



The Regulation and  
Quality Improvement  
Authority

Positive Futures Ards Peninsula  
Supported Living Service  
RQIA ID: 11971  
2 Coastguard Cottages  
Harbour Road, Portavogie  
BT22 1EA

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**Unannounced Care Inspection  
of  
Positive Futures Ards Peninsula Supported Living  
Service**

**02 March 2016**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 02 March 2016 from 11.00 to 15.00. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 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 can be found in the main body of the report.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Positive Futures/Ms Agnes Philomena Lunny	<b>Registered Manager:</b> Anne Magee
<b>Person in charge of the agency at the time of Inspection:</b> Ann Magee	<b>Date Manager Registered:</b> 01 April 2015
<b>Number of service users in receipt of a service on the day of Inspection:</b> 8	

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'.

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard themes have been met:

**Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users**

**Theme 2: Service User Involvement - service users are involved in the care they receive**

#### 4. Methods/Process

Specific methods/processes used in this inspection include the following:

- Records of incidents notified to RQIA
- Inspection report of 19 November 2014 and quality improvement plan
- Records of contacts with the agency since the previous inspection.

The following records were examined:

- Recruitment Policy
- Recruitment records
- Alphabetical index of staff
- Staff profiles
- Induction procedures and records
- Staff training records
- Supervision and appraisal policy
- Monthly quality monitoring records
- Care records of three of the people supported
- Staff duty rotas
- Whistleblowing policy.

Ten staff and ten people supported satisfaction questionnaires were provided for distribution, completion and return to RQIA. Seven staff and nine people supported questionnaires were returned and analysed. Responses are reflected within the main body of the report.

#### 5. The Inspection

##### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of Positive Futures Ards Peninsula Supported Living was an unannounced care inspection dated 19 November 2014. The completed QIP was returned and approved by the care inspector.

##### 5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 14 (d)	Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided— (d) so as to ensure the safety and security of service users' property, including their homes;	<b>Met</b>

	<p>The registered person is required to forward to RQIA assurances that those service users who make a financial contribution towards their care have had their financial agreements reviewed and approved by the HSC Trust.</p>	
	<p><b>Action taken as confirmed during the inspection:</b> Written assurance was submitted to RQIA as requested. Financial agreements were reviewed April 2015 and approved by the commissioning HSC Trust. Support agreements have been amended accordingly.</p>	

Previous Inspection Recommendations	Validation of Compliance
<p><b>Recommendation 1</b> <b>Ref:</b> Standard 2.2</p>	<p>It is recommended that the agency's service user guide is revised in relation to the general terms and conditions for receipt of the agency's services.</p> <p>This recommendation refers to the arrangements for agency staff to avail of a meal in the home of the people supported and for reimbursements made the people supported in respect of costs incurred by agency staff.</p> <p>The people supported should be made aware of their right to opt out of these arrangements and if opting in, should be advised of the amounts paid to them in respect of staff costs.</p> <p><b>Action taken as confirmed during the inspection.</b> The support agreement and Handbook had been amended (April 2015) and reissued to include the right of people supported to choose to opt out of arrangements for agency staff to avail of a meal in their home. If choosing to agree to the arrangement this is reflected in the agreement. Reimbursement to people supported had been addressed with the people supported/ representative.</p> <p style="text-align: center;"><b>Met</b></p>

### **5.3 Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users**

#### **Is Care Safe?**

The agency's had a policy/procedure on Recruitment and Selection Policy dated 08 May 2015. The procedures in place for obtaining and evaluating pre-employment information were discussed with the manager. There was evidence of the implementation of these available for inspection.

The process for recruitment was in accordance with the regulations and minimum standards.

The agency maintains an alphabetical index of the staff supplied or available for supply to the agency.

The agency's induction includes three days of Positive Behaviour Management training prior to being introduced to the service. New staff are introduced to the people supported and are provided with accompanied observation by a suitably qualified and experienced staff member across all shifts in the home of the people supported.

Induction records examined reflected a comprehensive induction period. People supported are encouraged to contribute to the induction of the new staff member. New staff members complete a record of their induction. The manager confirmed that new workers are not supplied to work independently with the people supported until their induction period has been evaluated.

