

Announced Care Inspection Report 20 September 2018



Positive Futures Crescent Supported Living Service

Type of Service: Domiciliary Care Agency

Address: Castleton Centre, 30a - 34a York Road, Belfast, BT14 7EE

Tel No: 028 9018 3277

Inspector: Aveen Donnelly

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Positive Futures Crescent Supported Living Service is a domiciliary care agency (DCA) which provides a range of supported living services, housing support and personal care services to 11 individuals living in the Belfast area. Their care is commissioned by the Belfast Health and Social Care Trust and the Northern Health and Social Care (HSC) Trust.

3.0 Service details

Organisation/Registered Provider: Positive Futures Responsible Individual: Ms Agnes Philomena Lunny	Registered Manager: Not Applicable
Person in charge at the time of inspection: Patrick Murtagh	Date manager registered: Patrick Murtagh - application received - "registration pending".

4.0 Inspection summary

An announced inspection took place on 20 September 2018 from 10.45 to 16.30 hours.

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

The inspection assessed if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found throughout the inspection in relation to staff development, adult protection and risk management. The culture and ethos of the agency promoted the values of treating the people they supported with dignity and respect.

Due to issues of consent, the inspector was either not permitted to examine, or was given limited access to a range of records. These included staff records and those records pertaining to the care provided to the people supported by the agency. This impacted on RQIA's ability to make an assessment on the agency's compliance with a range of regulations and standards, particularly in relation to specific aspects of the staff recruitment processes; quality of care and in relation to governance and management arrangements.

Following the inspection, RQIA forwarded a letter to the responsible individual, seeking assurances in relation to the implementation arrangements for the consent of staff and the people supported by Positive Futures, to facilitate any future need for RQIA Inspectors to access such records in the performance of its statutory functions. RQIA also requested assurances that any privacy notices that have been issued to staff and the people supported, stipulate the circumstances, in which RQIA may access personal records without consent. Where any of the people supported do not have the capacity to give or withhold consent, records are required to be maintained of the person making the assessment, their qualifications and role, the date of the assessment; and that such assessments are reviewed annually. These matters will be followed up at a future inspection.

At the request of the people who receive care and support from Positive Futures services, the organisation has requested that RQIA refer to these individuals as 'the people supported'.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and the experience of the people supported.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Patrick Murtagh, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 20 February 2018

No further actions were required to be taken following the most recent inspection on 20 February 2018.

5.0 How we inspect

Prior to inspection we analysed the following records:

- previous RQIA inspection report
- any correspondence received by RQIA since the previous inspection

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Ten responses were received; comments and analysis of the responses are included within the report.

The inspector requested that the manager place a 'Have we missed you'" card in a prominent position in the agency to allow the people supported and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

Questionnaires were also provided for distribution to the people supported or their representatives; five questionnaires were returned; written comments received are included within the report.

During the inspection process the inspector spoke with the operations manager, the manager, four staff, two Health and Social Care (HSC) Trust representatives, two people supported by the agency and five relatives.

The following records were examined during the inspection:

- staff induction records
- training matrix
- staff supervision and appraisal matrix
- records confirming oversight of staff registration with the Northern Ireland Social Care Council (NISCC)
- incident and accident records
- support worker meeting minutes
- minutes of meetings of the people supported by the service
- complaints register
- compliments records
- a selection of policies and procedures
- monthly quality monitoring reports
- annual quality report (2018)
- the Statement of Purpose
- the Service User Guide

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 20 February 2018

The most recent inspection of the agency was an announced inspection. There were no areas for improvement made as a result of the inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The agency's registered premises are located at 30a –34a York Road, Belfast and were suitable for the purposes of the agency.

At the time of the inspection, the agency was being managed by the manager, with the support of four support workers, senior support staff and a team of support staff. Discussion with staff confirmed that the required staffing levels were consistently adhered to. The agency's staffing arrangements were discussed and the inspector was advised that there were 21 staff

vacancies. Discussion with the manager confirmed that recruitment of staff was in progress and that the usage of agency staff provided from another registered domiciliary care agency was kept to a minimum, to ensure continuity of staff. The inspector was satisfied that there were sufficient numbers of staff employed to meet the needs of the people supported by the agency.

