

Unannounced Care Inspection Report 26 June 2018



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: Michele Kelly

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 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 eight individuals in receipt of a service.

3.0 Service details

Organisation/Registered Provider: Positive Futures Responsible Individual: Ms Agnes Philomena Lunny	Registered Manager: Mrs Laura Fleming
Person in charge at the time of inspection: Mrs Laura Fleming	Date manager registered: 9 April 2018

4.0 Inspection summary

An unannounced inspection took place on 26 June 2018 from 09:45 to 14:45.

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:

- The attitude and empathy of staff to persons supported.
- Communication with and sensitivity to the needs of representatives.
- Staff induction, training and supervision
- Collaborative working with HSC Trust professionals
- Governance arrangements, management of incidents, quality improvement

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. The inspector would like to thank the people supported and agency staff for their warm welcome and full cooperation throughout the inspection process.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Laura Fleming, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 22 September 2017

No further actions were required to be taken following the most recent inspection on 22 September 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, seven staff and the operations manager. Following the inspection the inspector spoke on the telephone with one Health and Social Care (HSC) Trust professional and two relatives of 'the people supported'.

The following records were examined during the inspection:

- The Statement of Purpose
- Positive Futures Supported Living Services information Handbook
- One care record (person centred portfolio)
- Person Centred Supervision Policy and Procedure
- Staff induction records
- Staff training matrix
- Staff supervision matrix
- Positive Futures Foundation Programme
- Recruitment and Selection Policy
- Adult Safeguarding Procedure
- Support planners
- Person Centred Review and Planning Policy
- Monthly quality monitoring reports
- Equal opportunities policy
- Complaints Policy
- Registration with Regulatory Bodies Verification Policy
- Challenging Bad Practice at Work (Whistleblowing) Policy

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 provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No responses were received.

The inspector requested that the manager place a 'Have we missed you'" card in a prominent position in the agency to allow the people supported and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received.

Feedback from relatives, staff and an HSCT professional contacted during the course of the inspection was very positive and is reflected throughout this report.

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 22 September 2017

There were no areas for improvement made as a result of the last care inspection.

6.2 Review of areas for improvement from the last care inspection dated 22 September 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 the people supported 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 Laura Fleming whose registration as manager was pending at the time of the last inspection has been appointed registered manager since 9 April 2018. The service is managed by Laura Fleming and Claire Gawley (job share Service Managers) with the support of deputy service managers. There are senior support workers and support workers employed by the agency.

The agency's staffing arrangements were discussed and it was evident that there had been recent recruitment at deputy manager level. The manager confirmed that recruitment is ongoing and explained how suitable staffing levels are secured by using a range of short and medium term arrangements. The inspector was advised that the service accesses a cohort of agency staff who work regularly in Windermere and these staff experience a robust induction procedure and have regular supervision. All staff supplied to work in the homes of the people supported undergoes a matching process to ensure that the people supported would be comfortable with their presence.

The agency has a recruitment policy in place which is currently being reviewed. A dedicated human resources department oversees the recruitment process, including the completion of appropriate pre-employment checks. Following last year's inspection an inspector visited the organisation's head office and met with human resources staff and examined a variety of records. 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 agency has an induction policy and programme which includes an initial two week induction programme within the six month induction period. This Positive Futures Foundation Programme is linked to the Northern Ireland Social Care Council (NISCC) induction standards for social care staff. Staff who provided feedback to the inspector commented that the induction was very rigorous and beneficial.

Records of training and staff feedback indicated that staff attend a range of training in accordance with regulations, minimum standards and the agency's assessment of training needs. There was evidence that staff have attended training additional to that stated in the minimum Standards, including Positive Behaviour Training, Challenging Bad Practice, Capacity and Consent. Staff spoken to talked enthusiastically about the benefits of having access to Positive Behaviour Support staff for advice and guidance.

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 are 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. Since April 2018 safeguarding training is provided as face to face training which managers believe is more effective and beneficial for staff.

The manager discussed matters raised by an anonymous whistleblower to RQIA which had been reported as potential safeguarding incidents. The report of the investigation by the HSC Trust was available for the inspector who noted that the agency had responded appropriately to recommendations made within the report. A deputy manager advised the inspector that risk assessments are regularly updated and input from the Behavioural Support Team ensured staff were educated and fully prepared to cope with challenging behaviours.

