

# Unannounced Inspection Report 15 March 2017



## 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: Audrey Murphy

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Positive Futures Lakeland Supported Living Service took place on 15 March 2017 from 09:30–16:00.

The inspection sought to assess progress with any issues raised during and since the last inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Positive Futures Lakeland Supported Living Service is a domiciliary care agency which provides personal care and housing support to individuals who reside in the local area. At the time of the inspection there were seven individuals in receipt of a service.

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’.

### **Is care safe?**

The delivery of safe care was evident during the inspection and the agency has in place arrangements to ensure the supply of appropriately skilled and experienced staff. The people supported by the agency are encouraged to participate in the induction of new staff and staff are ‘matched’ to work with the people supported.

Staff and the people supported indicated high levels of satisfaction with the safe delivery of care and with the agency’s arrangements to safeguard the people supported.

There were no areas for quality improvement in the provision of safe care.

### **Is care effective?**

The agency’s delivery of effective care was evident during the inspection and individuals receiving support are encouraged to plan their care and support in accordance with their preferences and routines. People supported have regular opportunities to provide feedback to the agency on the effectiveness of their care and the views of the people supported are used to shape the quality of service provision.

There were no areas for quality improvement in the provision of effective care.

### **Is care compassionate?**

The agency’s delivery of compassionate care was evident from discussions with staff and with the people supported who participated in the inspection. Staff who participated in the inspection reported a range of positive outcomes for the people supported arising from their involvement in ‘The Life I Want’.

Feedback from staff indicated that the people supported are at the centre of service provision and this was also evident from discussions with the people supported and from agency records.

There were no areas for quality improvement in the provision of compassionate care.

## Is the service well led?

The agency's management and leadership arrangements were examined during the inspection. Staffing provision within the service was noted to be stable and staff spoke positively about the support and guidance available from management.

The registered person has effective management and governance arrangements in place to ensure that the needs of the people supported are met and quality improvement systems are maintained. Agency staff are aware of their roles and responsibilities and there are clear lines of accountability within the organisational structure.

There were no areas for quality improvement in the provision of well led care.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards 2011.

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Kerry Mallon, Registered 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.

### 1.2 Actions/enforcement taken following the most recent inspection

There were no further actions required to be taken following the most recent inspection.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Positive Futures/Ms Agnes Philomena Lunny	<b>Registered manager:</b> Miss Kerry Gemma Mallon
<b>Person in charge of the service at the time of inspection:</b> Miss Kerry Gemma Mallon	<b>Date manager registered:</b> 27 April 2016

### 3.0 Methods/processes

Prior to inspection the following records were analysed:

- Notifiable events reported to RQIA
- Complaints records submitted to RQIA
- The previous inspection report.

During the inspection the inspector met with the registered manager, deputy service manager, a senior support worker and with five support staff. The inspector also met with two of the people supported, one of whom visited the agency's registered premises. The inspector visited the home of a person supported and observed two members of staff interacting with the individual in a person centred manner.

On the day of the inspection questionnaires were given to the registered manager for distribution to staff and to the people supported. Nine questionnaires were returned to RQIA by staff and seven by the people supported. The views of staff and the people supported have been incorporated into the body of this report.

The following records were examined during the inspection:

- The agency's statement of purpose
- Positive Futures Employee Handbook
- Person Centred Supervision Policy and Procedure
- Recruitment and Selection Policy
- Support Planners
- Referral, Assessment and Transition Policy and Procedure (2016)
- Job descriptions
- Positive Futures Foundation Programme
- Person centred support records
- Staff induction records
- Care review records
- Challenging Bad Practice at Work (Whistleblowing Policy)
- Performance Management and Development Policy
- Staff training records
- Human Rights and Restrictive Practice Policy
- Monthly quality monitoring records.

### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 10 February 2016

The most recent inspection of the agency was an unannounced care inspection. There were no areas for quality improvement arising from the most recent inspection.

## 4.2 Is care safe?

The agency's registered premises are located at Unit 16, Manderwood Park, Drumhaw, Lisnaskea and are suitable for the purposes of the agency.

The agency's induction arrangements were examined and discussed with staff members. The inspector was advised that the people supported are involved in the induction of new workers and an induction booklet had been developed for this purpose. Staff are 'matched' with individual people supported and are part of a core staff team providing care and support into a specific household. Staff who met with the inspector described the benefits of staff matching including the consistency and continuity of care and support provided. The agency's induction records provided evidence of induction lasting a two week period and included training and shadowing opportunities.

