

# Announced Care Inspection Report 22 February 2018



## Positive Futures Belfast Supported Living Service

**Type of Service: Domiciliary Care Agency**

**Address: Castleton Centre, 30a - 34a York Road, Belfast, BT15 3HE**

**Tel No: 02890183277**

**Inspector: Aveen Donnelly**

[www.rqia.org.uk](http://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 Belfast Supported Living Service is a domiciliary care agency which provides a range of supported living services, housing support and personal care services to individuals living in the Belfast area.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Positive Futures  <b>Responsible Individuals:</b> Ms Agnes Philomena Lunny	<b>Registered Manager:</b> See below
<b>Person in charge at the time of inspection:</b> service manager	<b>Date manager registered:</b> Amanda Barr – application not yet submitted

### 4.0 Inspection summary

An announced inspection took place on 22 February 2018 from 09.30 to 12.50 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 recruitment practices, staff development, adult safeguarding and risk management. The care records were well maintained and evidenced a person-centred approach to care delivery. The culture and ethos of the agency promoted treating the people they supported with dignity and respect and maximising their independence. There was evidence of good governance and management systems in place. A number of areas of good practice were commended by the inspector and are reflected in the main body of the report.

No areas for improvement were identified during this inspection.

At the request of the people who receive care from Positive Futures, 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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the service manager and operations manager, as part of the inspection process and can be found in the main body of the report.

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

## 4.2 Action/enforcement taken following the most recent care inspection dated 10 March 2017

No further actions were required to be taken following the most recent inspection on 10 March 2017.

## 5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report
- records of notifiable events
- any correspondence received by RQIA since the previous inspection

At the request of the inspector, the service 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. No responses were received.

During the inspection process the inspector spoke with the operations manager, the service manager, two support workers, one Health and Social Care (HSC) Trust representative, one person supported by the agency and two relatives. Questionnaires were also provided for distribution to the people supported and/or their representatives. Any comments from returned questionnaires received after the return date will be shared with the registered manager for their information and action as required.

The following records were examined during the inspection:

- staff induction and training records
- supervision and appraisal planner
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- incident records
- records relating to potential adult safeguarding incidents
- support worker meeting' minutes
- complaints and compliments records
- a selection of policies and procedures
- monthly quality monitoring reports
- the Statement of Purpose
- the Service User Guide

Prior to the inspection, an assessment had been undertaken of the agency's recruitment records at the organisation's head office, 2b Park Drive, Bangor. RQIA were satisfied that the recruitment processes were robust.

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 10 March 2017

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

### 6.2 Review of areas for improvement from the last care inspection dated 10 March 2017

There were no areas for improvement made as a result of the last care 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 a deputy manager, 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 currently eight staff vacancies. These vacancies were being filled by relief staff or agency staff who were block booked, to ensure continuity of care. Relatives consulted with commented in relation to the high turnover of staff and stated that 'sometimes things can drop with agency staff'. These comments were discussed with the manager, who advised that the service had experienced a high turnover of staff and that recruitment of new staff was in progress.

The agency's staff recruitment processes were noted to be managed in conjunction with the organisation's human resources department, located at the organisation's head office. Prior to the inspection, RQIA undertook an assessment of the agency's recruitment records and were deemed to be robust. There was also a system in place to monitor the registration status of support workers in accordance with NISCC. The manager discussed recent recruitment difficulties the agency were experiencing and described specific changes to the recruitment processes; this included involving one of the people supported in the interview process. This is good practice and is commended.

A review of records confirmed that all staff, including staff from another domiciliary care agency, had received a structured induction programme in line with the timescales outlined within the Regulations. 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, observation of practice and completion of annual appraisals. These areas were monitored by the management team as part of their quality monitoring processes. The inspector noted that staff supplied from other domiciliary care agencies also received supervision in accordance with the agency's policy and that all staff received observations of their practice.

Discussion with staff and a review of the training records confirmed that training had been provided in all mandatory areas and records were kept up to date. Additional training in areas such as epilepsy awareness, reflective practice and resilience training, diabetes, makaton sign language, mental health, oppositional defence training and positive behaviour management had also been provided. The inspector also noted that the staff had received training on keeping information safe in preparation for the implementation of the General Data Protection Regulations.

Discussion with the manager evidenced that any potential safeguarding incidents had been managed appropriately. The inspector was advised that there had been no safeguarding referrals made to the HSC Trust or RQIA from the last inspection. 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 safeguarding and how they should report any concerns that they had. The staff spoken with were aware of the name and designation of the ASC within the organisation.

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.

The inspector noted that staff had received training in human rights and restrictive practices. Discussion with the manager indicated that any restrictive practices used, were considered and agreed in conjunction with the people supported by the agency and their relevant representatives.

Discussion with the management team also evidenced that regular safety checks were undertaken to ensure that the houses where the people supported lived were safe and free from hazards.

