



The Regulation and
Quality Improvement
Authority

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

SECONDARY INSPECTION

Inspection No:	IN020093
Establishment ID No:	11018
Name of Establishment:	Positive Futures (Magherafelt)
Date of Inspection:	23 March 2015
Inspector's Name:	Joanne Faulkner

1.0 GENERAL INFORMATION

Name of agency:	Positive Futures (Magherafelt)
Address:	46a Rainey Street Magherafelt BT45 5AH
Telephone Number:	028 79395260
E mail Address:	j.diamond@positive-futures.net
Registered Organisation / Registered Provider:	Positive Futures Ms Agnes Philomena Lunny
Registered Manager:	Mr John James Diamond
Person in charge of the agency at the time of inspection:	Mr John Diamond
Number of people supported:	Six
Date and type of previous inspection:	16 May 2013, Primary Announced Inspection
Date and time of inspection:	23 March 2015 09:45 - 14:30
Name of inspector:	Joanne Faulkner

2.0 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 domiciliary care agencies. A minimum of one inspection per year is required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

3.0 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service provided to the people supported was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. 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.

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
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Domiciliary Care Agencies Minimum Standards (2008)

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

4.0 METHODS/PROCESS

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

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Evaluation and feedback

5.0 INSPECTION FOCUS

The inspection sought to assess progress with the issues raised during and since the previous inspection and to consider the following areas:

- Review of action plans/progress to address outcomes from the previous inspection
- Charging survey
- Care reviews

- Monthly quality monitoring reports
- Complaints

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.

6.0 PROFILE OF SERVICE

The agency provides supported living type domiciliary care services to six individuals with a learning disability within the Magherafelt area. The staff team is comprised of a registered manager, a deputy manager and seven support workers. The aims of the service are to:

- enable adults with a learning disability to lead fuller, more valued lives, and participate meaningfully as part of the wider community;
- enable individuals with a learning disability to establish and maintain a home they have chosen within the community;
- promote the rights of the people supported and support them to exercise these rights as citizens, and enable them to understand the balance between rights and responsibilities;
- provide a secure environment which recognises and responds to individual need; and
- promote a culture of risk enablement by assessing risk and facilitating positive risk taking.

Each individual person supported is provided with a comprehensive person centred plan unique to their needs and aspirations. Each person supported also has in place a personal and housing support assessment.

7.0 SUMMARY

The secondary announced inspection was undertaken at the agency's registered office, at Rainey Street, Magherafelt on 23 March 2015. The inspector was supported throughout by Joanna Clarke, Operations Manager (Acting) and John Diamond, registered manager. The inspector had the opportunity to meet with three of the people supported. The inspector spoke with one relative and a HSC Trust professional.

Prior to the inspection, 10 staff members forwarded to RQIA completed questionnaires in relation to the quality of service provision.

The 10 returned questionnaires indicated the following:

- 10 staff have received vulnerable adult training
- Training was rated as excellent
- 10 staff have received Human Rights training
- The people supported have in place individual service agreements
- Staff are aware of whistleblowing policy
- Staff have spoken to the person completing the monthly monitoring visit
- 10 Staff have received training on the Supported Living model

Records viewed by the inspector and discussions with the manager support the above statements.

7.1 The people supported comments

During the inspection, the inspector met with three of the people supported who could describe the care and support they received; they stated that they are involved in the completion of their individual care and support plans and are encouraged to attend review meetings.

The people supported stated that they are supported to live as independently as possible and provided with the agreed care and support and that their views and wishes are respected.

- “We take turns at making the meals”
- “I look after my own money”
- “The staff are very good”
- “I work in the hospital”
- “I can choose to do what I want ”
- “I like living in my own home”
- “I go to the day centre”
- “Staff support me to go shopping; I make a list of what I want”.

7.2 The views’ of professionals

The inspector spoke with an HSC Trust professional who provided positive feedback regarding communication with the agency, the agency’s ability to meet the needs of the people supported, and the quality of support provided. Comments received included:

‘Staff inform me of any issues or concerns’
 ‘The people supported are provided with a good service’
 ‘I have a good working relationship with the staff’.

7.3 The views’ of relatives

The inspector spoke with one relative who provided positive feedback regarding the standard of service provided to their relative and the quality of life they experienced whilst receiving care and support from the agency. Comments included:

‘My relative is very happy; they look after them very well’
 ‘Staff inform me of any changes’
 ‘I have no concerns’
 ‘My relative is given choice and supported to live a good life’.

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

The inspector reviewed the Quality Improvement Plan issued following the previous inspection; two requirements and one recommendation have been assessed as being fully met.

The inspector would like to thank the people supported, their representatives, the professional, the registered manager, and operations manager for their support and co-operation during the inspection process.

