



The Regulation and
Quality Improvement
Authority

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY

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SECONDARY INSPECTION

Name of Agency:	Positive Futures (Lisnaskea)
Agency ID No:	11020
Date of Inspection:	10 March 2015
Inspector's Name:	Jim McBride
Inspection No:	IN020094

GENERAL INFORMATION

Name of agency:	Positive Futures (Lisnaskea)
Address:	Unit 16, Manderwood Park Drumhaw Lisnaskea BT92 0FS
Telephone Number:	028 67724700
E mail Address:	joanna.clarke@positive-futures.net
Registered Organisation / Registered Provider:	Positive Futures Ms Agnes Philomena Lunny
Registered Manager:	Ms Joanna Clarke (Registration pending)
Person in charge of the agency at the time of inspection:	Ms Joanna Clarke
Number of service users:	9
Date and type of previous inspection:	18 September 2013 primary announced inspection
Date and time of inspection:	10 March 2015 -10:00 - 13:30 Secondary Inspection
Name of inspector:	Jim McBride

1.0 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.

1.1 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service provided to service users 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.

1.2 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.

1.3 INSPECTION FOCUS

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Domiciliary Care Agencies Minimum Standard/s:

Standard/s inspected against

Standard 6: Contributing to a service user's reviews.

The inspector has rated the service's Compliance Level against each criterion and also against each standard.

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.

PROFILE OF SERVICE

The agency provides a supported living type domiciliary care agency the service currently operates within the Lisnaskea and Enniskillen areas of the Western Health and Social Care Trust. The service is currently provided to nine individuals with a learning disability and they are supported by 34 staff.

SUMMARY

The inspection was undertaken on the 10 March 2015. The inspection sought to assess the agency's contribution to the review of the service user's care plan.

The inspector met with the registered manager during the inspection. The inspector also had the opportunity meet with four service users and has added their comments to this report. The inspector also met three staff during the inspection.

Staff Questionnaires:

Twelve staff questionnaires were received by the RQIA prior to the inspection of the 10 March 2015. The staff were asked to comment on the principles of supported living:

"Having choice and independence."

"Making your own decisions and self-determination."

"Making decisions about your own life."

"Supporting people to live their lives as they want."

"Supporting them to pay bills in their own home as well as helping them with their tenancy."

"Choice of where to live and who to live with."

"Control over individual decisions."

"Supporting people with their finances."

Individual general staff comments:

"Positive Futures provide an excellent service to all. They enrich the lives of service users by giving choice and being person centred, listening to service users."

"Very proud to be part of this organisation, because we are always prepared to go the extra mile for the people we support."

Service user comments:

"I have had a great year and I am looking forward to my holidays."

"The staff have been very helpful and I like it here."

"We support each other well."

"I have had my review and I was able to say what pleased me."

The inspector would like to thank the service users and the staff for their cooperation and there warm welcome.

Standard 6: The agency contributes to the review of the service user's care plan

The agency has achieved a compliance level of 'compliant' in relation to Standard 6.

The inspector read a number of review documents in place, these show clear evidence of service users' involvement and attendance at the annual review. Review documentation shows evidence that staff promote positive interactions with the people supported and have increased participation in local community activities. The staff focus is on enablement encouraging social outreach and active participation.

One staff member stated: *"I believe Positive Futures endeavours to advance their services on an ongoing basis, always looking for ways to improve the services so that the people we support can lead full and valued lives."*

One person supported stated: *"The staff have helped me become more involved with my daily activities and to do things I want to do."*

The manager stated that service users are encouraged to take the lead during the review and minutes in place show clear evidence of this. The records in place provided evidence of the following at reviews:

- Service users
- Agency staff
- HSC Trust staff
- Relatives/representatives.

The agency has demonstrated a commitment to the ongoing review of the people supported as well as to their changing needs and requirements.

During discussion with the people supported they stated that they do attend their annual review and that any concerns they have are raised there.

