

# Announced Care Inspection Report 16 February 2018



## Positive Futures Lakeland Supported Living Service

**Type of Service: Domiciliary Care Agency**

**Address: Unit 16, Manderwood Park, Drumhaw, Lisnaskea, BT92  
0FS**

**Tel No: 02867724700**

**Inspector: Aveen Donnelly**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

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 which provides a range of supported living services, housing support and personal care services to individuals living in the Lisnaskea area.

### 3.0 Service details

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

### 4.0 Inspection summary

An announced inspection took place on 16 February 2018 from 09.10 to 14.10 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 recruitment practices, staff 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. A number of areas of good practice were commended by the inspector and are reflected in the main body of the report.

No areas for improvement were identified during this inspection.

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

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 acting service 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 inspection dated 15 March 2017

No further actions were required to be taken following the most recent inspection on 15 March 2017.

## 5.0 How we inspect

Prior to the inspection, an assessment had been undertaken of the agency's recruitment records at the organisation's head office, 2b Park Drive, Bangor. RQIA were satisfied that the recruitment processes were robust. The following records were also analysed:

- previous RQIA inspection report
- notifiable incidents records
- 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.

During the inspection process the inspector spoke with the operations manager, the manager, three support workers, three Health and Social Care (HSC) Trust professionals, four people supported by the agency and three relatives. Questionnaires were also provided for distribution to the people supported or their representatives. 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  | • recording/evaluation of care records   |
| • supervision and appraisal records   | • complaints and compliments records     |
| • incident records  | • a selection of policies and procedures |
| • the care records of two of the people supported (person centred portfolio)                      | • monthly quality monitoring reports     |
| • care review records   | • annual quality report (2016/17)        |
| • support worker meeting' minutes and minutes of meetings for the people supported by the service | • 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 15 March 2017

The most recent inspection of the agency was an unannounced inspection. There were no areas for improvement made as a result of the inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 15 March 2017

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 supported 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 any agency staff usage 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 department, located at the organisation's head office. Prior to the inspection, RQIA undertook an assessment of the agency's recruitment records and were deemed to be robust. There was also a system in place to monitor the registration status of support workers in accordance with NISCC.

A review of records confirmed that all staff, including agency staff, 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. 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, dysphagia and managing people's finances, had also been provided.

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 checks and balances of the monies the people supported had; and where the monies were spent.

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

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.

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 no actual safeguarding referrals made to the HSC Trust or RQIA from the last inspection. Discussion with the manager and a review of records confirmed that any potential safeguarding incidents were managed appropriately. For example, where risks were identified to a person supported by the service, this was included on the agency's risk register and the agency staff met regularly with the relevant health and social care trust, to ensure that the person supported was safe. Specific training was also undertaken with the service user, to mitigate against the risks. This is good practice.

The care records examined included assessments of needs and risk; and a range of personalised plans of care, based on the needs and preferences of the individual. A review of the person centred portfolios also evidenced that the staff took measures to ensure the safety of the people they supported. For example, where a person supported was at risk of harm, changes were made to the environment, to reduce the risk of serious harm occurring.

A review of the records also identified that 'learning logs' were completed with the people supported, following 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.

A review of the accident and incident records confirmed that the relevant risk assessments and care plans were reviewed following each incident. Despite this, feedback from two HSC Trust professionals indicated that the agency did not consistently communicate, information regarding incidents, to them in a timely manner. These comments were 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 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
<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. The inspector reviewed two person centred portfolios and found these to be very detailed, 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 review meetings. The inspector also noted that the care review reports were also presented in easy-read format, which ensured that the people supported were aware of any changes made to their care plan.

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 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 professionals.

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. Relatives spoken with also indicated that they felt there was appropriate communication and that they had good working relationships with the staff. One relative spoken with commented positively on the ethos of the agency, stating that 'they place importance on parental input and work very closely with us'.

**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/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 delivery of the service. 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.