Staff members confirmed they had been issued with an Employee Handbook.

The agency maintains a 'Person Centred Supervision Policy and Procedure'. The manager and staff confirmed that supervision is provided on an eight weekly basis with a record maintained in accordance with the policy/procedure.

Nine satisfaction questionnaires from people supported were completed and returned to RQIA. Respondents indicated that staff helps them to feel safe and secure and that staffing levels are appropriate at all times.

Seven staff questions were completed and returned to RQIA. Six respondents indicated they were satisfied that there is at all times an appropriate number of suitably skilled and experienced staff to meet people supported by the agency. One respondent indicated they were unsatisfied in this regard.

One person supported who afforded time to meet with the inspector confirmed that the provision of care and support by staff was very good. No issues or concerns were raised or indicated.

#### **Is Care Effective?**

Discussions with the manager, staff and one person supported indicated that an appropriate number of suitably skilled and experienced persons are available at all times. No issues or concerns were raised in respect of staffing. Staff rota information viewed reflected staffing levels as described by the manager. The manager described the process to ensure that staff provided have the knowledge, skills and training to carry out the requirements of their job role.

Staff confirmed they are provided with a job description outlining the roles and responsibilities prior to commencement of employment. Staff could describe their roles and responsibilities and the process for reporting any training needs.

Staff described the induction programme received and stated that they felt competent and capable to fulfil the requirements of their job. Induction information viewed indicated that an initial induction programme over a two week period is undertaken by staff with the full induction period completed over a period of six months or longer if deemed necessary. The agency maintains a record of induction which reflected regular supervision.

A training matrix is maintained; the manager stated that it is reviewed monthly to identify training gaps/needs.

Staff demonstrated awareness and understanding the agency's vulnerable adult and whistle blowing policies/procedures.

Seven staff questions were completed and returned to RQIA. Six respondents indicated they were satisfied that the agency's whistle blowing policy was accessible to all staff and that the induction process prepared them for their role.

One respondent indicated dissatisfaction; with the induction process and access to the agency's whistle blowing policy.

Nine satisfaction questionnaires from people supported were completed and returned to RQIA. All respondents indicated that they were satisfied that staff knew how to care for them and respond to their needs.

### **Is Care Compassionate?**

The manager confirmed that staffing arrangements and concerns raised by people supported or their representatives are discussed with people supported at meetings.

Staff and one person supported confirmed that people supported are provided with detail of staff being provided by the agency to support them.

Induction and training records indicated that staff receives mandatory training and training specific to the needs of the person supported. Staff confirmed they had the appropriate knowledge and skills to fulfil the requirements of their role. One person supported confirmed that staff providing support and care had the knowledge and skills to meet their needs.

Staff described the process for meeting the people supported and becoming familiar with their planned support and care to meet their assessed needs; they described the importance of respecting the privacy, dignity and choices of people supported. One person supported confirmed that staff respects their privacy, wishes and dignity.

The agency's disciplinary policy and procedures outlines the process for addressing unsatisfactory performance of staff.

Seven staff questions were completed and returned to RQIA. Six respondents indicated they were very satisfied that people supported receives care and support from staff who are familiar

with their needs. One of the seven respondents indicated they were very unsatisfied with the care and support provided to people supported from staff.

Nine satisfaction questionnaires from people supported were completed and returned to RQIA. All respondents indicated that they were very satisfied that staff knew how to care for them and respond to their needs.

### Areas for Improvement

There were no areas for improvement identified within Theme 1.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.4 Theme 2: Service User Involvement - service users are involved in the care they receive

### Is Care Safe?

The manager confirmed that prior to providing care and support to people supported the agency receives a range of multi-disciplinary assessments from the referring HSC trust. Assessments of need and risk assessments viewed reflected the views and choices of people supported and where appropriate their representatives.

One person supported who met with the inspector confirmed they are involved in developing their care and support plans and choice and preference was always afforded.

Staff could describe the benefits of positive risk taking and their role in supporting people supported to live as full a life as possible. Risk assessments are completed in conjunction with people supported and their representatives. This information was detailed within care records examined.

