

# Announced Care Inspection Report 24 January 2018



## Positive Futures Magherafelt Supported Living Service

**Type of Service: Domiciliary Care Agency**  
**Address: 46a Rainey Street, Magherafelt, BT45 5AH**  
**Tel No: 02879395260**  
**Inspector: Aveen Donnelly**

[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

Positive Futures Magherafelt Supported Living Service 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 Magherafelt area.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Positive Futures  <b>Responsible Individuals:</b> Ms Agnes Philomena Lunny	<b>Registered Manager:</b> Mrs Aileen McKeown (Acting)
<b>Person in charge at the time of inspection:</b> Aileen McKeown	<b>Date manager registered:</b> 9 November 2017

### 4.0 Inspection summary

An announced inspection took place on 24 January 2018 from 10.40 to 15.30 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 recruitment practices, staff development, 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 and maximising their independence. There were good governance and management systems in place. A number of areas of good practice were commended by the inspector and are reflected in the main body of the report.

No areas for improvement were identified during this inspection.

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 the service 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 8 December 2016

No further actions were required to be taken following the most recent inspection on 8 December 2016.

## 5.0 How we inspect

Prior to inspection we analysed the following records:

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

At the request of the inspector, the service 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. No responses were received.

During the inspection process the inspector spoke with the operations manager, the service manager, one senior support worker, three support workers, two Health and Social Care (HSC) Trust professionals, four people supported by the agency and three relatives. Questionnaires were also provided for distribution to the people supported or their representatives. Any comments from returned questionnaires received after the return date will be shared with the registered manager for their information and action as required.

The following records were examined during the inspection:

- staff induction and training records
- supervision and appraisal records
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- incident records
- one care record (person centred portfolio)
- Health and Social Care (HSC) Trust risk assessments and care plans
- care review records
- recording/evaluation of care records
- support worker meeting' minutes and minutes of meetings for the people supported by the service
- complaints and compliments records
- a selection of policies and procedures
- monthly quality monitoring reports
- annual quality report (2016/17)
- the Statement of Purpose

- the Service User Guide

Prior to the inspection, an assessment had been undertaken of the agency's recruitment records at the organisation's head office, 2b Park Drive, Bangor. RQIA were satisfied that the recruitment processes were robust.

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 8 December 2016

The most recent inspection of the agency was an unannounced inspection. There were no areas for improvement made as a result of the inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 8 December 2016

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 46a Rainey Street, Magherafelt and were suitable for the purposes of the agency.

At the time of the inspection, the agency was being managed by the service manager, with the support of a deputy service manager, senior support staff and a team of support staff. The agency's staffing arrangements were discussed and the inspector was advised that there were a full staff team in post and there were no staff vacancies. The service manager confirmed the planned daily staffing levels for the agency. Discussion with staff and the people they supported confirmed that the planned staffing levels were consistently adhered to. The inspector was advised that the people supported by the agency completed an exercise with the staff, called 'The Life I Want', this enabled them to explore the hopes and dreams of those people supported by the agency and the staff rota was managed in as far as practicable, to ensure that their hopes and dreams were realised. This was commended by the inspector.

The agency's staff recruitment processes were managed in conjunction with the organisation's human resources department, located at the organisation's head office. Prior to the inspection,

RQIA undertook an assessment of the agency's recruitment records and these were deemed to be robust.

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

A recently appointed member of staff described and a review of records confirmed that they had received a structured induction which lasted in excess of two weeks. There were systems in place to monitor staff' performance to ensure that they received support and guidance. This included mentoring through formal supervision meetings, observation of practice and completing annual appraisals. 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. Additional training in areas such as positive behaviour support and managing people's finances had also been provided. There was also a system in place whereby staff completed post-training debriefing subsequent to key training events to ensure that learning objectives had been met. This is good practice.

The inspector was advised that there had been no actual or potential safeguarding referrals made to the HSC Trust or RQIA from the last inspection. 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. Discussion with staff 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.

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.

A review of the accident and incident records confirmed that the relevant risk assessments and care plans were reviewed following each incident and that care management and the individuals' representatives were notified appropriately.

A review of the person centred portfolios also evidenced that the staff took measures to ensure the safety of the people they supported. For example, 'stranger danger' and 'safety in public areas' were discussed with the people supported. There was also evidence within the care records that where a person may have been exposed to an identified risk; a learning log was completed with the person supported, to identify ways in which to reduce/avoid the risk recurring. This is good practice and is commended.

Discussion with the management team also evidenced that regular safety checks were undertaken to ensure that the houses where the people supported lived were safe and free from hazards. It was also noted that where a person supported was identified as having difficulty hearing, the staff had made efforts to source an appropriate fire alerting system, to ensure that they could safely get out of the house, in the event of a fire.

## 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 service users' needs were examined during the inspection.

The people supported had been asked to consent to the inspector examining their care records. Where this was not provided, their wishes were respected by the staff. The inspector examined two 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.

Care reviews with the HSC Trusts were held annually or as required. The review of the records confirmed that care and support plans were updated to reflect changes agreed at the review meetings. The inspector also noted that the care review reports were also presented in easy-read format, which ensured that the people supported were aware of any changes made to their care plan. Discussion with the management team and the people supported confirmed that plans were in place to encourage the people supported, to take the lead in their care reviews. This supported the ethos of person-centred care that was central to the care and support provided by the agency. This is good practice and is commended.

