

# Unannounced Inspection Report 23 January 2017



## Sperrin Supported Living & Peripatetic Housing Support Services

Type of service: Domiciliary Care Agency

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

Tel No: 02882254430

Inspector: Audrey Murphy

## 1.0 Summary

An unannounced inspection of Sperrin Supported Living & Peripatetic Housing Support Services took place on 23 January 2017 from 09:45 to 15:45.

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.

Sperrin Supported Living & Peripatetic Housing Support Services is a domiciliary care agency which provides a range of supported living services, housing support and personal care services to individuals living in the local area.

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'.

### **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. The agency involves the people supported in ensuring that new workers are inducted effectively and staff expressed high levels of satisfaction with the induction, training and ongoing support they receive. Three of the people supported met with the inspector and expressed high levels of satisfaction with the quality of the services provided and with the skills and experience of the staff. The agency has a range of measures in place to ensure that the people supported are safeguarded from harm and has demonstrated compliance with policies, procedures and the minimum standards in relation to the provision of safe care.

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

### **Is care effective?**

The agency's delivery of effective care was evident during the inspection and individuals receiving support highlighted their involvement in the planning of their care and support and the positive outcomes for them. 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 in the provision of effective care.

### **Is care compassionate?**

The agency's delivery of compassionate care was evident from discussions with staff and with the people supported who participated in the inspection. The agency's records also reflected person centred approaches to planning care and there was strong evidence of the preferences and choices of the people supported being at the centre of service provision. Staff were observed interacting with some of the people supported in a friendly and respectful manner.

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

## Is the service well led?

The agency's management and leadership arrangements were examined during the inspection. Staffing provision within the service was noted to be stable and staff spoke positively about the support and guidance available at all times from management.

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 and responsibilities and there are clear lines of accountability within the organisational structure.

There were no areas for quality improvement in the provision of well led care.

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

### 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 Bronagh McNelis, 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.

### 1.2 Actions/enforcement taken following the most recent 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> Ms Bronagh McNelis
<b>Person in charge of the agency home at the time of inspection:</b> Ms Bronagh McNelis	<b>Date manager registered:</b> Acting – No Application

### 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 three of the people supported by Positive Futures and with the acting manager, three support staff and the acting operations manager.

On the day of the inspection questionnaires were given to the acting manager for distribution to staff and to the people supported by Positive Futures. Four staff members and five of the people supported returned a questionnaire to RQIA. The views of staff and the people supported have been incorporated into the body of this report.

On the day of the inspection the following records were examined:

- The agency's statement of purpose
- Information Handbook Positive Futures Supported Living Services
- Two care records
- Person Centred Supervision Policy and Procedure
- Staff induction records
- Staff training records
- Positive Futures Foundation Programme
- Recruitment and Selection Policy
- Adult Safeguarding Policy and Adult Safeguarding Procedure
- Staff meeting records
- Records of meetings with the people supported
- Job descriptions
- Person Centred Review and Planning Policy
- Support planners
- Monthly quality monitoring reports
- Learning and Development Policy
- Complaints policy and procedure
- Policy on record keeping and information security
- Risk management policy and procedure
- Challenging Bad Practice at Work (Whistleblowing policy)
- Positive Behaviour Management Guidance
- Annual Quality Review report
- Human Rights and Restrictive Practices Procedure.

## **4.0 The inspection**

### **4.1 Review of requirements and recommendations from the most recent inspection dated 09 September 2017**

The most recent inspection of agency was an unannounced care inspection. There were no areas for quality improvement arising from the most recent inspection.

### 4.3 Is care safe?

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.

Agency staffing consists of the acting manager, a deputy manager, senior support staff and support workers. The inspector was advised that a recruitment exercise is underway for additional support staff.

The agency's induction arrangements were examined and discussed with staff members who reported very positive experiences of their induction provided. Staff described their structured induction programme and a range of shadowing experiences alongside training and guidance in the care and support of individuals. Staff also reported having access to more experienced and senior staff during their induction period and having opportunities to reflect on learning and experiences obtained during their induction.

The inspector was advised that staff are 'matched' with individuals receiving support and the induction records reflected the involvement of the people supported in the matching process. Induction booklets had been developed to support individuals to familiarise new workers with the individual's preferences and routines. Other induction records included details of the structured induction programme last at least two weeks and the new worker's reflections on their induction experience.

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 is signed off by the staff member and their manager.