The agency's staff recruitment processes were noted to be managed in conjunction with the organisation's Human Resources (HR) department, located at the organisation's head office. The organisation's HR department co-ordinates the recruitment process and includes input from the manager. The inspector was advised that the manager completed a recruitment checklist, indicating that all pre-employment checks had been satisfactorily completed before any new staff commenced in post. However, the checklist reviewed did not include information relating to the statement of staff' physical and mental health fitness for work. At the request of the inspector, the HR department was requested to forward the updated recruitment checklist, which was retained at the organisation's head office. The inspector was satisfied with the information received that the statement of physical and mental health checks would be signed by the registered manager, for all new staff recruited. Following the inspection, discussion took place with a senior representative of the responsible individual in relation to the statement of staff' physical and mental health fitness for existing staff members. It was agreed that these statements would be put in place and that RQIA would be informed when complete.

The inspector was advised that as staff had not consented to their records being accessed for the purposes of inspection, these could not be made available. A number of records requested for examination, were produced in a format that prevented the inspector from making an assessment of their quality and robustness. For example, the records relating to the staff registration with NISCC could not be reviewed in full format, due to the issue of consent. This meant that the inspector was unable to fully assess whether all the support workers were registered with NISCC. The inspector was not provided with any evidence that the consent of agency staff had been sought or obtained in this regard prior to the inspection visit.

A review of records confirmed that all support workers, had received a structured induction programme in line with the timescales outlined within the regulations. Induction was also provided to support workers, whose role had changed within the organisation. The manager advised that they were in the process of reviewing the arrangements for obtaining consent for RQIA to review the records of staff from other domiciliary care agencies; however, at the request of the inspector, consent was obtained for the inspector to view two agency staff profiles and induction forms. The review of the staff profiles and induction records confirmed that agency staff had been provided with an induction.

Following the inspection, RQIA forwarded a letter to the responsible individual, seeking assurances in relation to the implementation arrangements for the consent of staff and the people supported, to facilitate any future need for RQIA Inspectors to access such records in the performance of its statutory functions. Refer to section 6.5 and 6.7 for further detail.

There were systems in place to monitor staff performance and to ensure that they received support and guidance. This included mentoring through formal supervision meetings and completion of annual appraisals. These areas were monitored by the management team as part of their quality monitoring processes.

A review of the training records and discussion with staff evidenced that training had been provided in all mandatory areas and records were kept up to date. One staff member described the training as being very good.

A review of the accident and incident records confirmed that they were managed appropriately and were notified to the HSC Trust in keeping with local protocols.

There was also evidence that any learning gleaned from incidents or accidents had been shared amongst the relevant staff, to avoid recurrence.

A number of safeguarding incidents had been reported to the relevant HSC Trusts since the last care inspection. The inspector was not permitted to review the records, due to the issue of consent. This matter is discussed in detail in section 6.7. Through discussion with the management team, the safeguarding incidents were deemed to have been managed appropriately and in accordance with the agency's policy. Arrangements were in place to embed the new regional operational safeguarding policy and procedure into practice. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that the organisation's operations director holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures. Discussion with staff confirmed that they were knowledgeable about their specific roles and responsibilities in relation to adult protection and how they should report any concerns that they had.

Discussion with the manager indicated that any restrictive practices in place, were considered necessary and agreed in conjunction with the people supported by the agency, their relevant representatives and the HSC representative. The records relating to restrictive practices could not be accessed during the inspection as the inspector was advised that the people supported could not consent to this. The inspector was not provided with any documentary evidence in respect to the capacity of the people supported. Refer to section 6.7 for further detail.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development, adult protection and risk management.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The full nature and range of service provision was detailed in the Statement of Purpose and Service User Guide. The inspection aimed to examine the agency's arrangements for appropriately assessing and meeting the assessed needs of the people supported. However, the inspector was advised that none of the people supported had the capacity to give or

withhold consent to their care records being accessed by the inspector. It was disappointing to note the absence of or reference to evidence of any formal assessment of capacity undertaken for this purpose. It was not possible to determine whether consent had been withheld for written records to be accessed by the inspector when the individual's confidential information was shared verbally to the inspector by agency staff. Therefore it could not be determined that the people supported had been fully involved in these decisions.