Seven staff questions were completed and returned to RQIA. Six respondents indicated they were very satisfied that the agency operates in a person centred manner. One of the seven respondents indicated they were unsatisfied that the agency operates in a person centred manner.

Nine satisfaction questionnaires from people supported were completed and returned to RQIA. All respondents indicated that they were very satisfied that the staff helps them to feel safe and secure.

Seven staff questions were completed and returned to RQIA. Six respondents indicated they were very satisfied that people supported receives care and support in a person centred manner. One of the seven respondents indicated they were very unsatisfied in this regard.

### Is Care Effective?

People supported and where appropriate their representatives are encouraged to participate in an annual review of their care and support involving representatives from the commissioning HSC Trust. Staff record daily the care and support provided and care plans are reviewed and if necessary revised following the annual review. Staff also complete a monthly report for each person supported. Care and support plans viewed detailed the wishes and routines of people supported and contain information specific to them.

The agency facilitates weekly people supported house meetings; records of meetings viewed indicate that people supported where appropriate are encouraged to express their views and opinions and that their wishes and choices are respected. The manager described instances where it is necessary to liaise with people supported relatives when people supported are unable to contribute their views and opinions. People supported and their relatives are informed of the agency's complaints procedure; the agency has a process for maintaining a record of all compliments and complaints. Monthly quality monitoring visits are completed; documentation viewed indicates engagement with people supported and where appropriate their representatives.

The agency had Human Rights Booklets which were available to staff, people supported and representatives.

Nine satisfaction questionnaires from people supported were completed and returned to RQIA. All respondents indicated that they were very satisfied that staff responds to their needs and knew how to care for them.

Seven staff questions were completed and returned to RQIA. Six respondents indicated they were very satisfied that the arrangements for people supported involvement within the service was effective. One of the seven respondents indicated they were very unsatisfied in this regard.

### **Is Care Compassionate?**

Discussions with staff and one person supported indicated that care is provided in an individualised manner. Care plans viewed were written in a person centred manner.

Staff described the agency's process for engaging with people supported and their representatives where appropriate. Staff described examples of responding to people supported wishes; records of meetings indicated the involvement of people supported and where appropriate their representatives.

Promotion of values such as dignity, choice and respect were evident through discussion with staff and people supported. It was noted that the agency provides people supported with information on human rights in an appropriate format.

Nine satisfaction questionnaires from people supported were completed and returned to RQIA. All respondents indicated that they were satisfied that their views and opinions are sought about the quality of the service.

Seven staff questions were completed and returned to RQIA. Six respondents indicated they were very satisfied that the people supported receives care and support from staff who are familiar with their care needs; their views are listened to and that people supported have their views and experiences taken into account in the way in which the service is provided and delivered. One respondent indicated they were very unsatisfied in this regard.

### **Areas for Improvement**

There were no areas for improvement identified within Theme 2.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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### 5.3 Additional Areas Examined

#### 5.3.1 Monthly Quality Monitoring visits.

Monthly quality monitoring visits were being conducted in keeping with DHSSPS Domiciliary Care Agencies Minimum Standards (2011).

#### 5.3.2 Complaints

Discussion with the manager and examination of records retained showed that one complaint was received during 1 January 2014 and 31 March 2015. Records retained provided evidence that this complaint had been appropriately managed in accordance with the agency's policy / procedure.

#### 5.3.3 Accidents/Incidents

Notification of accidents/incidents was discussed with the manager who confirmed awareness of notifications to be submitted to RQIA.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.

No requirements or recommendations resulted from this inspection.

<b>I agree with the content of the report.</b>			
<b>Registered Manager</b>	Anne Magee	<b>Date Completed</b>	18.04.16
<b>Registered Person</b>	Agnes Lunny	<b>Date Approved</b>	18.04.16
<b>RQIA Inspector Assessing Response</b>	Priscilla Clayton	<b>Date Approved</b>	18/04/16

Please provide any additional comments or observations you may wish to make below:

*\*Please ensure this document is completed in full and returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) from the authorised email address\**