The agency has a Probationary Period Policy and Probationary Review Procedure; this sets out the timescales within which the new worker's performance and competence are reviewed and a range of outcomes including confirming in post and extending the probationary period.

The inspector was advised of the staffing arrangements across a number of addresses where the people supported were residing. The agency provides support to individuals with a range of needs with some individuals in receipt of one to one support in their own home. The supply of staff to meet the needs of all of the people supported was discussed with staff and with the people supported, all of whom indicated that there are at all times adequate numbers of experienced staff available.

The agency has an 'on call policy' and procedure and this sets out the arrangements for contacting management and senior Positive Futures staff in out of hours situations. Staff who participated in the inspection advised the inspector that they always have access to senior staff and would be confident of an appropriate and timely management response.

The agency's Recruitment and Selection Policy was examined and the procedures followed were in accordance with the regulations and minimum standards.

The agency has in place suitable arrangements for using recruitment agencies for the short term supply of workers and a pre-approval checklist had been developed which outlines the range of information relating to the fitness of workers outlined in the regulations.

The inspector was advised the staff from other agencies are interviewed prior to their induction and complete a structured induction programme lasting at least three days prior to being supplied to work with the people supported. The acting manager advised that staff from other agencies haven't been used since July 2016.

The agency's Person Centred Supervision Policy and Procedure was examined and an addendum to the policy was noted in relation to the frequency of supervision which was stated as a minimum of 12 weekly with new staff potentially requiring more frequent supervision. Staff who participated in the inspection confirmed they receive supervision on a regular basis and records examined evidenced discussions with staff during supervision relating to responsibilities, performance, support, learning and what has gone well. Senior staff also make a record of any instances where staff supervision is deferred including the reason and the re-scheduled date.

The agency maintains Guidance on Person Centred Staff Management – Performance Management and Development Policy and records of senior staff meetings reflected the oversight of the provision of staff supervision and observation of practice.

There were objectives and personal development plans in place for staff and objectives had been set in accordance with the individuals' role and areas of responsibilities. Mid-year review of objectives was also evident from the records and from speaking with 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 were knowledgeable in this area and were familiar with the terminology in the regional policy. The inspector discussed safeguarding referrals that had been made to the HSC Trust and a range of steps that had been taken in conjunction with the HSC Trust to put in place protection plans.

All of the staff who returned a questionnaire indicated that they were very satisfied that the people supported are safe and protected from harm and that they have received training, supervision and appraisal appropriate to their role.

Feedback received through questionnaires from the people supported also indicated satisfaction with the agency's provision of safe care.

Staff who met with the inspector indicated that they had received adequate training and guidance in relation to the needs of the people supported. One staff member who returned a questionnaire suggested that more training in the area of mental health would be beneficial to them.

The agency has a Learning and Development Policy and Training Needs Analysis Guidance for Managers which sets out a pathway for training needs to be identified including through supervision and staff meetings.

The inspector was advised that two of the people supported had consented to the inspector examining their care records. The records contained HSC Trust needs and risk assessments and information relating to restrictive practices.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

#### 4.4 Is care effective?

The agency maintains a policy on record keeping and information security and the records examined during the inspection reflected compliance with this.

The agency has a Person Centred Portfolio Policy and Guidance which sets out the structure and content of the information for each person supported. The guidance refers to person centred information to be used in each person's information including learning logs, active support daily records, personalised support planner, how best to support the individual and decision making information.

The guidance also highlights the necessity of ensuring that the information within the person centred portfolio is in accordance with any HSC Trust care plan.

The care records examined contained a range of person centred information and referral information, and the HSC Trust care plan. There were person centred risk assessments and a restrictive practice agreement form, annual review records, records of HSC Trust case discussion meetings and outcomes, an information handbook and support agreement – both of which had been produced in a user friendly format with pictures and explanations of support provided and any charges.

The inspector was advised that the needs of the people supported are reviewed on a regular basis and that person centred reviews are convened for each individual supported at appropriate intervals and at least annually. The inspector noted detailed guidance for staff to ensure that the person supported is involved in the preparation for and the outcomes of the meeting.

Two of the people supported met with the inspector and described some of the outcomes of their participation in 'The Life I Want' which had enabled them to have more control over the support received. Staff also indicated that the people supported are encouraged to personalise their support and to identify 'just the right support' and that this is undertaken in conjunction with the HSC Trust.

The agency's Statement of Purpose was examined and had been revised in June 2016. The Statement of Purpose outlined the range and nature of services provided. The agency has an Information Handbook for the people supported and this has been produced in an easy read format.

