

Unannounced Care Inspection Report 20 October 2016



Positive Futures

Type of service: Domiciliary Care Agency
Address: Loy Buildings, 18 Loy Street, Cookstown, BT80 8PE
Tel no: 02886766246
Inspector: Michele Kelly

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Positive Futures took place on 20 October 2016 from 10:30 to 15:45.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the domiciliary care agency was delivering safe, effective and compassionate care and if the service was well led.

At the request of the people who use Positive Futures supported living services, Positive Futures has requested that RQIA refer to these individuals as 'the people supported'

Is care safe?

During the inspection the inspector found evidence which indicated safe delivery of care. Examination of the staffing arrangements showed that the agency maintains a provision of appropriately trained and supervised staff who understand the needs of the people supported. Staff provided feedback that managers are approachable and accessible for consultation at all times.

The arrangements to protect the people supported include the provision of a safeguarding policy and training which reflect the most up to date regional guidance. The arrangements for the provision of care and support include appropriate involvement of people supported, the HSC Trust and relatives. The inspector found evidence of positive outcomes through a process of person centred assessment, and an innovative approach to review of needs, preferences, and risks.

Is care effective?

During the inspection the inspector found evidence which indicated that effective care was being provided.

The agency has systems in place to ensure an effective response to the assessed needs of the people supported. The people supported and/or their representatives are closely involved in the development of care and support plans which are appropriately reviewed. The agency maintains effective communication with people supported, relatives and key stakeholders, including the HSC Trust. The quality monitoring arrangements include consultations with people supported, their representatives and the HSC Trust, and provide a thorough system of audit and service improvement. The inspector received feedback from the people supported, representatives and staff, which indicated that service provision had resulted in positive changes in the lives of people supported.

Is care compassionate?

During the inspection the inspector found evidence which indicated that compassionate care was being provided. The inspector observed interactions between staff and people supported and received feedback from people supported, and two relatives which indicated that human rights, choice and respect are upheld through service delivery. There was evidence which indicated that the views and wishes of the people supported are consistently sought by staff on a day to day basis, in addition to formal processes such as monthly quality monitoring and the annual survey. The agency maintains systems to seek the views of representatives and there

was evidence of regular involvement of representatives in the development and review of appropriate care and support plans.

The inspector noted that the provision of compassionate care has enabled some of the people supported to achieve greater independence than previously experienced.

The inspector found that Positive Futures successfully implements systems of involvement of people supported which result in service improvement.

Is the service well led?

During the inspection delivery of a well led service was found. Management and governance systems have been effectively implemented by the agency to ensure that the needs of the people supported are met and quality improvement systems are maintained. Agency staff are aware of their roles, responsibilities and accountability systems within the organisational structure. Constructive working relationships with key stakeholders, including relatives and the HSC Trust, have contributed to positive outcomes achieved with the people supported.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with John Diamond, registered 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.

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Positive Futures/Ms Agnes Philomena Lunny	Registered manager: Mr John James Diamond
Person in charge of the service at the time of inspection: Mr John James Diamond	Date manager registered: 03 August 2012

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Previous inspection report
- Records of notifiable incidents
- Correspondence with RQIA.

During the inspection the inspector spoke with the service manager, (John Diamond), the operations manager, the deputy manager four support staff, three people supported and two relatives.

As part of the inspection and at the request of the inspector, questionnaires were distributed for completion by staff; three were returned to RQIA. At the request of the inspector, questionnaires were distributed for completion by people supported; three were returned to RQIA. Feedback received by the inspector during the inspection process is included throughout this report.

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

- Discussion with the registered manager
- Examination of records
- File audits
- Evaluation and feedback.

The following records were examined during the inspection:

- A range of care and support plans
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records.
- Whistle blowing Policy
- Recruitment Policy.

4.0 The inspection

The agency provides supported living type domiciliary care services to eight individuals with a learning disability in the Cookstown area. The staff team is comprised of the registered manager, one deputy service manager, two senior support workers, and thirteen support workers.

4.1 Review of requirements and recommendations from the most recent care inspection dated 21 March 2016

There were no requirements of recommendations made as a result of the last care inspection.

4.2 Is care safe?

During the inspection staffing arrangements were reviewed by the inspector. The inspection was unannounced and when the inspector arrived at the agency office there was a delay in the administrative staff member being able to contact a person in charge. The inspector was advised that inaccurate information about the location of senior staff and problems identified with the phone system contributed to the delay. Following the inspection the inspector was advised of the steps that had been taken to address these matters including training and the inspector was satisfied with the prompt response to these issues.

Staff rotas and feedback from staff indicated that sufficient numbers of staff are available to meet the needs of people supported at all times. The inspector noted that vacant shifts on the rota are covered either by the current staff team, or by staff who work in another agency operated by the provider. The staffing arrangements maximise the provision of familiar staff to the people supported. The inspector noted that sufficient staff are available to support planned social inclusion activities, individually or in groups

The agency has a recruitment policy in place and a dedicated human resources department oversees the recruitment process, including the completion of appropriate pre-employment checks. The inspector viewed the information the manager receives on a tracker as new staff are being recruited. The system is robust and ensures the registered manager has oversight of information in respect of the matters specified in Schedule 3 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

It was noted that the agency has an induction policy and programme which includes an initial two week induction programme within the six month induction period. This Positive Futures Foundation Programme is linked to the Northern Ireland Social Care Council (NISCC) induction standards for social care staff. Staff who provided feedback to the inspector commented that the induction was very beneficial.

