

# Unannounced Care Inspection Report 2 October 2018



## 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: Aveen Donnelly**

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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 Sperrin Supported Living Service is a domiciliary care agency (DCA) which provides a range of supported living services, housing support and personal care services to eight individuals living in the local area. Their care is commissioned by the Western Health and Social Care (HSC) Trust.

### 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> Mrs Joanne Grimes	<b>Date manager registered:</b> 31 January 2013

### 4.0 Inspection summary

An unannounced inspection took place on 2 October 2018 from 09.30 to 15.15 hours.

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 throughout the inspection in relation to staff recruitment practices, staff training and development, adult safeguarding and risk management. The care records were well maintained and evidenced a very person-centred approach to care delivery. The culture and ethos of the agency promoted treating the people they supported with dignity and respect. There was evidence of good governance and management systems in place.

No areas for improvement were identified during this inspection.

At the request of the people who received care and support from Positive Futures services, the organisation has requested that RQIA refer to these individuals as 'the people supported'.

The people supported said that they were very happy with the care and support provided.

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 Joanne Grimes, 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 28 September 2017

No further actions were required to be taken following the most recent inspection on 28 September 2017.

## 5.0 How we inspect

Prior to the inspection, the following records were analysed:

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

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 provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Comments and analysis of the responses are included within the report.

The inspector also requested that the manager display a 'Have we missed you?' card within the premises. This informed the people supported and/or their relatives that the inspection had taken place and invited their feedback. No responses were received.

During the inspection process the inspector spoke with the registered manager, the service manager, three support workers, three Health and Social Care (HSC) Trust representatives, three people supported by the agency and three relatives.

Questionnaires were also provided for distribution to the people supported or their representatives. Seven questionnaires were returned within the timescale for inclusion within this report; comments received are included within the report. Any comments from returned questionnaires received after the return date will be shared with the manager for their information and action as required.

The following records were examined during the inspection:

- staff induction and training records
- staff supervision and appraisal records
- staff registration records with the Northern Irish Social Care Council (NISCC)
- support worker meeting' minutes and minutes of meetings of the people supported by the service
- the care records of two of the people supported (person centred portfolio)
- complaints and compliments records
- a selection of policies and procedures
- monthly quality monitoring reports
- annual quality report
- the Statement of Purpose
- the Service User Guide

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 28 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 service users from the care, treatment and support that is intended to help them.**

The agency's registered premises are located at Gortrush Industrial Estate, Great Northern Road, Omagh and were suitable for the purposes of the agency.

At the time of the inspection, the agency was being managed by the manager, with the support of a deputy service manager, senior support staff and a team of support staff. Discussion with staff and the people they support confirmed that the required staffing levels were consistently adhered to. The agency's staffing arrangements were discussed and the inspector was advised that there were currently two support staff vacancies. Discussion with the manager confirmed that recruitment of staff was in progress and the vacancies were being filled by relief staff.

The agency's staff recruitment processes were noted to be managed in conjunction with the organisation's Human Resources (HR) department, located at the organisation's head office. The organisation's HR department co-ordinates the recruitment process and includes input from the manager. The manager advised that a recruitment checklist had recently been further developed, to include verification that the registered manager had provided a statement in relation to the physical and mental health fitness of staff at pre-employment stage. Following the inspection, discussion took place with a representative of the responsible individual in relation to the statement of staff physical and mental health fitness for existing staff members. It was agreed that these statements would be put in place and that RQIA would be informed when complete.

There was also a system in place to monitor the registration status of support workers in accordance with NISCC.

A review of records confirmed that all staff had received a structured induction programme in line with the timescales outlined within the Regulations. There were systems in place to monitor staff performance and to ensure that they received support and guidance. This included mentoring through formal supervision meetings, observation of practice and completion of annual appraisals. A review of records also confirmed that competency and capability assessments were undertaken with staff, as appropriate, to ensure they were safe in administering medicines and in managing the finances of the people they supported. These areas were monitored by the management team as part of their quality monitoring processes.

Discussion with staff and a review of the training records confirmed that training had been provided in all mandatory areas and records were kept up to date. It was noted that, with the exception of those who were on sick leave, there was full compliance with the mandatory training requirements. Awareness training in areas such as mental health, epilepsy and diabetes had also been provided to staff, as appropriate.

Staff spoken with confirmed that they were knowledgeable about their specific roles and responsibilities in relation to adult safeguarding and how they should report any concerns that they had. Arrangements were in place to embed the new regional operational safeguarding policy and procedure into practice. 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.

The inspector was advised that there had been one safeguarding referral made since the last inspection. Discussion with the manager and a review of records confirmed that this had been managed appropriately and in accordance with the agency's policy and procedures.

The care records of people supported examined included assessments of needs and risk. Where restrictive practices were in place, it was evident that these were reviewed on a regular basis, to ensure that the methods used were necessary and of the least restrictive in nature.

A review of the accident and incident records identified that they had been managed appropriately and reported in line with the HSC Trust's policies and procedures. It was also noted that incidents were reviewed to ascertain patterns or trends and where appropriate, workshops had taken place with staff, to reduce any recurrence.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development, adult safeguarding and risk management.

### Areas for improvement

No areas for improvement were identified in this domain 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.**

The full nature and range of service provision was detailed in the Statement of Purpose and Service User Guide. The agency's arrangements for appropriately assessing and meeting the needs of the people supported were examined during the inspection.

A review of two of the people supported’s person centred portfolios identified that they were comprehensive, personalised and reflective of the individuals’ preferences. A range of person centred tools has been developed by the organisation to support effective communication and how best to support the person.

