

# Unannounced Inspection Report 5 December 2016



## Positive Futures Windermere Supported Living Service

Type of service: Domiciliary Care Agency  
Address: 36 Crescent Business Park, Enterprise Crescent, Lisburn  
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Inspector: Audrey Murphy

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Positive Futures Windermere Supported Living Service took place on 5 December 2016 from 09:30 – 16:45.

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 Windermere Supported Living Service is a domiciliary care agency which provides personal care and housing support to individuals who reside in the Lisburn area. At the time of the inspection there were nine individuals in receipt of a service.

At the time of the inspection the acting manager had recently resigned and RQIA had been notified that a Positive Futures Operations Manager (Joanne Clarke) was assuming the role of 'acting manager' pending the appointment of a manager.

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. Agency staff demonstrated their ability to secure positive outcomes for the people supported while ensuring that the care and support provided is in accordance with HSC Trust risk assessments and care plans. Agency staff have received extensive induction training and there are arrangements in place to ensure that all relevant training is kept up to date.

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

### **Is care effective?**

The agency's delivery of effective care was evident during the inspection and staff described a range of methods used to ensure that the people supported are at the centre of care provision. The care and other records examined evidenced regular consultations with the people supported and or their representatives and the regular review of the care and support provided.

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

### **Is care compassionate?**

The agency's delivery of compassionate care was evident from the discussions with staff members and a relative of a person supported. Staff consistently highlighted the individuals supported as central to the delivery of care and support and provided many examples of how service provision had been developed and modified in response to the expressed or implied wishes of the people supported. The promotion of the rights of the people supported was evident from discussions during the inspection and from examination of records.

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

## Is the service well led?

The agency's management and leadership arrangements were examined during the inspection and changes to the management structure noted. Following the inspection the 'acting manager' arrangements were approved by the inspector and the provision of additional management support within the agency noted.

The registered person has effective management and governance systems 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, responsibilities and there are clear lines of accountability within the organisational structure.

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 the Operations Manager and Deputy 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 care 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> Joanna Clarke (acting manager since 28 November 2016)
<b>Person in charge of the service at the time of inspection:</b> Deputy Service Manager	<b>Date manager registered:</b>

### 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 one person supported by Positive Futures and spoke with the relative of a person supported.

The inspector also met with five agency staff and with the Operations Manager during the inspection.

On the day of the inspection questionnaires were given to the deputy manager for distribution to staff and to the people who are supported by Positive Futures. Six staff members returned a questionnaire to RQIA and the views of staff, a person who receives support and a relative have been incorporated into the body of this report.

The following records were examined during the inspection:

- The Statement of Purpose
- Information Handbook Positive Futures Supported Living Services
- One care record (person centred portfolio)
- Person Centred Supervision Policy and Procedure
- One supervision record (person centred support record)
- One annual performance review and mid-year review record
- Staff induction records
- Staff training records
- Positive Futures Foundation Programme
- Recruitment and Selection Policy
- Employee Handbook
- Adult Safeguarding Policy and Adult Safeguarding Procedure
- Staff meeting records
- Job descriptions
- Support planners
- Person Centred Review and Planning Policy
- Annual report
- Medication Policy
- Monthly quality monitoring reports
- Training and Development Policy
- Complaints records
- Complaints Policy
- Record keeping, Information Security, Confidentiality and Access to Information Procedure
- Challenging Bad Practice at Work (Whistleblowing) policy

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 29 September 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 36 Crescent Business Park, Enterprise Crescent, Lisburn 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 staff are 'matched' with individual people supported and are part of a core staff team providing care and support into a specific household. This was described as essential in ensuring consistency of approach and continuity of care. There were instances in which staff were being supplied to work in households which they were less familiar with and these staff were noted to have been provided with an induction and shadowing experiences.

The inspector examined the induction records of a member of staff who had recently been supplied. The records reflected a structured induction lasting several weeks and consisting of a range of shadowing experiences, introductions to the people supported, outline of the agency's mission and values, self-directed learning, direct practice observations and experience of providing care and support over a range of shifts. The records clearly identified the senior member of staff facilitating the induction programme and the outcomes. Training in key areas including health and safety, adult safeguarding, first aid and positive behaviour support were also included during the induction period.

Agency staff complete the Positive Futures Foundation Programme (PFFP) which has been developed in accordance with the Northern Ireland Social Care Council's Induction Standards. Completion of the PFFP signed off by staff member and their manager. The agency's staff training records were examined and reflected uptake in all of the areas of training identified by Positive Futures as mandatory. The agency maintains a computerised database of all staff training and this identifies those staff who have received training and alerts management to overdue or expiry dates.

The agency's Recruitment and Selection Policy and Recruitment Process documents were examined and were in accordance with the regulations and minimum standards. The inspector was advised the recruitment was under way and that there were number of new staff awaiting satisfactory pre-employment checks prior to being employed by the agency.

