

# Unannounced Care Inspection Report 28 September 2017



## Positive Futures Sperrin Supported Living & Peripatetic Housing Support Service

**Type of Service: Domiciliary Care Agency**

**Address: Unit 29e Gortrush Industrial Estate, Great Northern Road,  
Omagh, BT78 5EJ**

**Tel No: 02882254430**

**Inspector: Audrey Murphy**

[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**

This is a domiciliary care agency (supported living type) which provides a range of supported living services, housing support and personal care services to individuals living in the local area.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Positive Futures  <b>Responsible Individual:</b> Ms Agnes Philomena Lunny	<b>Registered Manager:</b> Mrs Joanne Grimes
<b>Person in charge at the time of inspection:</b> Martina Feely (acting manager)	<b>Date manager registered:</b> 31 January 2013

### 4.0 Inspection summary

An unannounced inspection took place on 28 September 2017 from 10.20 to 15:00.

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 in relation to the agency staff recruitment practices, induction, training and engagement with the people supported.

At the request of the people who use Positive Futures 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 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 Ms Martina Feely, acting 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 23 January 2017

No further actions were required to be taken following the most recent inspection on 23 January 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 acting manager, two staff, and a deputy service manager. One of the people who uses the service also met with the inspector.

The following records were examined during the inspection:

- the Statement of Purpose
- information Handbook Positive Futures Supported Living Services
- two care records (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; six of the people supported returned a questionnaire to RQIA.

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 23 January 2017.

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

### 6.2 Review of areas for improvement from the last inspection dated 23 January 2017

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 Unit 29e, Gortrush Industrial Estate, Great Northern Road, Omagh and are suitable for the purposes of the agency.

At the time of the inspection, the agency was being managed by acting manager, Martina Feely with the support of a deputy service manager and senior support staff. The agency's staffing arrangements were examined and the inspector was advised of the outcome of recruitment activity which has resulted in all vacancies being filled and a full staff team in post. The agency also has access to pool of relief staff.

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.

A recently employed member of staff who spoke with the inspector during the inspection outlined the range of pre-employment checks they completed prior to their appointment.

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.

Both staff who met with the inspector outlined the range of training provided and confirmed that they could access additional training on request and in response to the changing needs of the people supported. Staff highlighted in particular the quality and effectiveness of the training provided by Positive Futures in the area of positive behaviour support. A recently appointed member of staff described their structured induction which lasted in excess of two weeks and commented positively on the formal and informal supports available to them from senior staff in the agency.

The provision of staff supervision was examined during the inspection and in addition to formal supervision meetings, staff practice is observed regularly and feedback provided in relation to good practice and areas for development. Agency staff also have an annual appraisal and the records examined evidenced the inclusion of a range of corporate and personal objectives for each grade of staff.

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 and is a standing agenda item in staff supervision meetings.

The inspector was advised that there had been no safeguarding referrals made to the HSC Trust since the previous inspection.

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.

All of the people supported who returned a questionnaire to RQIA indicated high levels of satisfaction with safe care.

Some of the people supported commented:

- "I am happy enough the staff are looking after me".
- "The staff keep me safe from harm and help me".

### **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. The agency's statement of purpose was being kept under review in light of the management changes.

The agency maintains policies in relation to confidentiality and records management and the records examined during the inspection had been maintained in a manner that supports compliance with these policies.

All of the people supported had provided their consent to the inspector examining their care records. The inspector examined two care records (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, staff matching, stress/anxiety management, decision making and how best to support the person. Staff who participated in the inspection described the importance of effective communication within the staff team to ensure consistency of approach and continuity of care and support. Staff advised the inspector that they regularly meet to discuss the individuals supported and can access members of the HSC Trust multi-disciplinary team readily. The needs of the people supported are reviewed regularly and individuals are encouraged to actively participate in their care and support planning.

The people supported who returned a questionnaire indicated high levels of satisfaction with this aspect of their care and support.

Some of the people supported commented:

- "At my review I am able to talk all about the good things that I do and drink tea".
- "Everyone helps me have a good review. We talk about all the positive things so I can have a good life".

### 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 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 acting 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. Staff described a range of restrictive practices that have been kept under regular review, some of which are no longer necessary.

Agency staff have 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.

A person supported who met with the inspector was supported by agency staff to describe a forthcoming event that they were planning with staff and staff were observed supporting the individual sensitively and with respect.

The inspector was advised that due to the needs and preferences of the people supported, staff are matched to work with individuals or with those who share their home with other people supported. Staff highlighted the benefits of this in the context of continuity and consistency of the care and support provided.

All of the people supported who returned a questionnaire indicated high levels of satisfaction with compassionate care and some commented:

- "My staff team are good and help me with good things, personal care, cleaning and going to gateway and drama".
- "I tell staff what is going wrong and they listen to me and help me sort it out".

### Areas of good practice

It was good to note that the rights of the people supported are upheld and that they are encouraged to express their choices and preferences in a range of matters relating to their care and support.

### 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's management arrangements had changed since the previous inspection and the acting manager, Martina Feely, advised the inspector of a further change in management due to her own resignation. These changes in management arrangements have subsequently been notified to RQIA and approved accordingly.

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.

It was identified from a range of information reviewed that the agency has in place management and governance systems to drive quality improvement; these include arrangements for monitoring incidents, accidents and complaints. The acting manager advised the inspector of a range of information that she collates on a monthly basis ('metrics') and forwards to senior management. The registered person's system for assessing the quality of service provision was examined and includes a range of monitoring activity. An operations manager undertakes regular (at least monthly) monitoring visits to the agency's registered premises and reports on a range of matters including the views of the people supported and their representatives, staff and areas of good practice identified.

All of the people supported who returned a questionnaire indicated high levels of satisfaction with the quality of management and leadership.

Some of the people supported commented:

- "The managers are good because they are kind to us and take care of us".
- "I didn't get on well at first but now I have a good coordinator who passes my wishes / issues to the manager so we keep in touch".

### Areas of good practice

It was good to note that there are effective systems in place to ensure that the quality of service provision is monitored and improvements made as necessary.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<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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