The inspector was advised that all staff complete the Positive Futures Foundation Programme (PFFP) which has been developed in accordance with the Northern Ireland Social Care Council's Induction Standards.

The agency's staffing arrangements were discussed and there were interviews taking place for support workers on the day of the inspection. The inspector was advised that the agency does not use staff from other agencies and that relief staff are available to supplement staffing as appropriate.

All of the people supported who returned a questionnaire indicated that they were very satisfied that the care and support received helps them feel safe and protected from harm.

Some of the people supported commented:

- I like that I feel safe in my own home
- I feel very safe in my own home even when I am alone.

The agency's Recruitment and Selection Policy and Recruitment Process documents were examined and were in accordance with the regulations and minimum standards.

The agency has a Person Centred Supervision Policy which sets out the agency's arrangements for staff supervision (every twelve weeks). Staff who met with the inspector confirmed they receive regular supervision and that agency management are supportive and approachable. Staff who returned a questionnaire also indicated that they receive supervision and appraisal. The inspector noted that in addition to supervision meetings, observations of practice are also undertaken and records maintained. The registered manager maintains a tracking document which evidenced the provision of staff supervision in accordance with the frequency set out in the policy.

The inspector examined the arrangements for staff performance appraisal and noted there were objectives for all grades of staff which were consistent with the individual's job role, Positive Futures mission and values, regulatory, contractual and quality expectations.

The agency's Adult Safeguarding Procedure had been updated in March 2017 to reference the 'Adult Safeguarding Prevention and Protection in Partnership' policy (July 2015) and the 'Adult Safeguarding Operational Procedures', (2016). The agency's procedure identifies the organisation's 'Adult Safeguarding Champion' as the Director of Operations and includes a range of referral information and contacts within the organisation, the HSC Trust and the

regional emergency social work service. Discussions with staff and examination of the agency's training records provided evidence that staff had received training in the agency's safeguarding procedures and in a range of other mandatory and related areas. The inspector discussed some safeguarding referrals that agency staff had made to the relevant HSC Trust and noted that these had been made in a timely manner and records of the outcome maintained.

All of the staff who returned a questionnaire indicated they were very satisfied that the people supported are safe and protected from harm and that there are care plans and risk assessments in place for the people supported.

Some staff commented:

- I believe that Positive Futures provides a safe and caring environment for the people we support while promoting tailored support for individuals
- Daily communication logs and learning logs that are recorded and shared with teams ensure all staff and volunteers are up to date on what works or doesn't work and how best to support the people we support.

Staff who met with the inspector were aware of their responsibility to identify and report any safeguarding matters and were familiar with agency's whistleblowing arrangements.

The agency has a Referral, Assessment and Transition Policy and Procedure (2016) which highlights the necessity for clarity of referral information to ensure the person's needs can be met by the service. The procedure also highlights the principle of the people supported having choice about where they live, who they live with, the separation of housing from care / support and identifying how the person is to be supported.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.3 Is care effective?

The agency's statement of purpose was examined and had been revised in June 2016. The statement of purpose reflected the range and nature of services provided by the agency.

The people supported have been provided with an Information Handbook which has been produced in an 'easy read' format.

The agency maintains a Record Keeping, Information Security, Confidentiality and Access to Information Policy and Procedures and the records examined reflected compliance with this.

The inspector noted that two of the people supported had consented to the inspector examining their care records. The care and support records examined included a range of person centred information and records of review meetings including reports prepared by agency staff with the people supported.

The inspector was advised that the needs of the people supported are reviewed on a regular basis and that person centred reviews are convened for each individual supported at

appropriate intervals and at least annually. A schedule of planned reviews was available for inspection. The agency's Person Centred Review Policy and Guidance sets out standards for preparation and facilitating the review with the emphasis placed on the person supported taking the lead in all aspects of the review with appropriate support.

The people supported are provided with a copy of their 'support planner' and these are prepared in advance and can be supplied in pictorial formats if required.

Agency staff advised the inspector they refer to the organisation's Person Centred Portfolio Policy and Guidance which sets out the structure of the information folders held for each person supported. The guidance references information about how best to support the person, information recorded on an ongoing basis, reviews, assessments and what is important to the person. The records examined also included person centred tools such as a decision making profile, decision making agreement, a medication profile, communication chart and a stress coping plan.

The agency's records of quality monitoring undertaken on behalf of the registered person were examined and noted to be detailed and contained a summary of the views of staff, relatives and professionals in relation to the quality of service provision. The records examined provided very positive feedback from staff and the people supported. The people supported who returned questionnaires to RQIA all indicated high levels of satisfaction with this aspect of service provision; some commented:

- I feel my care works very well for me. I get to go on holidays, I love this
- The staff are very good at supporting me and I am able to do the things that I want.