Records of training and staff feedback indicated that staff attend a range of training in accordance with regulations, minimum standards and the agency's assessment of training needs. There was evidence that staff have attended training additional to that stated in the minimum Standards, including Positive Behaviour Training, Challenging Bad Practice, Capacity and Consent. Staff spoken to talked enthusiastically about the benefits of having access to Positive Behaviour Support staff for advice and guidance.

Examination of records indicated that a system is in use to ensure that staff supervision and appraisals are planned and completed in accordance with organisational policy. The inspector found evidence of systems of informal supervision and consultation from a service manager, backed up by a deputy manager who has a working knowledge of the service and the people supported. An effective on call system ensures that staff can avail of support twenty four hours a day. The inspector received staff feedback which indicated that staff are aware of their

obligations in relation to raising concerns about poor practice, and are confident of an appropriate management response

The regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 is reflected in the comprehensive training materials viewed by the inspector and the inspector noted this matter was discussed at a staff meeting on 29 September 2016. Records showed that staff are provided with safeguarding training during induction and at appropriate intervals to ensure best practice thereafter

The inspector examined the agency's arrangements to identify and manage risk. The inspector viewed referral and review arrangements with the HSC Trust which included minutes of multidisciplinary meetings, HSC professional assessments, and updated risk assessments and care plans.

Six completed questionnaires were returned to RQIA from people supported and staff. Respondents were very satisfied with this aspect of care.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.3 Is care effective?

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection.

The inspector reviewed a range of care and support plans. The inspector was informed by staff that person centred care plans are developed with the people supported and/or their representatives in conjunction with relevant assessments provided by the HSC Trust multi-disciplinary team. The inspector noted that relevant reassessments had been sought from the HSC Trust in response to individual changing needs, and incorporated into care and support plans.

Feedback received by the inspector from staff and people supported indicated that the people supported have a genuine influence on the content of their care plans. Care and support plans reviewed by the inspector had a strong person centred focus, and clearly stated individual needs and preferences. The registered manager explained how the service used "Planning Live" an innovative initiative to engage all relevant parties in the review procedure. The inspector viewed materials used in this process and commends the attention to detail and enthusiasm of all those involved.

The agency has developed and maintained a thorough quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered. Monthly quality monitoring is undertaken by operations managers who have a good working knowledge of the service. The quality monitoring system provides a very thorough standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of people supported, staff, relatives and HSC Trust professionals, and progress on improvement matters.

The agency’s systems to promote effective communication between the people supported, staff and other key stakeholders were assessed during the inspection. Communications systems maintained by the agency provided evidence of effective communication with people supported, including a complaint and compliments process, regular meetings, quality monitoring reports, an annual survey, and three monthly care plan reviews between keyworker and the person supported.

Examination of documentation and discussion with staff indicated that the agency refers to or consults with a range of appropriate HSC Trust professionals when relevant. The inspector found that the outcome of communication is recorded in the relevant notes and care and support plans.

Six completed questionnaires were returned to RQIA from people supported and staff. Respondents were very satisfied with this aspect of care.

One staff member commented:

“Each person is at the centre of everything we do”.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care compassionate?

The inspection sought to assess the agency’s ability to treat the people supported with dignity and respect, and to fully involve the people supported and their representatives in decisions affecting their care and support. The inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service. The inspector was informed by a person supported that they are involved in the recruitment process and sit on interview panels for new staff.

Relatives spoken to following the inspection commented:

“You can bring up any concerns at review”.

“I never thought there would be anywhere as good as this”.

“Really cannot praise it highly enough”.

“No concerns, delighted with care”.

The inspector found that people supported expressed differing interests and engaged in wide range of activities and interests. A person supported outlined to the inspector their involvement in advocacy and organisational matters within Positive Futures. This person was supported by staff to enjoy meaningful community activities and maintain optimum independence.

Six completed questionnaires were returned to RQIA from people supported and staff. Respondents were very satisfied with this aspect of care. One staff member commented:

“Choice is always at the heart of each individual’s life”.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is the service well led?

The inspector examined management and governance systems in place to meet the needs of the people supported. It was noted that robust systems of management and governance established by Positive Futures have been implemented at the agency. The day to day operation of the agency is overseen by the registered manager who is supported by the deputy manager.

The management structure of the agency is clearly defined and was well understood by staff who participated in the inspection.

The inspector saw evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for the people supported. This includes the agency’s governance of risk which includes appropriate policies and procedures, regular audit of adverse incidents including safeguarding incidents and incidents notifiable to RQIA, and service improvement strategies implemented by the senior management team.

Feedback from staff indicated that they are confident that managers would listen and respond to their concerns.

The agency maintains a comprehensive range of policies and procedures which are reviewed at least every three years. Policies and procedures are maintained on an electronic system accessible to all staff, and paper policies are retained in the office used by staff daily. The agency maintains and implements a policy relating to complaints and compliments. The inspector noted that no complaints were received during the reporting period of 1 April 2015 to 31 March 2016.

Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy. There are effective systems of formal and informal supervision and consultation, both inside and outside of normal working hours.

Six completed questionnaires were returned to RQIA from people supported and staff. Respondents were very satisfied with this aspect of care.

One staff member commented:

“Management are completely focused on giving the best quality care to all the people we support”.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews