

Unannounced Care Inspection Report 28 March 2019



Positive Futures Mid Ulster Supported Living Service

Type of Service: Domiciliary Care Agency
Address: Loy Buildings, 18 Loy Street, Cookstown, BT80 8PE
Tel No: 0288676 6246
Inspector: Aveen Donnelly

www.rqia.org.uk

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 Mid Ulster Supported Living Service is a domiciliary care agency (DCA) which provides a range of supported living services, housing support and personal care services to 18 individuals living in the Magherafelt, Cookstown and Dungannon areas.

Their care is commissioned by the Northern Health and Social Care Trust and the Southern 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: Joanne Grimes	Date manager registered: Joanne Grimes - application received 28 March 2019 (registration pending)

4.0 Inspection summary

An unannounced inspection took place on 28 March 2019 from 09.15 to 14.45.

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.

The agency had expanded since the last inspections, incorporating the Positive Futures Magherafelt Supported Living Service and the Positive Futures Cookstown Supported Living Service.

Evidence of good practice was found throughout the inspection in relation to staff recruitment practices, staff training and development, adult safeguarding and risk management. The care records were generally well maintained and evidenced a very person-centred approach to care delivery. The culture and ethos of the agency promoted treating the people they supported with dignity and respect. There was evidence of good governance and management systems in place.

No areas for improvement were identified during this inspection.

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

Those consulted with indicated that the people supported were very happy with the care and support provided.

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 the 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 inspections dated 26 January 2018 and 28 January 2018

The agency had expanded since the last inspections, incorporating the Positive Futures Magherafelt Supported Living Service and the Positive Futures Cookstown Supported Living Service. No further actions were required to be taken following the inspections of both services.

5.0 How we inspect

Prior to the inspection, the following records were analysed:

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

The following records were examined during the inspection:

- three staff recruitment checklists
- two staff induction records
- training matrix
- staff supervision and appraisal matrix
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- accident and incident records
- records relating to adult protection
- compliments records
- the care records of three of the people supported (person centred portfolio)
- support worker meeting' minutes and minutes of meetings of the people supported by the service
- monthly quality monitoring reports
- annual quality report
- the Statement of Purpose
- the Service User Guide.

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 and visiting professionals to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Comments and analysis of the responses are included within the report.

The inspector also requested that the manager display a 'Have we missed you?' card within the premises. This informed the people supported and/or their relatives that the inspection had taken place and invited their feedback. No responses were received.

During the inspection process the inspector spoke with the manager, the deputy manager, three support workers, one Health and Social Care (HSC) Trust' representative, one person supported by the agency and three relatives.

RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately in the setting.

Ten Questionnaires were also provided for distribution to the people supported or their representatives. All questionnaires were returned within the timescale for inclusion within this report; comments received are included within the report. Any comments from returned questionnaires received after the return date will be shared with the manager for their information and action as required.

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 26 January 2018 and 28 January 2018

The agency had expanded since the last inspections, incorporating the Positive Futures Magherafelt Supported Living Service and the Positive Futures Cookstown Supported Living Service. There were no areas for improvement made as a result of both inspections.

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.

During the inspection the inspector reviewed that agency's processes for avoiding and preventing harm to the people supported and this included a review of the staffing arrangements in place. There was a manager in post, who managed the agency with the support of two deputy managers, senior support workers and a team of support workers. The agency's staffing arrangements were discussed and the inspector was advised that recruitment of staff was in progress. No concerns were raised with the inspector in relation to the staffing levels and the needs of the people supported not being met.

The organisation has a dedicated human resources department which oversees the recruitment processes, including the completion of appropriate pre-employment checks. A review of the recruitment checklists identified that the required checks had been undertaken in keeping with regulation. There was a system in place to involve the people supported in the staff interviewing process. This is good practice and is commended.

There was a procedure in place in relation to the induction process. This reflected that the induction provided to staff is at least three days as outlined within the domiciliary care agencies regulations. There were systems in place to monitor staff performance and to ensure that they received support and guidance. A review of the supervision and appraisal matrix confirmed that the staff received formal supervisions and appraisals in keeping with the agency's policy and procedures.

A review of the staff training matrix confirmed that training had been provided in all mandatory areas and records were kept up to date. It was identified that additional training had been provided to staff in areas such as mental health awareness, learning disability awareness, diabetes awareness, autism awareness and positive behaviour support. The inspector was also advised that the training was also provided to staff, specific to the needs of the people supported, when required.

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 a senior manager within the organisation holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures. The inspector was advised that there had been a small number of incidents which had been referred to adult safeguarding since the date of the last inspection. A review of the records confirmed that these had been managed appropriately. An annual safeguarding position report had been completed.

It was identified that adult protection was a standard item discussed at all meetings. The review of the minutes pertaining to meetings of the people supported noted that the staff had discussed an Adult Safeguarding booklet with them and the information booklet was available in easy-read format. This is good practice.

A review of the accidents and incidents which occurred within the agency identified that they had been managed appropriately. These areas were monitored by the management team as part of their quality monitoring processes.

During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to the health, welfare and safety of the people supported. Records confirmed that comprehensive risk assessment had been completed in conjunction with the people supported and their representatives.

The inspector was advised that staff had received training in human rights as part of the Positive Behaviour Support training. Discussion with the manager indicated that the agency used a rights based approach when considering and reviewing the use of restrictive interventions. Any restrictive practices used, were considered and agreed in conjunction with the people supported and their relevant representatives. A review of the records confirmed that restrictive practices were reviewed on a regular basis and were overseen by the manager, as part of the agency's governance audits. The review of the associated risk assessments and

care plans relating to the use of restrictive practices, were noted to be fully considerate of human rights.

The manager also advised that service users had been provided with training called ‘Stranger Danger’. This training was aimed at increasing the safety awareness of the people supported and informed them of the different forms of abuse or hazards that they may be at risk from.

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
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 inspector reviewed that the agency’s arrangements for appropriately responding to, assessing and meeting the needs of the people supported. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

During the inspection the inspector reviewed three person centred portfolios and found these to be very comprehensive, personalised and reflective of the individuals’ preferences. It was noted that risk assessments and care plans were comprehensive; staff recorded daily the care and support provided.

Care reviews with the HSC Trusts were noted to be held annually or as required. The review of the records confirmed that care and support plans were updated to reflect changes agreed at the review meetings. Advice was given in relation to asking the people supported to sign the care and support plan, as a means of evidencing their agreement with the planned care.

There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to the people supported by the agency. The review of quality monitoring reports indicated consultation with a range of people supported, relatives, staff and HSC Trust’ representatives. Comments recorded on quality monitoring reports indicated that the people they supported ‘love the staff’ and are ‘very happy’. Other recorded comments within the monthly quality monitoring reports and the annual quality report are detailed below:

People Supported

- “I like Positive Futures, it’s better than anywhere else.”

Staff

- “There is a warm atmosphere within the house; it’s one of the best places I have ever worked in.”

Representatives of the people supported

- “I am so happy I know he has the right support in place and will be well looked after especially after I am gone, I really can’t say enough about the service, it’s excellent.”
- “All of the staff who have supported (my relative) Were very patient and I want to thank them all.”
- “The staff are great with (name of person supported).”

The inspector reviewed the agency’s systems to promote effective communication between staff, the people supported and relevant stakeholders. Discussions with representatives of the people supported indicated that staff communicated appropriately.

It was identified that the agency facilitates regular staff’ meetings and records were retained for staff that were unable to attend. Minutes of meetings attended by the people supported were also retained.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency’s auditing arrangements and engagement with the people supported and other relevant key stakeholders.

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 inspector sought to assess the agency’s ability to treat the people supported with dignity, respect, equality and compassion. A review of the records indicated that the people supported were fully involved in day to day decision-making about their care and support, including the activities they wished to partake in. The people supported had a decision-making profile in place; it included details of how they liked their information presented, how choice should be presented to them, how the staff could help them understand the choices and the best times for them to be asked about decisions.

There was also evidence within the records reviewed that the people supported had been given information relating to an initiative offered by Belfast City Airport on hidden disabilities. This was deemed to be important in preserving the dignity of the people supported. This is good practice.

The inspector discussed arrangements in place relating to the equality of opportunity for the people they supported and the need for staff to be aware of equality legislation whilst also recognising and responding to the diverse needs of the people supported in a safe and effective manner. The manager advised that equality and diversity was included as part of the induction programme.

All those consulted with indicated and the review of records confirmed that the agency supports equal opportunities for the people they support, regardless of their abilities, their background, choices or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- effective communication
- involvement of the people supported
- stakeholder involvement
- individualised person centred care
- individualised risk assessment

Documentation viewed indicated that the agency has effective systems in place to record comments made by the people they support and/or their representatives.

