

# Unannounced Care Inspection Report 22 September 2017



## Positive Futures Windermere Supported Living Service

**Type of Service: Domiciliary Care Agency**  
**Address: 36 Crescent Business Park, Enterprise Crescent,  
Lisburn, BT28 2GN**  
**Tel No: 02892606749**  
**Inspector: Audrey Murphy**

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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 Windermere Supported Living Service is a domiciliary care agency (supported living type) 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.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Positive Futures  <b>Responsible Individual:</b> Ms Agnes Philomena Lunny	<b>Registered Manager:</b> Mrs Laura Fleming (registration pending)
<b>Person in charge at the time of inspection:</b> Mrs Laura Fleming	<b>Date manager registered:</b> Mrs Laura Fleming - application received - "registration pending".

### 4.0 Inspection summary

An unannounced inspection took place on 22 September 2017 from 10.00 to 15:30.

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

The inspection assessed progress with any areas for improvement identified since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to:

- staff recruitment
- staff induction and training
- collaborative working with HSC Trust professionals

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'.

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 who use the service.

### 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 Mrs Laura Fleming, 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 inspection dated 15 December 2017

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

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- previous RQIA inspection report
- records of notifiable events
- any correspondence received by RQIA since the previous inspection

During the inspection the inspector met with the manager, two staff, the operations manager, two visiting professionals and spoke with a relative of a person who uses the service.

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
- staff induction records
- staff training records
- Positive Futures Foundation Programme
- Recruitment and Selection Policy
- Adult Safeguarding Procedure
- Safeguarding Children Policy
- support planners
- Person Centred Review and Planning Policy
- Annual Report (2016/17)
- monthly quality monitoring reports
- Learning and Development Policy
- Complaints Policy
- record keeping, information security, confidentiality and access to information procedure
- Challenging Bad Practice at Work (Whistleblowing) Policy

Following the inspection the inspector undertook an assessment of the agency's recruitment records at the organisation's head office, 2b Park Drive, Bangor. The outcome of this assessment is incorporated into the body of the report.

Questionnaires were provided to the manager for distribution to staff and the people supported during the inspection; eight staff questionnaires were returned to RQIA and six were returned by the people supported.

Feedback received by the inspector during the course of the inspection and from returned questionnaires is reflected throughout this report.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 05 December 2016**

The most recent inspection of the agency was an unannounced inspection.

### **6.2 Review of areas for improvement from the last inspection dated 05 December 2016**

There were no areas for improvement made as a result of the last 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 36 Crescent Business Park, Enterprise Crescent, Lisburn and are suitable for the purposes of the agency.

The agency's staffing arrangements were discussed and it was noted that there had been some changes in management since the previous inspection. At the time of the inspection, Laura Fleming was managing the agency and has submitted an application to RQIA to become the registered manager of the agency. The manager is supported by two deputy service managers and there are senior support workers and support workers employed by the agency.

The manager described a range of recruitment activities underway focussing on filling vacancies arising from staff turnover. These included the use of social media, advertisements and information sessions.

Most of the staff who returned a questionnaire to RQIA provided some comments in relation to 'Is Care Safe' and all indicated high levels of satisfaction with this area of service provision. There were however some comments relating to staffing provision and turnover of staff impacting on the continuity of the service provided to individuals. These matters were discussed with staff and the manager during the inspection and also with two HSC Trust professionals and a relative who participated in the inspection. The manager advised the

inspector of a range of short and medium term arrangements to secure suitable staffing and these included the use of agency staff and the deployment of staff from other Positive Futures services. Discussions with the operations manager included

The agency's staff recruitment process is managed in conjunction with the organisation's human resources department. Following the inspection the inspector visited the organisation's head office and met with human resources staff and examined a variety of records. The agency's recruitment practices were discussed and examined and the inspector was assured that there were suitable arrangements in place to ensure the supply of suitably experienced staff to work in the homes of the people supported. The supply of staff from another agency was discussed during the inspection and the inspector was advised that a member of staff from another agency had consistently been supplied to work in the homes of the people supported following a matching process. Another member of staff from an agency was completing their induction at the time of the inspection.