### **Areas of good practice**

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

### **Areas for improvement**

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

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 agency's arrangements for appropriately assessing and meeting the needs of the people supported were examined during the inspection.

The agency maintained a policy on record keeping and information security and the records examined during the inspection reflected compliance with this. The inspector was advised that none of the people supported had consented to their care records being accessed by the inspector. The assessed needs of the people supported were discussed in detail with agency staff and the relatives of the people supported, who also described the person centred portfolios maintained for each individual. Staff referred to person centred tools used within each portfolio and highlighted their role in ensuring that these are maintained and kept under regular review. The person centred tools discussed included communication dictionaries, traffic light system for managing behaviours, personalised support planners, how best to support the individual and decision making information.

Care reviews with the HSC Trusts were noted to be held annually or as required. Discussion with the manager indicated that care and support plans were updated to reflect changes agreed at the review meetings.

The agency had developed and maintained a thorough quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to the people supported. Monthly quality monitoring was undertaken by operations managers who had a good working knowledge of the service. Quality monitoring reports indicated consultation with a range of people supported, relatives, staff and as appropriate HSC Trust representatives.

There was evidence of effective communication with the people supported and their representatives and with relevant HSC Trust representatives, as required. A daily diary was noted to be used to ensure that there was good communication where the care and support was shared between services. Staff meeting' minutes reflected that there was effective communication between all grades of staff and this was supported by staff spoken with during inspection. Relatives spoken with also indicated that there was appropriate communication and that they had good working relationships with the staff.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the quality of the care records and 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
<b>Total number of areas for improvement</b>	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/their representatives in decisions affecting their care and support. The culture and ethos of care was found to promote dignity, respect, independence, rights, equality and diversity. This was reflected through the staff attitudes and the delivery of the service.

The staff 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.

Participation in activities in the local and wider community were encouraged, with appropriate staff support. The management team discussed various activities including choir practice, singing, ballet, art classes, music, swimming, cinema, drives and bowling. The people supported were encouraged to be involved in tasks, such as ordering medicines and doing their own shopping. Day trips were also facilitated, where possible.

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 monthly basis. Comments were noted to include 'they are doing an amazing job' and 'I don't know how we could have got through this, without Positive Futures'.

During the inspection, the inspector spoke with one person supported by the agency, who appeared relaxed and happy with the support worker who accompanied them. The inspector also spoke with one HSC Trust representative, two support workers and two relatives. Some comments received are detailed below:

#### Staff

- "If you read the mission statement, you'll know why they are so good. We really prioritise treating the individual."
- "It is a good company and the personal support is very good."

One staff member spoke to the inspector in relation to the staffing arrangements and how they felt that this impacted on the quality of the care and support provided. Comments were relayed to the manager for review and action, as appropriate.

#### Representatives

- "They do their best."

- “I am happy with the care and support received.”

**HSC Trust Representatives**

Feedback received was generally positive.

At the request of the inspector, the manager was asked to issue ten questionnaires to the people supported by the agency and their representatives. No responses were received.

One staff member provided electronic feedback to RQIA regarding the quality of service provision. Responses indicated that they felt either ‘satisfied’ or ‘very satisfied’ that the care provided was safe, effective and compassionate and that the service was well led. No written comments were received.

**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
<b>Total number of areas for improvement</b>	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 inspector reviewed the management and governance systems in place within the agency to meet the needs of the people supported; it was identified that the agency has effective systems of management and governance in place.

The organisational structure of the service was clearly reflected in the service user guide and was well understood by staff. The day to day operation of the agency was overseen by a manager, two deputy service managers, senior support workers and a team of 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 and that management were responsive to any suggestions or concerns raised. All those consulted with described the management team in positive terms; comments included ‘we are very fortunate to have a good management team because they are good at what they do’ and ‘management are very supportive’.

There was a policy in place relating to the management of complaints. The manager explained the procedures in place to ensure that any complaints received would be managed in accordance with regulation, standards and the agency's own policies and procedures. All those consulted with were confident that staff/management would manage any concern raised by them appropriately. A review of the records also evidenced that all staff received additional training of managing complaints.

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; discussion with the management team and a review of relevant records evidenced that all areas identified in the action plan had been addressed.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years. However, a review of the agency's policy on Vehicles, identified that it did not include reference to the procedure for purchasing motability vehicles. This was deemed to be important, given that specialist assessment was an integral part of the process. Given that the manager was knowledgeable regarding the assessment process involved in purchasing motability vehicles, the operations manager was requested to submit the revised policy to RQIA, when reviewed.

Review of records pertaining to accidents and incidents confirmed that these were appropriately managed. There were no incidents which required to be notified to RQIA.

There was evidence of effective collaborative working relationships with key stakeholders, including the HSC Trust, families of the people supported and staff. 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 supported.

On the date of inspection the registration certificate was up to date and displayed appropriately.

### **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.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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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