

# Unannounced Care Inspection Report 11 September 2018



## Positive Futures Lakeland Supported Living Service

**Type of Service: Domiciliary Care Agency**  
**Address: Unit 16, Manderwood Park, Drumhaw, Lisnaskea**  
**Tel No: 028 6772 4700**  
**Inspector: Aveen Donnelly**

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

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Positive Futures  <b>Responsible Individual:</b> Agnes Philomena Lunny	<b>Registered Manager:</b> Kerry Gemma Mallon
<b>Person in charge at the time of inspection:</b> Kerry Gemma Mallon	<b>Date manager registered:</b> 27 April 2016

### 4.0 Inspection summary

An unannounced inspection took place on 11 September 2018 from 10.00 to 15.00 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 staff recruitment practices, staff training and development, adult safeguarding and risk management. The care records were 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'.

The people supported said that they 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
<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 registered manager, as part of the inspection process and can be found in the main body of the report.

## 4.2 Action/enforcement taken following the most recent care inspection dated 16 February 2018

No further actions were required to be taken following the most recent inspection on 16 February 2018.

## 5.0 How we inspect

Prior to the inspection, the following records were analysed:

- previous RQIA inspection report
- any correspondence received by RQIA since the previous inspection

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 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 registered manager, the service manager, five support workers, three Health and Social Care (HSC) Trust representatives, two people supported by the agency and two relatives.

Questionnaires were also provided for distribution to the people supported or their representatives. Five 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 following records were examined during the inspection:

- staff induction and training records
- staff supervision and appraisal records
- the care records of two of the people supported (person centred portfolio)
- support worker meeting' minutes and minutes of meetings of the people supported by the service
- complaints and compliments records
- a selection of policies and procedures
- monthly quality monitoring reports
- annual quality report
- the Statement of Purpose
- the Service User Guide.

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 16 February 2018

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 Manderwood Park, Drumhaw, Lisnaskea 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 service manager, senior support staff and a team of support staff. Discussion with staff and the people they support 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 five support staff vacancies. These vacancies were being filled by relief staff and permanent staff working additional hours. Discussion with the manager confirmed that recruitment of staff was in progress and that the usage of agency staff provided from another registered DCA was kept to a minimum, to ensure continuity of staff.

The agency's staff recruitment processes were noted to be managed in conjunction with the organisation's Human Resources (HR) department, located at the organisation's head office. The organisation's HR department co-ordinates the recruitment process and includes input from the manager. The manager stated that they receive confirmation indicating that all pre-employment checks have been satisfactorily completed before any new staff commence in post.

There was also a system in place to monitor the registration status of support workers in accordance with the Northern Ireland Social Care Council (NISCC).

A review of records confirmed that all staff, including staff from other domiciliary care agencies, 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. A review of records also confirmed that competency and capability assessments were undertaken with staff, as appropriate, to ensure they were safe in administering medicines. These areas were monitored by the management team as part of their quality monitoring processes.

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 positive behaviour support, autism and related communication, epilepsy awareness, diabetes awareness, dysphagia, incontinence care and managing people's finances, had also been provided to staff, as appropriate.

There were additional safeguards in place, to ensure that the people supported were protected from financial abuse. For example, senior support workers received additional training on conducting financial audits, in keeping with the agency's policies and procedures. This was supported by robust financial audits of the monies of the people supported; and records how the monies were spent.

There was a system in place whereby staff completed post-training debriefing subsequent to positive behaviour support training to ensure that learning objectives had been met.

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. 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.

The inspector was advised that there had been one safeguarding referral made since the last inspection. Discussion with the manager and a review of records confirmed that this had been managed appropriately and in accordance with the agency's policy.

The care records of people supported examined included assessments of needs and risk. A review of the records also identified that 'learning logs' were completed with the people supported, following participation in various activities. This ensured that the people supported were helped to gain insight into possible risks and how they could do things differently in the future. Where restrictive practices were in place, it was evident that these were reviewed on a regular basis, to ensure that the methods used were necessary and of the least restrictive in nature.

RQIA received feedback from two HSC Trust representatives following the last inspection, indicating that the agency did not consistently communicate information regarding incidents to them in a timely manner. This matter was followed up during this inspection and the inspector was satisfied that all incidents were being reported in line with the HSC Trust's policies and procedures.

### **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.

	<b>Regulations</b>	<b>Standards</b>
<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 people supported had been asked to consent to the inspector examining their care records. Where this was not provided, their wishes were respected by the staff.

A review of two of the people supported's person centred portfolios identified that they were comprehensive, personalised and reflective of the individuals' preferences. A range of person centred tools has been developed by the organisation to support effective communication, appropriate staff matching, and how best to support the person.