The provision of induction and training was discussed with staff and records examined during inspection. Staff indicated that in addition to areas of training considered to be mandatory, they could access additional areas of training and guidance. There were arrangements in place for monitoring the uptake of all training and ensuring that updates are provided in a timely manner. The agency's Support Worker Induction and Foundation Programme was forwarded to the inspector following the inspection and supported the provision of a structured induction lasting two weeks. A member of staff who met with the inspector described their induction as very thorough and included a range of activities such as formal training, observational shifts and shadowing. Staff also advised the inspector that staff are not supplied to work with the people supported unless they have received all of the necessary training.

Staff who met with the inspector and those who returned a questionnaire confirmed they receive supervision regularly and in accordance with the timescales outlined within the agency's person centred supervision policy. Staff also advised the inspector that in addition to formal meetings with their line manager, their practice is observed and feedback provided on a regular basis. Staff also advised the inspector that they receive an annual performance appraisal and mid-year performance review.

The inspector noted that the provision of supervision, annual appraisal, training and induction are monitored on a regular basis by the manager and by the operations manager responsible for overseeing the quality of service provision.

The agency's adult safeguarding procedures had been updated since the previous inspection and was in accordance with the regional policy and procedures. 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. Staff who met with the inspector advised that safeguarding training is provided regularly and that safeguarding is discussed during staff meetings.

One of the people supported provided consent for the inspector to access their person centred portfolio. This included assessments of needs and risk and a range of personalised plans of care, based on the needs and preferences of the individual.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal.

## Areas for improvement

No areas for improvement were identified 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.**

During the inspection the inspector reviewed the agency's arrangements for appropriately responding to and meeting the assessed needs of the people supported. Details of the nature and range of services provided are outlined within the Statement of Purpose and handbook for the people supported, which had been reissued in April 2017.

The agency has also developed an easy read version of the handbook for the people supported.

Records examined during the inspection were maintained in accordance with the agency's procedures on recording keeping, information security, confidentiality and information access. The agency maintains a person centred review and planning policy and the person centred portfolio examined during the inspection contained a range of tools that had been personalised and reflected the involvement of the person supported and their representatives. The inspector also examined the agency's referral, assessment and transition policy and spoke with staff and a HSC Trust professional regarding the successful transition of an individual to the supported living service. A HSC Trust professional described the transition as 'excellent' and commented on the high standard of communication between staff and their ability to anticipate challenges and manage these well.

A relative who participated in the inspection provided overall positive feedback in relation to the quality of care and support provided to their relative. They also suggested that more frequent communication from agency staff would be beneficial and this feedback was provided to the manager during the inspection.

The inspector discussed with agency staff the methods used to seek and obtain the views of the people supported, their representatives and agency staff. It was noted that while most of the people supported do not use verbal communication, agency staff use a variety of methods to support effective communication with the people supported; these include observations, learning logs and the supply of experienced staff who have been 'matched' to work with individuals. Person centred portfolios are also used to provide detailed information in relation to the communication needs of individuals. The care records reviewed included the HSC Trust needs assessment, care plan and risk assessment and a range of review records.

The agency has completed an annual consultation exercise and the inspector was advised that the outcome of this would be shared with staff. The outcomes of the 2016 consultation reflected overall positive feedback from the people supported, carers and HSC Trust staff. A member of staff who participated in the inspection suggested that staff are provided with an opportunity on an annual basis to provide feedback and this suggestion was shared with the agency's manager.

Staff who met with the inspector described their participation in team meetings and core group meetings and advised that meetings occur monthly and are an effective method of sharing information and obtaining guidance on a range of matters.