One person supported stated: *"I am asked what's working and not working for me."*

The inspector examined the records of nine HSC reviews. The records in place show clear evidence of agency participation/attendance at annual reviews.

FOLLOW-UP ON PREVIOUS ISSUES

No previous requirements or recommendations were made from the previous inspection of the 18 September 2013.

ADDITIONAL AREAS EXAMINED

Charging Survey

At the request of RQIA and in advance of this inspection, the agency submitted to RQIA a completed survey in relation to the arrangements for charging service users.

The agency's charging survey was discussed with the service manager, who advised that since the survey had been returned to RQIA, one additional individual was in receipt of a service.

One person supported has been assessed as lacking capacity to manage their finances and the HSC Trust has endorsed the financial management plans of the people supported.

Positive Futures do not hold appointeeship for any current service users.

Most of the people supported make payments from their benefits income to Positive Futures for care / support. The inspector was advised that these payments are made in respect of services that have been assessed by the HSC Trust as necessary to meet the needs of the people supported.

The circumstances of these individuals were discussed during the inspection and it was concerning to note that agency staff could not differentiate between the care provision being funded by the HSC Trust and that which is funded by 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 service users who make a financial contribution towards their care have had their financial agreements reviewed and approved by the HSC Trust.

Quality Monitoring:

The inspector read a number of monthly monitoring reports in place from October 2014 to January 2015. These have been completed regularly and were up to date and include action plans for service improvement.

Records examined show evidence of discussions with:

- Staff
- Service users
- Relatives
- HSC Trusts

The monitoring reports include updated information on any action plans in place following RQIA visits, as well as follow up information following the annual quality review. The manager stated that she and the agency's monitoring officer discuss the report following each visit.

Statement of Purpose

The agency's Statement of Purpose had been revised and submitted to RQIA prior to the inspection visit. The statement of purpose states clearly the nature and range of services provided. The document was updated on the 23 June 2014 by Positive Futures.

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Joanna Clarke the 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:

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



Quality Improvement Plan

Announced Secondary Inspection

Positive Futures (Lisnaskea)

10 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.

Areas of concern were discussed however; specific actions set out in the Quality Improvement Plan were not discussed with Mrs Joanna Clarke the registered manager either 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 service users who make a financial contribution towards their care have had their financial 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>	<p>Three months from receipt of the inspection report.</p>

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	Joanna Clarke
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	Yes	Jim Mc Bride	5 June 2015
Further information requested from provider			



25 August 2015

Mr John Black
Head of Programme
RQIA, Floor 9
Riverside Tower, 5 Lanyon Place
Belfast
BT1 3BT

Dear John

Positive Futures (Lisnaskea) RQIA ID: 11020, inspection of 10 March 2015

I refer to earlier correspondence between Positive Futures and RQIA about the inaccuracies within this report, in particular our submissions to you requesting accuracy changes dated 29 May 2015 and our comments template submitted to you on 27 July 2015.

I regret that RQIA have decided not to make the amendments necessary to ensure accuracy within this report, and note that once again RQIA have uploaded a report to the RQIA website without affording Positive Futures the opportunity to have our provider comments appended to the inspection report.

It is disappointing that RQIA has refused to replace the phrase “service user” on page 7 of the inspection report. We have repeatedly advised RQIA that, at the request of people who access our Services, they be referred to as “the people we support”. I consider RQIA’s insistence on using the phrase “service user” as being contrary to the wishes of the people we support.

On page 7 of the report, there is a reference to the circumstances of individuals being discussed during the inspection in relation to funding for service provision. I am quite clear that this discussion did not occur. Additionally, this report fails to reflect the arrangements for provision of services to people who have been referred by HSC Trusts. This omission is surprising, as we have described these arrangements in meetings with RQIA managers.

Despite the fact that RQIA has already uploaded this report without provider comments, I ask you to now add this letter to all open versions of this report.



Yours sincerely

A handwritten signature in black ink that reads "Paul Roberts". The signature is written in a cursive style with a large initial 'P' and 'R'.

Paul Roberts
Managing Director