The agency's guidance for using recruitment agencies for the short term supply of workers was examined alongside a flow chart. There was evidence of the implementation of the guidance and the inspector examined the records of information obtained in respect of a worker from a recruitment agency which was in accordance with the regulations. The member of staff currently supplied from a recruitment agency had had an introductory interview to explore their experience, skills, availability and training history.

Agency staff have been issued with an Employee Handbook and this had been prepared in accordance with Regulation 17. There were job descriptions in place for all grades of staff and the agency's organisational structure was outlined in the Statement of Purpose.

The agency's Person Centred Supervision Policy and Procedure was examined. An addendum to the policy was noted in relation to the frequency of staff supervision which was stated as a minimum of 12 weekly with new staff potentially requiring more frequent supervision.

A staff member consented to the inspector examining their records of supervision and annual appraisal. The records of supervision reflected the frequency of supervision was in accordance with the agency's policy and the records identified a number of areas of discussion during each Person Centred Support (PCS) meeting i.e. what has gone well, review of actions from previous meeting, support and wellbeing, people we support and key work areas.

There were objectives and personal development plans in place for staff and examples examined included objectives relating to developing staff in medication/financial administration processes, management development projects.

Staff who met with the inspector all stated they believed there were enough staff available to meet the assessed needs of the people supported and that staffing is flexible to account for unforeseen absences due to sickness etc. All of the staff who returned a questionnaire indicated high levels of satisfaction with the safe provision of care including the arrangements for staff training, supervision and appraisal and adequate risk assessments and care plans for the people supported.

A relative of a person supported contributed to the inspection and provided very positive feedback in relation to the quality of staffing including the skills and experience of staff and approachability of senior staff.

The agency has an Adult Safeguarding Policy and an Adult Safeguarding Procedure, both of which reference the regional policy "Adult Safeguarding: Prevention and Protection in Partnership" (2015). Staff who met with the inspector confirmed they had received safeguarding training during their induction and subsequently had received update training.

The agency's Challenging Bad Practice at Work (Whistleblowing) policy was examined and referenced the Public Interest Disclosure Act and RQIA as a body to whom concerns can be notified. The policy was discussed with staff who advised they were aware of the policy and would not hesitate to raise concerns within the workplace. A member of staff advised the inspector that they had successfully raised concerns and that these had been listened to and responded to appropriately, with feedback provided to their satisfaction.

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

The content of the agency's adult safeguarding training was examined and reflected the 2015 regional guidance. The agency's training records provided further evidence that all staff had received training in adult safeguarding and in child protection at the point of induction and regularly thereafter.

Two safeguarding matters were discussed with the Operations Manager, both of which had been referred to the HSC Trust. The agency had put in place a range of measures following each issue being identified and there were ongoing discussions with the HSC Trust in relation to

these. A joint investigation of both matters was underway and measures had been put in place to secure the wellbeing of the people supported.

The inspector was advised that one person supported had consented to their care and support records being examined by the inspector. The remainder of the people supported were unable to consent to their records being examined. The individual's person centred portfolio was examined and reflected a range of assessments and person centred information outlining the person's routine, preferences and decision making preferences and supports.

Discussions with staff reflected lengthy transition planning in respect of an individual who had been referred to the agency by a HSC Trust. Staff described supporting the individual in other environments, completing staff matching and social stories during a gradual introduction to the supported living service. Staff attributed the success of the individual's transition to the supported living service to staff and tenant matching, person centred support planning and an appropriately paced transition period.

### 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 maintains a Record keeping, Information Security, Confidentiality and Access to Information Procedure and the records examined during the inspection reflected compliance with this.

The agency's Statement of Purpose and Information Handbook Positive Futures Supported Living Services (Service User Guide) were examined and had been prepared in accordance with the regulations and minimum standards. The range and nature of service provision were clearly outlined in both documents.

The inspector examined the care records of one person supported and these contained an individualised plan with information about the person's routine, preferences and decision making preferences and supports. Staff matching information was in place and based on the preferences as expressed by the person supported. The person supported had contributed to guidance for support staff on 'How Best to Support When Stressed'.

There were risk assessments in place which were up to date and signed by a HSC Trust representative. The human rights of the person supported were referenced and restrictive practices noted in the care records and had been assessed as appropriate and necessary by a HSC Trust multi-disciplinary team including social work and psychiatry. There was a review schedule in place and the restrictive practice agreement had been signed by the person supported, the HSC Trust worker and the service manager.

All of the staff who returned a questionnaire indicated high levels of satisfaction with the effectiveness of the care and support provided to individuals. Staff who returned a questionnaire confirmed that the people supported are involved in the development of their plan

of care, that the needs of people supported are kept under review and that there are systems in place to monitor the quality and safety of services provided.

Staff who met with the inspector described a range of methods used to evaluate and review the care and support provided and referred to daily records, core group meetings and communication books. Staff also advised the inspector that a review of the care and support provided is held every six to twelve months, or more frequently if required.

Staff described the preparations for review meetings including supporting the individual to identify 'What's working / Not Working' and to participate in 'The Life I Want' and to identify actions relating to support arrangements and the achievement of goals.