The operations manager who met with the inspector described the systems in place for monitoring the quality of the services provided. Quality monitoring activity includes an assessment of a range of 'metrics' submitted by the manager on a monthly basis. A visit to the agency's registered premises is also undertaken and includes discussion with staff and the people supported. The reports of the quality monitoring undertaken were examined and included references to recruitment activity, deployment of staff and to good practice identified. Any areas for improvement were also clearly noted alongside actions to be taken and timescales.

All of the staff who returned a questionnaire to RQIA indicated overall satisfaction with the effectiveness of the care and support received. There were however some comments relating to the turnover of staff and the impact this can have on effective care.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, communication between the people supported and agency staff and other key stakeholders.

### Areas for improvement

No areas for improvement were identified 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.**

Discussions with the manger, operations manager and staff during the inspection indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the organisation. The inspector noted that staff had received training in human rights and restrictive practices and staff who met with the inspector demonstrated their commitment to ensuring that the rights of the people supported are upheld. A HSC Trust professional who met with the inspector advised that agency staff had worked well with the Trust in reviewing restrictive practices and were proactive in suggesting least restrictive measures as alternatives.

The agency maintains a policy on Personal and Intimate Care which places an emphasis on privacy, dignity and safety and promotes the individual's right to decline aspects of personal care.

The agency's referral arrangements take account of the preferences of people who are planning to use the service and where possible, staff are matched to work with the people supported in accordance with this information. The care record examined was in accordance with the agency's policy on person centred portfolios and contained detailed information on how best to support the individual, communication preferences and a stress and coping plan.

A HSC Trust professional commented on the emphasis placed on personalisation by agency staff and gave examples in which individuals had been supported to explore new activities and experiences. Another HSC Trust professional commented on the person centred approaches used by agency staff to promote the independence and dignity of each person supported.

Staff who returned a questionnaire to RQIA indicated high levels of satisfaction that the care provided by the agency is compassionate.

### Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of individualised compassionate care and the effective engagement of the people supported and where appropriate their representatives.

### Areas for improvement

No areas for improvement were identified 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 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 agency is managed by the recently appointed manager with the support of two deputy service managers. The manager has submitted an application to RQIA to become the registered manager of the agency.

A range of the agency's policies viewed by the inspector were noted to have been reviewed and updated in accordance with timescales details within the minimum standards.

The agency's complaints policy details the procedure for managing complaints; discussions with staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received. It was identified from discussion with the manager and records viewed that the agency has received no complaints since the previous inspection.

The inspector discussed the agency's complaints arrangements with a relative of a person supported who advised that they knew how to make a complaint and stated that they would not hesitate to raise any concerns. The inspector noted that the agency had not received any complaints since the previous inspection.

It was identified from a range of information reviewed that that the agency has in place management and governance systems to drive quality improvement; these include arrangements for monitoring incidents, accidents and complaints. During the inspection process the inspector viewed evidence of appropriate staff recruitment, induction, training, supervision and appraisal. A selection of the agency's monthly quality monitoring reports was examined and evidenced robust monitoring of the quality of the services provided and engagement with the people supported, their representatives, agency staff and HSC Trust professionals. The inspector also noted that the outcomes of a range of audits including finance and health and safety had been taken forward by the manager.

The agency's annual quality review report was examined (February 2016 – Feb 2017) and contained a summary of feedback from family members, HSC Trust professionals, people supported and their staff, obtained during quality monitoring visits, discussions with management and other staff and a review of service specific outcomes of consultation on corporate plan.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with relevant stakeholders, including HSC Trust representatives.

Staff who met with the inspector advised that the manager is very supportive and approachable; staff were also able to describe the process for obtaining support and guidance including the arrangements for out of hours. Some staff who returned a questionnaire noted the positive relationships between the agency's manager and the staff team and some commented on the challenges of recruiting and retaining staff and potential for this to impact on the continuity of service provision and on the working patterns of staff. Two staff who returned a questionnaire indicated that they were not satisfied that the care is well led.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection however RQIA will keep the agency's staffing arrangements under review.

	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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