



The Regulation and  
Quality Improvement  
Authority

Positive Futures  
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**Unannounced Inspection  
of  
Positive Futures (Magherafelt)**

**9 November 2015**

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 9 November 2015 from 10.00 to 15.00. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. There were no areas for improvement identified during the inspection. 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> Mr John James Diamond
<b>Person in charge of the agency at the time of Inspection:</b> Mr John James Diamond	<b>Date Manager Registered:</b> 3 August 2012
<b>Number of service users in receipt of a service on the day of Inspection:</b> 6	

Positive Futures Magherafelt is a supported living type domiciliary care agency which provides personal care and housing support to individuals who reside in the Magherafelt area.

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 standards and 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:

Prior to inspection the following records were analysed:

- Records of incidents notified to RQIA
- Inspection report of 23 March 2015 and quality improvement plan
- Records of contacts with the agency since the previous inspection.

There were no incidents notified to RQIA since the previous inspection.

During the inspection the inspector met with one of the people supported at the agency's office. The inspector also met with four agency staff during the inspection.

The inspector provided questionnaires during the inspection and requested that these were distributed to staff and the people supported. Ten of these were returned by staff and six by the people supported. Three of the people supported who returned a questionnaire indicated that they did not wish to participate in the completion of the questionnaire. Two of the people supported had received assistance to complete the questionnaire by a relative or carer and one person had completed their questionnaire independently.

The views of the people supported and agency staff have been incorporated into this report.

The following records were examined during the inspection:

- 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.

### The Inspection

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

The previous inspection of the agency was an announced care inspection dated 23 March 2015. The completed QIP was returned and approved by the inspector.

#### 4.2 Review of Requirements and Recommendations from the last Care inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 14(d)</p>	<p>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 —</p> <p>(d) so as to ensure the safety and security of service users' property, including their homes;</p> <p>The registered person is required to forward to RQIA assurances that those people supported who make a financial contribution towards their care have had their support agreements reviewed and approved by the HSC Trust.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector was advised that all of the people supported had had their agreements reviewed and approved by the HSC Trust since the previous inspection. The care records of three of the people supported provided evidence that their agreement had been approved by the HSC Trust.</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 Recruitment and Selection Policy was examined and had been issued in June 2014. The procedures in place for obtaining and evaluating pre-employment information were discussed with the manager and 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.

The inspector was advised that a member of staff from another domiciliary care agency has been supplied on a consistent basis to work in the homes of several people supported. The manager described the arrangements that had been put in place to assess this staff member's suitability including an interview and evaluation of information regarding their fitness which had been forwarded in advance of their supply.

The agency's induction includes three days of Positive Behaviour Management training prior to being introduced to the service. New staff are then introduced to the people supported and provided with observation shifts in the home of the people supported; observations shifts are across a range of shift patterns.

The induction records examined reflected a detailed and comprehensive induction period and the people supported had also been encouraged to contribute to the induction of the new staff member. New staff members complete a reflective record following each observation shift and 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 have been issued with an Employee Handbook which had been prepared in accordance with Regulation 17.

A person supported advised the inspector of their role in the recruitment process and this includes meeting prospective staff members at information sessions and participating in the interview process. The person supported highlighted the importance of candidates being able to engage with them during the interview. The manager described the inclusion of a person supported on the interview panel as invaluable.

The agency maintains a 'Person Centred Supervision Policy and Procedure' and this outlined the frequency of supervision for all staff. The frequency of staff supervision for 'contracted' staff is eight weekly.

The arrangements for the supervision of relief and sessional staff are also outlined in the policy and procedures along with the records to be maintained in respect of supervision. Staff who participated in the inspection confirmed that in addition to formal supervision sessions, they also receive observations and feedback in relation to their practice with the people supported.

## Is Care Effective?

At the time of the inspection the agency was being managed by the registered manager, the deputy service manager and support staff. The inspector was advised that staffing is provided to the people supported on a 24 hour basis. There were job profiles in place for all grades of staff and the agency's employee handbook also outlined the roles and responsibilities of agency staff.

A person supported who participated in the inspection and those who returned a questionnaire indicated high levels of satisfaction with the staff levels available to them. Additionally, all of the staff who returned a questionnaire indicated high levels of satisfaction that there is at all times an appropriate number of suitable skilled and qualified and experienced staff to meet the needs of the people supported.

The manager and a person supported advised the inspector that staffing levels are kept under review and there was evidence of staffing increasing in response to the changing needs of people supported. It was also evident that there are ongoing consultations with the people supported and their representatives in relation to staffing levels. The agency's records clearly evidenced which staff are allocated to the addresses where the people were receiving their support. Records and discussion with the registered manager also evidenced that there was flexibility built in to the staffing arrangements.

All of the staff who returned a questionnaire indicated that they were very satisfied that their induction prepared them for their role. The induction records evidenced that training needs are identified during the induction period and that induction is evaluated at the end of the first two weeks and at intervals of three months and six months within the probation period.