During the inspection process the inspector spoke with the manager, the deputy manager, three support workers, one Health and Social Care (HSC) Trust' representative, one person supported by the agency and three relatives. Some comments received are detailed below:

Staff

- "I rate the care to be a very high standard, the people we support are the boss of us, really."
- "I have no problems."
- "We have a good relationship with the people we support and they are given all the opportunities to do what they want."

People Supported

- "I couldn't fault them, they are an excellent organisation. I manage my own finances with the support of one of the support workers and I got a real boost recently when the auditors described my records as excellent."

Representatives

- "I couldn't tell you how pleased I am. It's been a wonderful experience. (relative's name) has gone from strength to strength and they are very proud of Positive Futures, it has far exceeded our expectations."

- “(relative’s name) comes first here, they really care about him. The staff are brilliant and protective of him, they really are making some difference and the atmosphere is unbelievable.”

HSC Trust’ Representative

- “I have no concerns at all; (name) loves living there.”

Twenty five staff members and one visiting professional provided electronic feedback to RQIA regarding the quality of service provision. The visiting professional responded positively in relation to all four domains. The majority of staff responses indicated that they felt either ‘satisfied’ or ‘very satisfied’ that the care provided was safe, effective and compassionate. A number of responses indicated that they were not satisfied in relation to the well led domain. Given that the majority of written comments supported the inspector’s findings in relation to the well led domain, the specific comments received were relayed to the manager, for review and action, as appropriate. Written comments included:

- “Fantastic company to work for, well managed and great job satisfaction.”
- “Positive futures provides a very high service to those they support.”
- “Better management which actually look at the people we support and deliver proper support to each person as individuals. Not to rush and make demands on staff and people we support without listening to their views. What’s right for one person isn’t always right for another.”
- “Personally I love working with Positive Futures & feel the service provided for the people we support is excellent.”
- “Positive Futures is an excellent person centred organisation. The people we support are supported to be as independent as possible. They are provided with endless opportunities that wouldn’t be possible only for Positive Futures.”
- “The service is extremely person centred.”

The majority of returned questionnaires from the people supported and relatives indicated that that they were ‘satisfied’ or ‘very satisfied’ in relation to the four domains.

Written comments included:

- “(Name of person supported) is very happy with the care she receives.”
- “(Name of person supported) has settled in very well within the service and is very happy with the care she received.”
- “Everything is excellent in Mid Ulster Support Living.”
- “(Name of person supported) is....very content with the service.”

A small number provided specific written comments in relation to staffing arrangements and in relation to being informed in advance about maintenance visits. These comments were relayed to the manager, for review and action as appropriate.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care and engagement with the people supported and other relevant stakeholders with the aim of promoting the safety of the people supported and improving the quality of the service provided.

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 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 had worked effectively with RQIA to operate and lead the agency in maintaining compliance with Regulation and Minimum Standards.

The management arrangements had changed since the last inspection. The acting manager submitted an application on 28 March 2019 to register with RQIA and this will be processed by RQIA.

The organisational structure of the service was clearly reflected in the service user guide. The staff members 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. In addition the agency's on call system ensured that staff could avail of management support 24 hours a day.

The manager advised that there had been no complaints received from the date of the last inspection. All those consulted with were confident that staff/management would manage any concern raised by them appropriately.

The agency had a process for retaining details of the registration status and expiry dates of staff required to be registered with the NISCC. However, the review of the records identified that this was not up to date. The manager verified the registration status of identified staff on the day of the inspection and agreed to follow up this matter up, to ensure that the system for monitoring registrations was robust.

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 and these were followed up on subsequent months, to ensure that identified areas had been actioned.

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

The agency had a robust process in place for recording and monitoring incidents including those reportable to RQIA; records viewed were noted to be comprehensive and clearly record actions taken and outcomes. The review of the records indicated that where incidents had occurred, they were reviewed to identify any potential training need and if appropriate, competency assessments were refreshed with the relevant staff, to prevent recurrence.

There was evidence of effective collaborative working relationships with key stakeholders, including the HSC Trust, families of the people they 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 certificate of registration was displayed and reflective of the service provided.

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.



The **Regulation** and
Quality Improvement
Authority

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

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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