



The Regulation and
Quality Improvement
Authority

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
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SECONDARY INSPECTION

Inspection No:	IN020095
Establishment ID No:	11019
Name of Establishment:	Positive Futures
Date of Inspection:	30 March 2015
Inspector's Name:	Joanne Faulkner

1.0 General Information

Name of Agency:	Positive Futures (11019)
Address:	Loy Buildings 18 Loy Street Cookstown BT80 8PE
Telephone Number:	028 86766246
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 Service Users:	Eight
Date and Type of Previous Inspection:	26 September 2013 Primary Announced Inspection
Date and Time of Inspection:	30 March 2015 9.30am
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 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, sixteen support workers and four relief support workers. Services are provided to the people supported on a 24 hour basis.

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 housing support assessment.

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'.

7.0 Summary

The secondary announced inspection was undertaken at the agency's registered office, at 18 Loy Street, Cookstown on 30 March 2015. The inspector was supported throughout by Jo Corcoran, Operations Director (Acting) and John Diamond, registered manager. The inspector had the opportunity to meet with six of the people supported. The inspector spoke with one relative and a HSC trust professional.

7.1 The People Supported Comments

During the inspection, the inspector met with six of the people supported who could describe the care and support they received; they stated that they participate in the completion of their individual care and support plans. The inspector had the opportunity to visit two of the people supported in their own home.

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.

Comments:

- “I take my own medication”.
- “We go shopping every week, we choose what we want”.
- “I can come and go as I want”.
- “I go to my review; it’s a chance to say what you want”.
- “We take turns at cooking”.
- “I like going to the college two days per week”.
- “Staff are good; XXXX is a good person”.
- “Staff help us with cleaning”.
- “I am going on holiday”.
- “Staff are approachable”.

7.2 The Views of Professionals

The inspector spoke with a 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:

- “Staff inform me of any concerns or changes”.
- “The people supported are provided with a good service”.
- “I have a good working relationship with the staff”.
- “I have no concerns about the care and support provided”.
- “Staff have assisted the people supported users to complete a ‘life map’”.

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. Comments included:

- “Staff are very good and always approachable”.
- “XXXX has jumped leaps and bounds since living there”.
- “My relative lives a very active life now”.
- “My relative is given choice and encouraged to make their own decisions”.
- “I attend the review meetings every three months; I am very happy with everything”.

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; three requirements and three recommendations have been assessed as being fully met.

The inspector would like to thank the people supported, their representatives, professionals, 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.	14 (d) (e)	<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>(e) in a manner which respects the privacy, dignity and wishes of service users, and the confidentiality of information relating to them;</p> <p>This requirement refers to the use of an interconnecting door between the homes of the people supported.</p>	<p>The registered manager stated that the interconnecting door between two of the homes of people supported is locked; this was confirmed by those people supported who spoke to the inspector.</p> <p>The inspector viewed an agreement for the locked door; it was noted that it had been signed by the people supported in December 2013.</p> <p>This requirement has been assessed as being fully met.</p>	Fully met.

2.	6 (1) (b)	<p>The registered person shall produce a written service user’s guide which shall include— (b) the terms and conditions in respect of the services to be provided to service users, including details as to the amount and method of payment of fees, if appropriate;</p> <p>This requirement refers to the payments charged to people supported for care or support received.</p>	<p>The inspector viewed the information handbook and support agreement; it details the charges made to the people supported for care or support.</p> <p>This requirement has been assessed as being fully met.</p>	Fully met.
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<p>3.</p>	<p>15 (5) (a) (b) (c)</p>	<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>This requirement refers to the capacity of the people supported to consent to or decline care practices which are restrictive in nature.</p>	<p>The inspector viewed the agency’s restrictive practice assessment form it details the determination of persons supported capacity to consent to or decline restrictive practices.</p> <p>The registered manager described the process of consulting with the people supported and their representatives prior to the implementation of any practice that may be deemed restrictive and made reference to Best interest decision agreements.</p> <p>This requirement has been assessed as being fully met.</p>	<p>Fully met.</p>
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NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	1.4	<p>It is recommended that action is taken, where necessary, following receipt of feedback and comments to make improvements to the quality of the service.</p> <p>This recommendation refers to the feedback received from the people supported in relation to the use of an interconnecting door between two homes of the people supported.</p>	<p>The registered manager stated that an action plan is provided following the monthly quality monitoring visit and that necessary actions are completed.</p> <p>The manager stated that the interconnecting door between two of the homes of the people supported is now locked; this was confirmed by a person supported who spoke to the inspector.</p> <p>The manager stated that this issue is discussed at monthly house meetings.</p> <p>This recommendation has been assessed as being fully met.</p>	Fully met.
2.	2.2	<p>It is recommended that the agency's service user guide is revised in relation to the general terms and conditions for receipt of the agency's services.</p> <p>This recommendation refers to the arrangements for agency staff to avail of a meal in the home of the people supported and for reimbursements made to the people supported in respect of costs incurred by agency staff.</p> <p>The people supported should be made aware of their right to opt out of these</p>	<p>The agency has a policy relation to staff accessing food whilst on duty. The agency's support agreement details the arrangement for staff meals.</p> <p>The agency contributes an amount to the joint house account for each staff member who avails of a meal whilst in the home of the people supported; they stated that the amount paid is reviewed annually.</p> <p>The inspector viewed minutes of a house meeting held in March 2015; it was identified that people supported had been consulted</p>	Fully met.

		arrangements and if opting in, should be advised of the amounts paid to them in respect of staff costs.	on their right to opt out of these arrangements. This recommendation has been assessed as being fully met.	
3.	8.3	<p>It is recommended that the registered manager ensures that all staff are familiar with, and work in line with the agency's policies and procedures and any revision thereof.</p> <p>This recommendation refers to the monitoring and oversight of any agreements between the people supported and staff in respect of transport; in particular, any arrangements for the provision of transport to the people supported should be in accordance with the agency's policies and procedures.</p>	<p>The registered manager stated that staff are aware of agency's transport policy and procedures.</p> <p>It was noted that a number of the people supported have the option to avail of a vehicle provided by their relevant HSC trust.</p> <p>The manager stated that agency staff support the people supported to avail of appropriate transport.</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 four 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 six of the people supported contribute the care component of their Disability Living Allowance (DLA) towards the cost of their care. The handbook for the 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 registered manager stated that two of the people supported do not contribute the care component of their DLA towards the cost of their care; they stated that the relevant HSC trust pay for all care provided by the agency to the people supported.

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. The manager stated that the agency complete a review of the people supported quarterly.

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. Documentation viewed contained the views of the people supported their relatives and were appropriate relevant professionals. The documentation contains details of any incidents, safeguarding concerns and complaints; an action plan is formulated. It was noted that reference is 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 (11019)

30 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 or after 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			