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 an overview of a range of information relating to incidents, staffing levels, training and staff supervision.

The agency maintains records of staff meetings and senior staff meetings. The records reflected monthly staff meetings and discussion of a range of matters including good practice identified, policy updates, risk register, safeguarding, training, the people supported, shared learning, challenging poor practice and confidentiality.

There was also evidence of additional meetings held with smaller groups of staff to discuss matters specific to individuals receiving support.



Staff who met with the inspector confirmed they have very supportive working relationships with agency management and were complimentary of the approach taken by management to support them.

All of the staff who returned a questionnaire indicated high levels of satisfaction with this aspect of service provision. The people supported also indicated in returned questionnaires that they were satisfied that they are involved in the review of their care needs and in the development of their plan of care.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

## **4.5 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 and some people supported during the inspection. Staff highlighted their role in ensuring that the preferences of the people supported are sought and that each person receives individualised support. Staff who met with the inspector also highlighted the importance of confidentiality and ensuring that the decision making capabilities of the people supported are maximised.

The person centred tools within the care records provided further evidence of individualised support plans being developed in conjunction with the people supported. The people supported are consulted on a regular basis and are involved in the selection of staff supplied to work with them. The agency has developed induction booklets with the people supported to facilitate them to induct new workers to their home, preferences and routines.

The agency maintains a Human Rights and Restrictive Practices Procedure and this provides a definition of a restrictive practice and a framework for staff to follow when a person supported lacks capacity. Restrictive Practice agreements were in place and reflected the human rights implications of each restrictive practice.

The agency has Positive Behaviour Management Guidance which outlines the steps to be taken by staff in the event of behaviour that challenges. The guidance identifies a number of potential causes of behaviour that challenges and references the human rights implications of restrictive practices.

The inspector spoke with three of the people supported by Positive Futures, all of whom spoke fondly of agency staff and confirmed that they have opportunities to speak with staff and to have their views taken into account. The people supported also referenced their involvement in the quality monitoring activity within the service.

Questionnaires returned by the people supported and agency staff indicated high levels of satisfaction with the provision of compassionate care.

### **Areas for improvement**

No areas for improvement were identified during the inspection.



## 4.6 Is the service well led?

At the time of the inspection the agency was being managed by Bronagh McNelis in the long term absence of the registered manager. The acting manager described the range of supports available to her from Positive Futures senior management and this was confirmed in discussions with an acting operations manager who was present on the day of the inspection.

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 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 complaints arrangements were examined and were in accordance the standards. The inspector was advised that there had been no complaints received since the previous inspection. The people supported and staff who met with the inspector confirmed their understanding of the agency's complaints processes and advised that they wouldn't hesitate to speak with senior staff in the event of any dissatisfaction being experienced.

The agency has developed a 'It's Good to Speak Up' leaflet which is an easy read summary of the complaints procedure for the people supported.

The agency's Incident Management Policy – Incident reporting and investigation procedure provides guidance for staff to report incidents to relevant agencies including HSC Trusts and RQIA. Since the previous inspection the agency had notified RQIA of a number of incidents relating to the administration of medications; no further action was required in relation to these notifications. RQIA had also been notified of a number of incidents relating to behaviour management issues and discussion of these during the inspection provided satisfactory assurances that each incident had been managed in accordance with the agency's procedures and the minimum standards.

The acting manager advised the inspector of a range of performance information that she prepares on a monthly basis for senior management. This includes assurance in relation to the provision of staff supervision, induction, person centred reviews, use of agency staff and other 'metrics' that are reported on and explored during the monthly quality monitoring visits undertaken. Quality monitoring records evidenced contact with and a summary of the views of the people supported, relatives, HSC Trust and other professionals. It was good to note that the reports of quality monitoring also referenced areas of best practice identified and any recommendations for sharing or consolidating best practice.

The report of the agency's annual quality review (March 2016) was examined and this summarised the methods used to obtain the views of the people supported, their representatives and agency staff. The report included an overview of quality of service provision by the manager, a summary of monthly quality monitoring undertaken, a summary of views of staff, representatives and family members and the people supported. Recommendations for service improvements included progressing recruitment plans and further developing action plans aligned to identified outcomes within 'The Life I Want' process undertaken with the people supported.

The staff who returned a questionnaire indicated they were very satisfied with the management and leadership arrangements within the agency and the people supported also responded positively to this aspect of service provision.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

### **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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