A review of the daily records indicated that service users 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 operations managers who had a good working knowledge of the service. Quality monitoring reports included consultation with a range of service users, relatives, staff and as appropriate HSC Trust professionals.

There was evidence of effective communication with the people supported and their representatives and with relevant HSC Trust professionals, as required. Staff meeting' minutes reflected that there was effective communication between all grades of staff. Relatives spoken with also that there was appropriate communication and that they had good working relationships with the staff.

## 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 service users with dignity and respect; and to fully involve service users/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 throughout the staff attitudes and the delivery of the service. The inspector noted that staff had received training in human rights and restrictive practices. A review of the care records identified that any restrictive practices used, were considered in conjunction with the people supported by the agency.

Agency staff had 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. This is good practice and is commended.

The staff also had a good knowledge of the people they supported. For example, they worked collaboratively to identify what was important to them and how best they could provide support. Each person supported had a 'Timetable of Life' developed, which provided information on the person's life history. This is good practice.

The people supported were also involved in identifying their own personal attributes (gifts) and how these attributes could be developed, to contribute to community life and/or relationships. Other useful tools included in the care portfolio included a relationship/community map and a hospital passport, for use in the event of emergency hospitalisation.

The people supported also had a decision-making profile in place, which included how they liked their information presented, how choice should be presented to them, how the staff could help them understand the choices and the best times for them to be asked about decisions.

People supported by the agency described to the inspector ways in which the staff treated them in a respectful manner. It was also noted that the preferences of the people supported were matched to those with whom they shared a home and to the staff that supported them.

It was evident from discussion with the people supported, relatives and staff that the agency promoted the independence, equality and diversity of the people they supported. Participation in activities in the local and wider community were encouraged, with appropriate staff support.



The management team described how the people supported attended meetings every other month, called 'One Voice' meetings; these meetings were a forum for the people supported to discuss different social activities they wanted to attend/participate in. The inspector was also advised that advocacy services could be arranged at any time and that these services were often offered to the people supported at the 'One Voice' meetings.

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 service users and their representatives. This included a system called 'what our people think', where the people supported were asked for their views on the care and support on a monthly basis. Support workers were also encouraged to contribute, as appropriate.

During the inspection, the inspector spoke with three people supported by the agency. All those spoken with indicated that they were very satisfied with the care and support provided. The inspector also spoke with two HSC Trust professionals, one senior support worker, three support workers and three relatives. Some comments received are detailed below:

### **Staff**

- "The care and support we provide is very person-centred in that the people we support come first and their needs are well met."
- "It does not feel like a job, I cannot believe the care the people we support get, the agency is well managed and there is a great focus on independence."
- "This is the best job I have ever had, it is a great feeling, knowing that I have made a difference to someone's life."
- "This is a brilliant organisation and it is the team that makes it."

The inspector was also made aware that one identified support worker had come into work, on their day off, to bring one of the people they supported to a medical appointment. This was praised by the inspector and acknowledged as good practice to the management team.

### **Representatives**

- "We are happy enough with the service."
- "I cannot see anything wrong with it, (my relative) is in a good place and it keeps him happy."
- "We are very happy with what is being done for him, the staff would always get my input before they do anything."

### **HSC Trust Professional**

- "I am very impressed with the way Positive Futures is operating the scheme, there is a lot of emphasis on tailoring to the individual and aspiring them to be what they want to be. They work well at establishing good relationships and the staff are very responsive to changes. Their reporting processes are concise and person-centred and the staff promote independence with good risk management in place."

RQIA also issued ten questionnaires to the people supported by the agency and their representatives. Six questionnaires were returned, within the timeframe for inclusion in this report. All respondents indicated that they were 'very satisfied' that the care and support

provided by the agency was safe, effective and compassionate; and that the agency was well-led. One written comment included 'I am happy with all my care'.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of care, promoting dignity and respect, listening to and valuing service users and their representatives.

### 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 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 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 a service manager, deputy service manager, senior support workers and a team of support workers. An on call system also ensured that staff could avail of management support 24 hours a day.

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 management team in positive terms; comments included 'they are very approachable' and 'this place is very well managed'.

There was a policy in place relating to the management of complaints. Although the review of the records confirmed that there had been no complaints received from the last care inspection, there were procedures 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. There was a process in place whereby the complaints procedure was routinely discussed at monthly 'house meetings'.

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 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. For

example, where the person designated with the responsibility of undertaking the monitoring visit, identified that one of the people supported missed home, the subsequent action plan was devised to include the redecoration of their bedroom, to make it more reminiscent of home.

There was a system in place to ensure that policies and procedures were reviewed at least every three years. Policies and procedures were maintained on an electronic system accessible to all staff, and paper policies were retained in the office used by staff daily. The inspector was also advised that the 'One Voice' meetings, as discussed in section 6.6, provided an opportunity for the people supported to have an input into policy development. This is good practice and is commended.

Review of records pertaining to accidents and incidents confirmed that these were appropriately managed. There were no incidents which required to be notified to RQIA.

The review of the annual quality review report reflected a high level of satisfaction regarding the care and assistance provided to the people supported by the agency. This report was confirmed as appropriately detailed and had been shared with the people supported and their representatives. Actions had been taken in response to suggestions received.

There was evidence of effective collaborative working relationships with key stakeholders, including the HSC Trust, families and staff. The agency had received positive feedback through the quality monitoring report from HSC Trust professionals regarding the ability of the agency staff to work in partnership to meet the needs of service users.

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.

	Regulations	Standards
<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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