Following the inspection, RQIA forwarded a letter to the responsible individual, seeking assurances in relation to the implementation arrangements for the consent of the people supported by Positive Futures, to facilitate any future need for RQIA Inspectors to access such records in the performance of its statutory functions. Where any of the people supported do not have the capacity to give or withhold consent, records are required to be maintained of the person making the assessment, their qualifications and role, the date of the assessment; and that such assessments are reviewed annually. Refer to section 6.7 for further detail.

The manager verbally described the information contained in the person centred portfolios maintained for one identified person supported. Staff consulted with appeared knowledgeable in relation to the needs and preferences of the people they supported.

Care reviews in conjunction with the relevant HSC Trust were noted to be held annually or as required.

The agency had developed and maintained a quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to the people supported. However, due to the issue of consent, the monthly quality monitoring reports were produced in a format that prevented the inspector from making an assessment of their quality and robustness. Refer to section 6.7 or further detail.

Discussion with family members and with relevant HSC Trust representatives confirmed that they felt that communication was well maintained. A daily diary was noted to be used to aid communication between the agency staff and other facilities the people supported attended. Given that the daily diary requested was not available on the day of the inspection, copies of the diary entries were forwarded to RQIA by email on 21 September 2018. Due to the inaccessibility of the identified care record, there was limited assurance as to whether the care and support provided was in keeping with the commissioned care, regulations or standards. Refer to section 6.7 or further detail.

Staff meetings were held on a regular basis and minutes were available. There was also evidence that the people supported attended meetings that were facilitated by staff; minutes were available. It was noted that the minutes of meetings were presented in a format, which protected the identity of all staff names and the names of the people supported.

This prevented the inspector from making an assessment of their quality and robustness.

Areas of good practice

There were examples of good practice found in relation to the agency's engagement with the people supported.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspection sought to assess the agency's ability to treat the people they supported with dignity and respect; and to fully involve them and/ or their representatives in decisions affecting their care and support.

The staff spoken with had a good knowledge of the people they supported. The manager explained that each person supported had information within their records that outlined their life histories, family and community relationship networks.

The people supported were encouraged to participate in activities in the local and wider community, with appropriate staff support.

The agency maintained a range of quality monitoring systems to evaluate the quality of services provided, including monthly quality monitoring reports which specifically ascertained and included the views of the people supported and their representatives. This included a system called 'what people think', where the people supported and/or their representatives were asked for their views on the care and support on a regular basis.

During the inspection, the inspector spoke with two people supported by the agency, they appeared relaxed and happy with the support workers who accompanied them. The inspector also spoke with two HSC Trust representatives, four staff and five relatives. Some comments received are detailed below:

Staff

- "It is very caring place to work, the people we support are always put first."
- "It is very person-centred here, if we had our staffing (recruitment sorted), it would be one hundred percent."
- "The support is incredible, I would prefer this model of care to residential care."
- "I am getting on grand, think we are delivering a good service."

Representatives

- "I am happy."
- "I am very happy, everything is very positive and they all seem to be clued into (my relative's) needs. They are always trying to come up with new ideas."
- "The staff are absolutely fabulous."
- "Generally all things are fine."

One of the representatives of the people supported discussed dissatisfaction with the care and support provided. This matter is further discussed in section 6.7.

HSC Trust Representatives

- “They are very flexible, think outside the box and are very innovative.”
- “They are doing a good job, usually very good with communication.”

At the request of the inspector, the manager was asked to issue ten questionnaires to the people supported by the agency and their representatives. Five questionnaires were returned within the timeframe for inclusion in this report. The respondent indicated that they were ‘very satisfied’ in relation to all four domains. Written comments included:

- “All aspects of the care are very satisfactory.”
- “My (relative) is very well settled Very well done Positive Futures.”

