regarding the use of any specialist communication equipment (e.g. hearing aids) with people supported and facilitate any specific training required.</p> | |
| <p>Inspection Findings:</p> | |
| <p>The inspector examined number of personal support plans; each individual person centred plan includes a comprehensive assessment of an individual's communication needs. This was discussed with the manager and the staff during the inspection. Evidence of communication with service users was in place during monthly monitoring audits as well as monitoring visits completed by the staff team. However, the agencies annual monitoring visit carried out on behalf of the registered provider did not include any comments by service users. However the agency had in place a plan to complete the monitoring visit within the business year.</p> | <p>Substantially Compliant</p> |

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

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

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| <p>Theme 4 Complaints: Service users and those acting on their behalf must be confident that their comments and complaints are listened to and dealt with effectively:</p> | |
| <p>Criterion Assessed:</p> <ul style="list-style-type: none"> - The agency has in place a clear procedure to be followed in handling and responding to complaints. - The agency has a nominated individual who is accountable for reviewing and responding to comments/complaints. - The procedures in place takes account of the service users’ abilities, and are available in different formats. - A documented complaints audit trail of the steps taken and the decision reached is kept. - The agency has in place mechanisms that use the information gained to improve the quality of the service and respond to requested changes. - The agency has in place procedures for reporting serious concerns to the local HSC Trust and RQIA. - Service users can avail of the services of an independent advocate to assist with concerns/complaints. | <p>COMPLIANCE LEVEL</p> |
| <p>Provider's Self-Assessment:</p> | |
| <p>Positive Futures’ Complaints Policy & Procedure outline the procedure to be followed when responding to complaints. This details the nominated individual who is accountable for responding to the complaint. The Complaints Policy takes into account the abilities of the people supported and includes an easy read leaflet.</p> <p>The Complaints Policy provides a mechanism to ensure there is a clear audit trail of the actions taken in response to the complaint. The Chief Executive’s Department compiles quarterly metrics on complaints. Learning from complaints is used to inform service and Organisational improvement plans. This information is presented to the Board of Trustees and the Senior Leadership Team.</p> <p>Positive Futures’ Incident Management Policy details the procedures for reporting serious concerns to the local HSC Trust and RQIA. Positive Futures regularly meets with the local Trust to discuss and review the service, including the mechanisms for reporting serious issues.</p> | <p>Compliant</p> |

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| <p>Where the people supported may have concerns or complaints, information is provided on access to independent advocacy services.</p> | |
| <p>Inspection Findings:</p> | |
| <p>The inspector read the agency's complaints procedure in place this was updated by the agency on the 29 September 2014. Carers interviewed by the inspector were aware of the complaints procedure and stated how they would help the people supported with complaints. The manager stated that the agency has had no complaints since the last inspection. The inspector discussed the complaint system with the carers and interviewed during the inspection, they stated that they had no complaints but were aware of the person to contact if they wished to complain. The manager stated that she was the contact person for complaints and described to the inspector the process and procedures in place for complaints. The manager was able to describe to the inspector the outcome process and how lessons learned from complaints would be passed on to staff and carers. The manager discussed with the inspector their internal system of advocacy service available to service users.</p> | <p>Compliant</p> |

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

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

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Liz Palmer the registered manager and Mr Tim Parr, operations manager (Acting) 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



No requirements or recommendations resulted from the **primary announced** inspection of **Family Matters Adult Placement Agency** which was undertaken on **5 March 2015** and I agree with the content of the report.

Please provide any additional comments or observations you may wish to make below:

SIGNED: *Agnes Lunny*

SIGNED: *Liz Palmer*

NAME: Agnes Lunny
Registered Provider

NAME: Liz Palmer
Registered Manager

DATE 15.04.15

DATE 15.04.15

| Approved by: | Date |
|--------------|---------|
| Jim Mc Bride | 15/4/15 |