The review of the records confirmed that risk assessments were updated to reflect changes agreed with HSC Trust representatives. Feedback received from a HSC Trust representative, received as part of the monthly quality monitoring process, included ‘Positive Futures can manage challenging behaviours very confidently and with positive outcomes for all involved’.

Discussion with the people supported indicated that they were fully involved in day to day decision-making about their care and the activities they wished to partake in.

The agency had developed and maintained a thorough quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to the people supported. Monthly quality monitoring was undertaken by the organisation’s operations managers who had a good working knowledge of the service. Quality monitoring reports indicated consultation with a range of people supported, relatives, staff and as appropriate HSC Trust representatives.

There was evidence of effective communication with the staff, the people supported and their representatives.

Staff meeting’ minutes reflected that there was effective communication between all grades of staff. The people supported were encouraged to attend meetings on a regular basis and minutes were available.

**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 in this domain 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.**

The inspection sought to assess the agency’s ability to treat the people supported with dignity and respect; and to fully involve them and/ or their representatives in decisions affecting their care and support. The culture and ethos of care was found to promote dignity, respect, independence, rights, equality and diversity. This was reflected through the staff attitudes and the methods of the delivery of the service.

The people supported by the service described to the inspector ways in which the staff treated them in a respectful manner and ways in which they were encouraged to be independent.

Participation in activities in the local and wider community were encouraged, with appropriate staff support. The people supported discussed various activities including going to the cinema, involvement in drama groups, socialising, going out to lunch and going to discos. Weekends away were facilitated where possible and the inspector was advised that recent trips included going to Lusty Beg and Bundoran. Discussion with the people supported and a review of records confirmed that the people supported had been involved in planning for the upcoming Halloween festivities

The agency maintained a range of quality monitoring systems to evaluate the quality of services provided, including monthly quality monitoring reports which specifically ascertained and included the views of the people supported and their representatives. The manager advised that the annual consultation exercise (ACE) had recently been undertaken and that the information gleaned from this would be incorporated into the next annual quality report. This will be reviewed at future inspection.

During the inspection, the inspector spoke with three people supported by the agency; all of whom indicated that they were happy with the care and support provided. They indicated that they were very satisfied with the care and support provided. The inspector also spoke with three HSC Trust representatives, three support workers and three relatives. Some comments received are detailed below:

### **Staff**

- “This is a very well-run place, we do everything we can to make people happy.”
- “It is tailor-made to the individuals’ needs.”
- “We encourage those we support to socialise and get involved in as many opportunities as they can.”

### **Representatives**

- “I am usually very happy, it is very good here and we have a very good relationship with them.”
- “I am happy enough.”
- “I have nothing but the highest praise for them. (Name of person supported) is provided with excellent care.”

### **HSC Trust Representative**

- “I have no concerns at all, we have an excellent working relationship and it has been a very positive experience working with them.”
- “We have no issues and have good links with Positive Futures.”
- “No concerns at all.”

At the request of the inspector, the manager was asked to issue ten questionnaires to the people supported by the agency and their representatives. Six of the people supported by the agency and one of their representatives returned questionnaires within the deadline for inclusion within the report. All respondents indicated that they were ‘satisfied’ or ‘very satisfied’ in relation to all four domains. No written comments were received.

Seven staff provided electronic feedback to RQIA regarding the quality of service provision. The majority of respondents indicated that they felt 'satisfied' or 'very satisfied' the care provided was safe, effective and compassionate and that the service was well led; however one respondent indicated that they were 'undecided' in relation to the safety of the care and support provided. However the written comments received did not support this response.

Comments included:

- "This service is absolutely person-centred in every aspect of the term and strives for excellence at all times."
- "I have worked for Positive Futures for many years and have seen continual improvements in the care and support given to the people that we support. Each person we support is given the same opportunities as anyone else and we as a support service strive to fulfil everyone's true potential and support them to live the lives they want to."
- "Very good."

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the ethos of care, promoting dignity and respect, listening to and valuing the people supported.

### Areas for improvement

No areas for improvement were identified in this domain 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 the management and governance arrangements in place within the agency to meet the needs of the people supported.

The organisational structure of the service was clearly reflected in the service user guide and was well understood by staff. The day to day operation of the agency was overseen by the registered manager, deputy service manager, senior support workers and a team of support workers. In addition the agency's on-call system ensured that staff could avail of management support 24 hours a day.

There was evidence of effective collaborative working relationships with families of the people supported and staff. Staff spoken with confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. All those consulted with described the manager in positive terms. One relative spoken with described the manager as being 'an exceptional and tremendous person'.

The manager advised that there had been no complaints received from the last care inspection. Procedures were in place to ensure that any complaints received would be managed in accordance with regulation, standards and the agency's own policies and procedures. All those consulted with were confident that staff/management would manage any concern raised by them appropriately.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. An action plan was generated to address any identified areas for improvement; discussion with the management team and a review of relevant records evidenced that all areas identified in the action plan had been addressed.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years. Policies and procedures were maintained on an electronic system, and in addition paper format policies were retained in the office used by staff daily.

There was good management oversight of any accidents or incidents which occurred in the service. The agency had reported any notifiable incidents to RQIA, appropriately.

The inspector discussed arrangements in place that related to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The inspector noted that the agency collects equality information in relation to service users, during the referral process. The manager advised that the agency does not seek any further equality information from the service users other than that provided by the commissioning HSC Trust. The data provided by the HSC Trust is used effectively and with individual service user involvement when a person centred care plan is developed. In addition, the manager confirmed that no complaints had been received with respect to equality issues from service users and/or their representatives.

On the date of inspection the registration certificate was up to date and displayed appropriately.

### **Areas of good practice**

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

### **Areas for improvement**

No areas for improvement were identified in this domain 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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