The review of the records confirmed that care and support plans were updated to reflect changes agreed at the care review meetings.

Discussion with the people supported indicated that they were fully involved in day to day decision-making about their care and the activities they wished to partake in.

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 the organisation's 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 staff, the people supported and their representatives,

Staff meeting' minutes reflected that there was effective communication between all grades of 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 supported with dignity and respect; and to fully involve them and/ or 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 methods of the delivery of the service.

The people supported by the service described to the inspector ways in which the staff treated them in a respectful manner and ways in which they were encouraged to be independent.

The inspector noted that staff had received training in human rights and restrictive practices. A review of the care records identified that any restrictive practices used, were considered and agreed in conjunction with the people supported by the agency and their relevant representatives.

Participation in activities in the local and wider community were encouraged, with appropriate staff support. The people supported discussed various activities including daily walks, swimming, use of leisure centres, pet therapy, amusement arcade visits, bowling and weekends away.

Learning logs were completed after key events, to ensure that any areas that required improvement were identified. This information was then used to inform the support plan.

The management team described how the people supported attended meetings, called 'High Life' meetings; these meetings were a forum for the people supported to discuss different social activities they wanted to attend/participate in. Regular 'house meetings' were also held and minutes were available.

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. The manager advised that the annual consultation exercise (ACE) had recently been undertaken and that the information gleaned from this would be incorporated into the next annual quality report.

During the inspection, the inspector spoke with two people supported by the agency. They indicated that they were very satisfied with the care and support provided. The inspector also spoke with three HSC Trust representatives, five support workers and two relatives. Some comments received are detailed below:

### Staff

- "It is very good, I have no concerns."
- "They are all fairly treated here."
- "I have no concerns."
- "They are definitely well looked after."
- "I am very impressed with how person-centred the service is, a real focus on empowerment, this is the best service I ever worked in."



## People Supported

- “I am very pleased with them, they are all very good.”
- “I like the service.”

## Representatives

- “I am overall very happy.”
- “I have no concerns, the staff are excellent, they listen to us and I couldn’t speak highly enough of them.”

## HSC Trust Representative

- “We have no concerns, they are very on the ball, if there are any changes, they are quick to make me aware.”
- “Very happy.”

At the request of the inspector, the manager was asked to issue ten questionnaires to the people supported by the agency and their representatives. Five questionnaires were returned; however, the respondents had not indicated whether or not they had been completed by the people supported or by their representatives. The majority of respondents indicated that they were ‘very satisfied’ that the care was safe, effective and compassionate; and that the agency was well led. Written comments included ‘I like my staff’. One respondent indicated that they were ‘very unsatisfied’ in relation to all four domains. This was relayed to the manager for review and action as appropriate. No negative comments were received.

Seven staff provided electronic feedback to RQIA regarding the quality of service provision. Six respondents indicated that they felt ‘satisfied’ or ‘very satisfied’ the care provided was safe, effective and compassionate and that the service was well led; whilst one respondent indicated that they were ‘undecided’ in relation to the leadership of the service; and in relation to the right care being provided at the right time. Written comments included:

- “Positive futures as an organisation always drives to go the extra mile for the people they support and their families. The person is at the centre of their support plan and we as an organisation strive to help them to lead the life they want.”
- “Very happy with support provided.”

Two staff provided written comment in relation to a specific matter. Given that the issues raised did not impact on the care of the people supported, this matter was relayed to the manager, for review and action, as appropriate.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the ethos of care, promoting dignity and respect, listening to and valuing 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

## 6.7 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 arrangements in place within the agency to meet the needs of the people supported.

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 service manager, deputy service manager, 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.

There was evidence of effective collaborative working relationships with families of the people supported and staff. 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 manager in positive terms; comments included 'she is very good' and 'very approachable'.

The manager advised that there had been no complaints received from the last care inspection. Procedures were 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. The manager also explained that complaints management training was also completed by all staff, as part of the induction process.

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. Policies and procedures were maintained on an electronic system accessible to all staff, and in addition paper format of policies were retained in the office used by staff daily. The manager advised and a review of the records confirmed that 'House Meetings', as discussed in Section 6.6, provided an opportunity for the people supported to have an input into policy development.

There was good management oversight of any accidents or incidents which occurred in the service. There were no incidents which required to be notified to RQIA.

The inspector discussed arrangements in place that related to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The inspector noted that the agency collects equality information in relation to service users, during the referral process. The manager advised that the agency does not seek any further equality information from the service users other than that provided by the commissioning HSC Trust. The data provided by the HSC Trust is used effectively and with individual service user involvement when a person

centred care plan is developed. In addition, the manager confirmed that no complaints had been received with respect to equality issues from service users and/or their representatives.

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.

	Regulations	Standards
<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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