The inspector met with a group of six staff from one of the bungalows in Windermere who were attending a meeting, they said it was a very happy house to work in and said they believed care was safe. An effective on call system ensures that staff can avail of support twenty four hours a day. The inspector received staff feedback which indicated that staff are aware of their obligations in relation to raising concerns about poor practice, and are confident of an appropriate management response. Staff also stated that they receive regular supervision which is effective and supportive.

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

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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. The agency’s arrangements for appropriately assessing and meeting the needs of the people supported were examined during the inspection.

The inspector examined one care records and found this to be very detailed and reflective of the individuals’ specific preferences. Person centred portfolios are also used to provide detailed information in relation to the communication needs of individuals. It was clear from discussions with a HSC Trust professional and two relatives that the staff had a good knowledge of needs and preferences of people supported.

The manager advised that care reviews with the HSC Trust representatives were held annually or as required and that care and support plans were updated to reflect changes agreed at the review meetings.

The agency had robust quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the people supported. The inspector viewed three quality monitoring reports and commended the detail recorded in respect of capturing the views of the people supported, their representatives and agency staff.

Relatives’ comments following the inspection:

- “Communication is first class; they keep us fully informed.”
- “XXXX is at the centre of every decision.”
- “I am more than happy.”

There was evidence of effective communication with the people supported, their representatives and with relevant HSC Trust representatives, as required. It was noted that while some 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. A HSC Trust professional described how staff had patiently worked to ensure a person supported had their needs fully understood and had consistency in respect of staff working in their home. The inspector met a person supported in their own home and observed staffs’ approach to be confident and caring. Person centred portfolios are also used to provide

detailed information in relation to the communication needs of individuals. Staff meeting minutes reflected that there was effective communication between all grades of staff.

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
Total number of areas for improvement	0	0

6.6 Is care compassionate?

The people supported are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The agency’s ability to treat the people supported with dignity, respect equality and compassion and to effectively engage the people supported and their representatives in decisions relating to the care and support they receive was assessed.

It was identified that staff had received training in relation to equality and confidentiality during their induction programme. Discussions with staff and representatives, records viewed and observations made during the inspection indicated that the promotion of values such as dignity, respect, equality and choice were embedded in the ethos of the organisation.

The care records of the people supported contained detailed information in relation to the needs, choices and preferences of individuals who live in Windermere.

The agency has provided information to the people supported in easy read formats. Staff could describe how these documents are used to help the people supported to be effectively engaged in decisions about their care and support.

Discussions with staff indicated that they aim to provide care and support in a person centred manner; they discussed a range of methods used for effectively support individuals in making informed choices. Relatives described how staff support them to be involved in discussions relating to the care and daily routines of the people supported; they stated that staff respect the people supported, are caring and attentive, and listen to them. The inspector commends the emphasis placed on personalisation by the agency as evidenced by the records within the personal portfolio which contains a range of tools to ensure staff had the information required to best support the individuals.

Relatives’ comments:

- “Absolutely yes, care is compassionate.”
- “From the earliest days XXXX has settled, it has made such a difference to all our lives.”

Staff who met with the inspector described caring for a person supported who was physically very unwell. They discussed the challenges for the staff team and the manager described how staff “pulled together and went the extra mile” to provide good end of life care and continue to meet the needs of the other persons supported within the service.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of personalised compassionate care and the attitudes and empathy displayed by staff and management.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 the people supported 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 two job sharing service managers supported by deputy managers, senior support workers and support workers.

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

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; these were suitably detailed 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.

A review of incidents confirmed that these were appropriately managed and there were procedures in place to ensure that any complaints received would be responded to in accordance with policy.

The manager described staff participation in monthly team meetings and workshops. The inspector viewed minutes of such meetings which evidenced they were an effective method of sharing information and obtaining guidance on a range of matters.

Staff who met with the inspector advised that the manager is very supportive and available to them; staff were also able to describe the process for obtaining support and guidance including the arrangements for out of hours.

The inspector discussed arrangements in place that relate to the equality of opportunity for people supported and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of people supported. The registered manager was able to discuss the ways in which staff development and training enables staff to engage with a diverse range of people supported.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- the involvement of people supported
- advocacy
- equal care and support
- individual person centred care
- individual risk assessment

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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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