Agency staff had prepared a range of documentation in ‘easy read’ formats for the people supported and care records were noted to be colourful, pictorial and personalised to meet the needs of the individuals. This is good practice and is commended.

The staff had a good knowledge of the people they supported. For example, they worked collaboratively to identify what was important to them and how best they could provide support. Each person supported had a document completed, which identified what was important to them. This is good practice.

The people supported were involved in identifying their own personal attributes (gifts) and how these attributes could be developed, to contribute to community life and/or relationships.

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.

The people supported by the service described to the inspector ways in which the staff treated them in a respectful manner. It was also noted that the preferences of the people supported were matched to those with whom they shared a home and to the staff that supported them. The manager also explained that discussions with the people supported were often held in private, so that they would be more comfortable discussing any issues they may have had.



It was evident from discussion with the people supported, relatives and staff that the agency promoted the independence, equality and diversity of the people they supported. For example, in the records reviewed there was evidence that the life histories and cultural identities of those supported were recorded. Discuss with support workers also confirmed that they ensured that this important aspect of daily living was respected.

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, shopping, walking the dog, weekends away, spa weekends and trips abroad.

The inspector was advised that the people supported completed an activity with the staff, which explored their hopes and dreams; and where practicable, the staff supported the people to achieve their identified goals.

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 care plan.

The management team described how the people supported attended meetings on a regular basis, 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 on a regular basis 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. This included a system called 'what our people think', where the people supported were asked for their views on the care and support on a monthly basis. It was noted that support workers were also encouraged to contribute, as appropriate.

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

### **People Supported**

- "They are very good to me."
- "I have no concerns."
- "I am very happy."

### **Staff**

- "The staff would go the extra mile, the care is tailored to the support each person needs."
- "I have no complaints."
- "This is a good organisation for supporting people who want to live independently."

### **Representatives**

- "We are absolutely pleased, we are so happy and they are just amazing with what they do."
- "We are happy with everything."

- “I am very pleased, very impressed; they are very open to deliver what we want.”

**HSC Trust Professional**

- “The support provided is going well, the staff and management are very pleasant.”
- “A lot of the care is very good.”

As discussed in section 6.4, discussion with two care managers identified that there was a need for the agency to improve communication with HSC Trust professionals in relation to incidents management. Specific comments were also received from one care manager in relation to the support provided to one identified person supported by the agency. These comments were relayed to the manager for review and action as appropriate.

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 people supported responded; all of whom indicated that they were ‘very satisfied’ that the care was safe, effective and compassionate; and that the agency was well led. Written comments included ‘the staff are very helpful’.

Two staff provided electronic feedback to RQIA regarding the quality of service provision. One respondent indicated that they felt ‘very satisfied’ the care provided was safe, effective and compassionate and that the service was well led; whilst the second respondent indicated that they felt ‘very unsatisfied’ in relation to each of the four domains. Written comments included:

- “Great service offering great opportunities for people with a learning disability.”
- “A very well run service, managers on all levels are friendly and approachable.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of care, promoting dignity and respect, listening to and valuing the people supported and their representatives.

**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 systems in place within the agency to meet the needs of the people supported; it was identified that the agency has effective systems of management and governance in place.

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 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.

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 management team in positive terms; comments included 'they are very responsive, deal with things in minutes' and 'there is a good relationship between management and staff'.

There was a policy in place relating to the management of complaints. Although the review of the records confirmed that there had been no complaints received from the last care inspection, there were procedures 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, when they commenced their employment with the agency.

There was a process in place whereby the complaints procedure was routinely discussed at monthly 'house meetings'.

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 paper policies were retained in the office used by staff daily. The inspector was advised that the 'House Meetings', as discussed in section 6.6, provided an opportunity for the people supported to have an input into policy development. This is good practice and is commended.

Review of records pertaining to accidents and incidents confirmed that these were appropriately managed. There were no incidents which required to be notified to RQIA.

There was evidence of effective collaborative working relationships with families of the people supported and staff. The agency had received positive feedback through the quality monitoring report from HSC Trust professionals 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 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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