All of the staff who returned a questionnaire to RQIA indicated high levels of satisfaction with this aspect of service provision.

Some staff commented:

- The people we support and their families and carers at the centre of all planning. We live the organisation's values.
- Support is tailored to an individual and is updated as and when it needs to be and is ongoing.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.4 Is care compassionate?

The agency's arrangements for ensuring that the people supported by Positive Futures are treated with dignity and respect were discussed with staff and some of the people supported during the inspection.

The inspector spoke with one of the people supported at the agency's registered premises had the opportunity to meet with a person supported at their home and observed staff interacting with them in a friendly and supportive manner. Staff who met with the inspector demonstrated

their in-depth knowledge of each of the people supported and spoke confidently about the rights of the people supported and the importance of staff matching.

The care records examined contained references to the human rights of the individuals supported and detailed the arrangements in place to ensure that the privacy, dignity and choice of the people supported are promoted.

The agency's induction arrangements include inputs from individuals in receipt of support who are encouraged to contribute to the induction of new workers and to familiarise them with their home, routine and preferences.

The agency has a Human Rights and Restrictive Practice Policy which provides definitions of restrictive practices and guidance on mental capacity, decision making and best interests. The policy also outlines the organisation's expectations in relation to record keeping and reporting and the role of the Positive Futures advisory committee in ensuring that organisational standards are upheld.

The care records examined contained needs assessment and risk assessments and the agency had developed restrictive practice agreements which highlight the human rights of the person supported. Staff who met with the inspector demonstrated their understanding of the agency's human rights policy and spoke confidently about their role in upholding the rights of the people supported.

Staff advised the inspector of a range of positive outcomes for the people supported arising from their participation in 'The Life I Want'. Outcomes for individuals included the re-organisation of staffing arrangements to allow the individual to flexibly 'bank' their support hours, living alone, moving house, overseas holidays and accessing a volunteer.

All of the staff who returned a questionnaire indicated high levels of satisfaction with this aspect of service provision.

Some staff members commented:

- The people we support are empowered to speak up and are definitely listened to
- The people we support are always at the centre of their choices around care and support.

The people supported who returned a questionnaire also indicated high levels of satisfaction with the provision of compassionate care; some commented:

- My staff are very caring
- I feel staff listen to me when I need to talk to them.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 4.5 Is the service well led?

At the time of the inspection the agency was managed by the registered manager, Kerry Mallon with support from a deputy service manager and senior support staff.

The agency's organisational structure is outlined within the statement of purpose and Information Handbook Positive Futures Supported Living Services, and the agency's job descriptions were available for examination.

The inspector examined a range of policies and procedures and it was evident that a review of these had been undertaken with plans in place to ensure that all policies and procedures are updated and where appropriate, revised in accordance with the frequency outlined in the minimum standards.

The agency's Managing Complaints Procedure and Complaints Policy had been revised and reissued on 01 September 2016 and were in accordance with the standards. The inspector was advised that no complaints had been received during the period since the previous inspection.

The agency's quality monitoring arrangements were examined and the reports of quality monitoring visits were examined (November 2016, December 2016 and January 2017). The monitoring visits had been undertaken on an announced and unannounced basis by a Positive Futures senior manager. The monitoring reports included a review of progress made towards the actions to be taken since previous visit and a summary of views of the people supported. It was good to note that several areas of best practice had been identified including effective partnership working with the HSC Trust; personalised support and applying flexibility to the support received by people on the basis of their preferences.

Quality monitoring reports also included an evaluation of the provision of supervision, staffing levels, recruitment, training, restrictive practice assessments and the outcomes of audits undertaken.

The agency's quality management framework was examined and includes the organisation's corporate plan and strategic aims, performance reporting, performance management, internal audits, monitoring, annual consultation exercise, surveys, complaints and external regulation including RQIA and the Supporting People programme and a combined action log had been developed.

All of the people supported who returned a questionnaire indicated high levels of satisfaction with this aspect of service provision.

Some commented:

- They do a really good job. I am very happy.
- The managers are very good to me and list to me. Very caring.
- Nice people, very good work.
- If I have a problem I phone to the office and get the manager.
- Great support.

All of the staff who returned a questionnaire indicated high levels of satisfaction with this aspect of service provision.

One staff member commented:

I firmly believe that Positive Futures strives to ensure that the people we support live a life that they choose and are happy with.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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