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. Quality monitoring also includes visits to the homes of the people supported and observations of staff practice. Service improvements and associated timescales were also noted to have been identified during quality monitoring activity.

The agency maintains records of staff meetings and staff who spoke with the inspector advised they attend staff meetings and core team workshops. Staff meeting records reflected discussions about adult safeguarding, staff training, and communication and support planners. The inspector was advised that consultation with the people supported is undertaken on an individual basis and that group meetings are not the most appropriate means of securing the views of the people supported. The care records examined during the inspection and discussed with agency staff reflected regular engagements with the people supported and documentation of their views and preferences and those of their relatives/representatives.

**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 during the inspection. Agency staff described a range of methods used to promote the rights of individuals and to ensure they receive compassionate care and support. Agency staff referenced the person centred tools used to promote consistency within the staff team and to ensure that each person supported receives their care and support in accordance with their wishes. Staff referred to the importance of staff matching in the provision of a high quality service and highlighted their role in communicating with each other effectively to ensure continuity and consistency of service provision.

Staff also referred to involving the person supported in reflecting on what's working well from the perspective of the person supported and their representative.

Staff described their induction as comprehensive and highlighted the importance of shadowing opportunities provided during the induction period as beneficial to the person supported and to the new staff member. Staff also referred to training they had identified as necessary to meet

the specific needs of the individuals supported including positive behaviour support, Makaton and swallowing awareness training.

The agency's staffing arrangements were examined and reflected individualised support planners which outlined in detail the member(s) of staff supplied to work with individuals and the nature of tasks to be completed. It was noted that staff are matched to facilitate the preferences of the person supported and activities planned.

Staff who met with the inspector demonstrated their knowledge of the individuals supported and referred to them in a respectful and caring manner. Staff expressed high levels of pride and satisfaction in their roles and described a range of positive outcomes for the people supported. Staff consistently referenced the person supported as being at the centre of the care and support provided.

The inspector observed a member of staff facilitating a person supported to engage with the inspector. The staff member's respect for the individual was evident and the inspector observed friendly and supportive interactions.

Staff described the range of care and support duties undertaken in accordance with the identified needs and preferences of the individual supported and the relative a person supported stated:

- “They do their very best for him; the staff are well trained, they are excellent, very approachable”.

There was evidence of the people supported having a range of choices with regard to their activities of daily living and routines. In the care records examined by the inspector, staff had identified the most effective methods in which to support the individual to make decisions and it was evident that the individual's choices had been respected and incorporated into their support planner.

All of the staff who returned a questionnaire indicated high levels of satisfaction with the level of compassionate care provided by the agency. Questionnaires returned indicated that the people supported are treated with dignity and respect, that their views are listened to and that the rights of the people using the service are promoted. One member of staff commented:

- “Could not be better”.

### 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 acting manager had recently resigned and RQIA had been notified that a Positive Futures Operations Manager (Joanne Clarke) was assuming the role of 'acting manager' pending the appointment of a manager. The inspector was also advised that additional management support was being provided by a member of staff who was providing part time 'acting up' deputy services manager cover.

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 the agency's 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 1 September 2016 and were in accordance with the minimum standards. The relative who participated in the inspection indicated that they would not hesitate to raise with agency staff any expressions of dissatisfaction and that they were confident of an appropriate and timely response. The agency's complaints procedures had also been produced in an easy read format - 'It's Good to Speak Up'.

The agency's complaints records were examined and reflected the receipt of two complaints since the previous inspection, both of which had been managed in accordance with the agency's policy and procedure and in accordance with the minimum standards.

The agency's quality monitoring arrangements were examined and the reports of monthly quality monitoring were reviewed for October, August and July 2016.

The reports reflected the views of the people supported, their representatives, agency staff and other agencies, including HSC Trust professionals. The reports were detailed and provided an evaluation of the effectiveness of the care and support being provided and it was evident that staff were being asked their views in relation to service improvements.

Monitoring reports also included a review of a range of management information, as outlined in monthly management reports and any actions required to be taken forward. Action plans and timescales were noted. Actions from the previous month's monitoring visit were also noted.

The agency's quality monitoring reports also referenced any incidents reported to the HSC Trust, many of which were relating to behaviours of the people supported.

The deputy service manager advised the inspector that a monthly management report is completed and forwarded to senior management. This includes a range of 'metrics' relating to audit actions outstanding, safeguarding concerns, staff inductions incomplete, medication errors, use of agency staff, and adverse incidents.

Staff who met with the inspector expressed high levels of satisfaction with the management of the agency and provided a range of examples of regular opportunities they avail of to discuss service improvements and to make suggestions.

All of the staff who returned a questionnaire indicated high levels of satisfaction with the leadership and management within the agency. All respondents indicated that the staffing arrangements meet the needs of the people supported and that the service is managed well. One staff member commented:

- "Both deputy managers are excellent – couldn't say enough about 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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**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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