8.0 FOLLOW-UP ON PREVIOUS ISSUES

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	15 (6) (d)	<p>The registered person shall specify the procedure to be followed where a domiciliary care worker acts as agent for, or receives money from, the people supported.</p> <p>This requirement is in relation to the agency's arrangements for documenting in detail the nature of all charges made to service users.</p>	<p>The inspector viewed the updated support agreement for two of the people supported it details charges made to the people supported for services provided by the agency.</p> <p>The Handbook for people supported outlines the terms and conditions of any charges.</p> <p>The people supported are provided with a budget record detailing income and outgoings.</p> <p>This requirement was assessed as being fully met.</p>	Fully met

2.	15 (5) (a) (b) (c)	<p>The registered person shall, for the purpose of providing prescribed services to service users, so far as is practicable:</p> <ul style="list-style-type: none"> (a) Ascertain and take into account the service user's and where appropriate their carer's, wishes and feelings; (b) Provide the service user, where appropriate their carer, with comprehensive information and suitable choices as to the prescribed services that may be provided to them; and (c) Encourage and enable the service user, and where appropriate their carer, to make informed decisions with respect to such prescribed services. 	<p>The inspector viewed the agency's Human rights and restrictive practice policy (Nov, 2014); it details the procedure for engaging with the people supported and their representatives in relation to the care and support they receive.</p> <p>The policy contains a definition of restrictive practice and the procedure to ensure that any practices deemed to be restrictive are in the best interests of the person supported and reviewed regularly.</p> <p>This requirement has been assessed as being fully met.</p>	Fully met
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FOLLOW-UP ON PREVIOUS ISSUES

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	8.11	<p>It is recommended that the registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis. This report summarises any views of the service users and / or their carers / representatives ascertained about the quality of services provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p> <p>This recommendation refers specifically to the agency's engagement with service users during monthly quality monitoring visits.</p>	<p>The inspector viewed the monthly quality monitoring records in place and identified that the views of the people supported, their relatives and were appropriate relevant professionals were recorded.</p> <p>The people supported who met with the inspector stated that the person completing the monthly monitoring encourages them to express their views.</p> <p>This recommendation has been assessed as being fully met.</p>	Fully met

9.0 ADDITIONAL AREAS EXAMINED

9.1 Charging Survey

At the request of RQIA, the registered manager submitted a completed survey of charging arrangements to RQIA in advance of the inspection. The manager confirmed that three of the people supported lack financial capacity. The inspector noted that the appointee arrangements were stated in the person's care and support documentation.

The registered manager and operations director confirmed that all people supported contribute the care component of their Disability Living Allowance (DLA) towards the cost of their care. The service user handbook for people supported states that people can choose to contribute their DLA, that if they choose not to do so the agency will liaise with the relevant HSC Trust.

The inspector was also advised that the HSC Trust is aware that the people supported are making these payments to Positive Futures.

There was evidence examined during the inspection of an email sent to HSC Trusts by the registered person (19/08/14) in relation to 'the issues concerning the use of DLA care to contribute to the cost of care in supported living services'.

The correspondence sets out the DHSSPS guidance issued to the statutory sector in 1999 and advises that current funding arrangements have been endorsed by HSC Trusts. The correspondence also seeks engagement with the Trusts in order to agree a more appropriate funding structure.

The agency has issued the people supported with a support agreement and an information handbook which sets out the amount of care / support allocated to each individual along with the numbers of staff and the times of their supply.

However, it was not clear during the inspection what amount of service each individual was receiving in respect of the payments they were making from their person income for care / support.

The registered person is required to forward to RQIA assurances that those people supported who make a financial contribution towards their care have had their support agreements reviewed and approved by the HSC Trust.

9.2 Annual Review of the people supported needs by HSC trusts:

The manager completed and returned to RQIA a questionnaire which sought information about the role of the HSC trust in reviewing the needs and care plans of the people supported during the period 1 April 2013 – 31 March 2014 (in accordance with the DHSSPS Circular HSC (ECCU) 1/2010 "Care Management, Provision of Services and Charging Guidance").

Records viewed by the inspector and discussion with the manager identified that all of the people supported had received an annual review which involved a representative from the relevant HSC trust; the people supported stated that they are encouraged to participate in the annual review and the manager stated that the people supported are encouraged to chair the review meeting.

9.3 Monthly Quality Monitoring

The inspector viewed the agency's quality monitoring documentation in place and noted that unannounced monthly monitoring visits are completed by a manager from another service. From the documentation viewed the views of the people supported, their relatives and where appropriate relevant professionals had been recorded. The documentation contains details of any incidents or safeguarding concerns and an action plan; reference is also made to the RQIA quality improvement plan. The manager stated that the outcome of the monthly visit is discussed with agency's staff at the monthly staff meeting.

9.4 Complaints

The agency has received no complaints for the period 1 January 2013 to 31 December 2013; this was verified by the returns forwarded by the agency to RQIA and from records viewed.

10.0 QUALITY IMPROVEMENT PLAN

Specific details of the Quality Improvement Plan appended to this report were not discussed with Mr John Diamond, Registered 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:

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



Quality Improvement Plan

Announced Secondary Inspection

Positive Futures (Magherafelt)

23 March 2015

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

Specific actions set out in the Quality Improvement Plan were not discussed with Mr John Diamond, registered manager during 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.	14(d)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided —</p> <p>(d) so as to ensure the safety and security of service users' property, including their homes;</p> <p>The registered person is required to forward to RQIA assurances that those people supported who make a financial contribution towards their care have had their support agreements reviewed and approved by the HSC Trust.</p>	One	<p>The Registered Person has provided written assurance to RQIA about the arrangements for any person we support who makes a financial contribution towards their support. We will ensure that a review of the Support Agreement for any person we support who makes such financial contributions is taken forward within the relevant HSC Trust's normal review process.</p>	14 July 2015

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	John Diamond
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	X	Joanne Faulkner	28/8/15
Further information requested from provider			