Ten staff provided electronic feedback to RQIA regarding the quality of service provision. All respondents indicated that they were either ‘satisfied’ or ‘very satisfied’ in relation to the delivery of compassionate care. The majority of staff indicated that they were either ‘satisfied’ or ‘very satisfied’ that the care was safe and effective and that the agency was well led. A small number indicated that they were either ‘unsatisfied’ or were ‘undecided’ in these regards. No negative comments were provided to support these responses, therefore the feedback received was relayed to the manager, following the inspection. Written comments included ‘I feel the support we give is not only a job but a commitment to the people we support’. Another comment related to the induction process. This specific comment was relayed to the manager, for review and action, as appropriate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of care, promoting dignity and respect, listening to and valuing the people supported and their representatives.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The agency had recently incorporated the registration of the Positive Futures' Belfast office into the Crescent service. This resulted in an increased number of staff and an increase in the number of people supported. The manager had submitted an application for registration with RQIA as registered manager and registration is currently pending in this regard.

The inspection aimed to review the management and governance systems in place within the agency to meet the needs of the people supported; however, given the concerns outlined in previous sections, relating to the issue of consent and access to records, the inspector was unable to make an assessment of their quality and robustness. The inability to access a range of records has reduced the level of assurance obtained during the inspection with regard to a range of regulations and standards.

Following the inspection, RQIA forwarded a letter to the responsible individual, seeking assurances in relation to the implementation arrangements for the consent of staff and the people supported by Positive Futures, to facilitate any future need for RQIA Inspectors to access such records in the performance of its statutory functions. RQIA also requested assurances that any privacy notices that have been issued to staff and the people supported, stipulate the circumstances, in which RQIA may access personal records without consent. Where any of the people supported do not have the capacity to give or withhold consent, records are required to be maintained of the person making the assessment, their qualifications and role, the date of the assessment; and that such assessments are reviewed annually. These matters will be followed up at a future inspection.

Due to the issue of consent, the inspector was not given access to the full complaints records; however, the inspector viewed a detailed complaints matrix/tracker with the manager; and was satisfied that the procedure for managing complaints was being generally being followed. The majority of all those consulted with were confident that staff/management would manage any concern raised by them appropriately. One relative spoken with advised that their complaint had not been acted upon in a timely manner. Following discussion with the management team, the inspector was satisfied that there was a reasonable explanation for this; the inspector was satisfied that this matter was being addressed.

Discussions held with the manager during the inspection and with a representative of the registered individual subsequent to the inspection evidenced the organisation's commitment to the protection of confidential information held by the agency about the people supported by and agency staff. It was disappointing to note however that in anticipation of an annual inspection of the agency, there was limited evidence of engagement with staff to seek their consent to have aspects of their recruitment records accessed by RQIA for the purposes of inspection. The absence of reasonable efforts to secure the consent of staff on these matters has reduced the level of assurance obtained during the inspection with regard to appropriate recruitment practices. This is concerning and will be followed up at a subsequent inspection.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. An action plan was generated to address any identified areas for improvement. As previously discussed in section 6.5, the monthly quality monitoring reports were produced in a format that prevented the inspector from making an assessment of their quality and robustness. For example, the inspector was unable to ascertain whether or not input had been sought from a range of relatives or HSC representatives. The inspector was also unable to ascertain how effective the auditing processes were due to the inaccessibility of the care records and in relation to the level of redaction evident in the monitoring reports.

The organisational structure of the agency was clearly reflected in the service user guide. The day to day operation of the agency was overseen by the manager, four deputy managers, senior support workers and support workers. In addition the agency's on call system ensured that staff could avail of management support 24 hours a day.

Staff spoken with confirmed that there were good working relationships with the management team. All those consulted with described the management team in positive terms; comments included 'they are very approachable'.

There were arrangements in place in relation to the equality of opportunity for the people supported and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of the people supported. This important ethos was also incorporated into the recruitment process. The agency collected equality data on the people they supported such as; age, gender, race, disability, marital status via the commissioning trust referral information.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years.

Review of records pertaining to accidents and incidents confirmed that these were appropriately managed.

It was identified that there were no incidents which required to be notified to RQIA since the date of the last inspection.

The agency had received positive feedback through the quality monitoring report from HSC Trust representatives regarding the ability of the agency staff to work in partnership to meet the needs of the people they supported.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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