A member of staff who participated in the inspection described their induction as very comprehensive and unlike any induction programme they had ever experienced. The staff member highlighted the agency's person centred ethos and the emphasis placed on the rights of the people supported.

The agency's training records provided evidence of the uptake of training in all of the mandatory areas and in a range of other areas, in accordance with the needs of the people supported. Training is evaluated and staff are encouraged to complete 'Post Course De-Briefing' records which are signed by the manager. Additional training had been provided in person centred approaches and in human rights and restrictive practices. The deputy services manager advised the inspector that staff training needs are discussed during the induction period and during each supervision session; staff training is also kept under review during monthly quality monitoring.

The manager confirmed that all supervisory staff have received training in the provision of supervision. The deputy service manager demonstrated the agency's system for maintaining records of the provision of supervision and this evidenced that supervision was being provided in accordance with the frequency outlined in the agency's policy.

The arrangements for staff appraisal were discussed with the deputy service manager who described how corporate objectives are incorporated into the objectives for individual members of staff. The inspector was advised that all staff had received an annual appraisal.

The agency maintains a 'Challenging Bad Practice at Work (Whistleblowing)' policy which had been discussed with staff during staff meetings. All of the staff who returned a questionnaire indicated that they were very satisfied that the agency's whistleblowing policy is accessible to staff and that they would be taken seriously if they were to raise a concern.

### **Is Care Compassionate?**

All of the staff who returned a questionnaire indicated high levels of satisfaction that all of the people supported have their views and experiences taken into account and that there are effective arrangements in place for the involvement of the people supported.

The inspector was advised that the staff supply has been mainly static and that the people supported are provided with a copy of the staff duty rota in an appropriate format. The manager described the arrangements in place to ensure that the people supported are fully involved in any planned changes to the staffing arrangements. These included participation in recruitment and staff information sessions and discussions at house meetings.

The agency's induction records evidenced the specific arrangements in place to ensure that staff receive an induction relevant to the individuals they will be supporting. The records also included the induction provided by the people supported to the new member of staff.

The Inspector was advised that as far as possible, the same staff are allocated to work with individuals consistently. This practice was evident from the rotas examined and from discussions with staff.

### **Areas for Improvement**

There were no areas for improvement identified within this theme.

<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 inspector was advised that one person supported had consented to meeting with the inspector and to their care records being examined during the inspection. Two other people supported had also consented to the inspector accessing their care records. The inspector noted within the records a range of information that reflected in detail, the wishes and preferences of the individual.

The agency's 'Person Centred Portfolio Policy and Guidance' sets out the structure of the individual's care records, references a range of person centred tools and promotes the use of plain English and no jargon. The document also highlights the necessity to ensure that the information in the person centred portfolio is in accordance with the HSC Trust care plan

The inspector was advised that all of the people supported had undertaken 'Planning Live' which had involved the participation of their representatives and agency staff. The inspector was advised that an outcome of 'Planning Live' is that the people supported receive support proportionate to their needs.

### **Is Care Effective?**

The inspector was advised that all of the people supported have had a review of their needs and care/support plan undertaken by the HSC Trust in the last year. The inspector was advised that the person supported is given the opportunity to chair their review meeting and to participate in the completion of their review report.

The manager described the arrangements in place for the on-going review of the needs of the people supported and referred to the Person centred Review Policy and Guidance. The care records examined reflected the implementation of review and planning guidance and the use of a range of person centred tools.

The staff who participated in the inspection described agency management as very approachable and advised the inspector that staff meetings are held weekly. Agency staff advised that staff respond flexibly to the needs and preferences of the people supported and are guided by them when planning shifts.

### **Is Care Compassionate?**

From discussions with staff and a person supported during the inspection, it was evident that the people supported are encouraged to provide their views on the quality of the services they receive. The care records reflected detailed 'How Best to Support Me' information that had been prepared in conjunction with the individual and outlined their specific preferences and choices. The care records also referenced the human rights of the people supported. The people supported had been encouraged to identify areas of further independence and 'opportunity plans' were in place to support individuals with cooking, maintaining their environment and medication administration. The inspector was advised that where possible, staff are matched to the people supported. The people supported can also request a particular member of staff to support them with a chosen activity.

### **Areas for Improvement**

There were no areas for improvement identified within this theme.

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

The agency's complaints records were examined for the period 1 January 2014 – 31 March 2015. The agency had not received any complaints during this period.

The records of quality monitoring undertaken on a monthly basis on behalf of the registered person were examined. The reports contained records of consultations with the people supported and their representatives, including HSC Trust professionals and relatives. The views of the staff consulted were also included within the reports.

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>	John Diamond	<b>Date Completed</b>	21.12.15
<b>Registered Person</b>	Agnes Lunny	<b>Date Approved</b>	21.12.15
<b>RQIA Inspector Assessing Response</b>	Audrey Murphy	<b>Date Approved</b>	12/01/16

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

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