



The Regulation and
Quality Improvement
Authority

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
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PRIMARY INSPECTION

Inspection No: 9645
Agency ID No: 11021
Name of Agency: Windermere Supported Living Service (Positive Futures)
Date of Inspection: 7 February 2013
Inspector's Name: Jim McBride

GENERAL INFORMATION

Name of agency:	Windermere Supported Living Services
Address:	36 Enterprise Business Park Enterprise Crescent Lisburn BT28 2GN
Telephone Number:	028 92606749
E mail Address:	Pauline.ferguson@positive-futures.net
Registered Organisation / Registered Provider:	Ms Agnes Lunny
Registered Manager:	Mrs Pauline Ferguson
Person in Charge of the agency at the time of inspection:	Mrs Pauline Ferguson
Number of service users:	9
Date and type of previous inspection:	3 October 2011 Primary Announced Inspection
Date and time of inspection:	7 February 2013 Primary Announced Inspection 0940-1600
Name of inspector:	Jim McBride

1.0 INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect supported living type domiciliary care agencies. A minimum of one inspection per year is required.

This is a report of a primary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

1.1 PURPOSE OF THE INSPECTION

The purpose of this inspection was to ensure that the service is compliant with relevant regulations, minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of domiciliary care, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Domiciliary Care Agencies Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

1.2 METHODS/PROCESS

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the registered manager/staff
- Examination of records
- File audit
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

CONSULTATION PROCESS

During the course of the inspection, the inspector spoke to the following:

Service users	0
Staff	4
Relatives	0
Other Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection. The inspector has included individual comments to the body of this report.

Issued To	Number issued	Number returned
Staff	30	11

1.3 INSPECTION FOCUS

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following quality themes:

The following four quality themes were assessed at this inspection:

- **Theme 1: Arrangements are in place for ensuring that staff are competent in tasks allocated, with reference to management of medication**
- **Theme 2: People receive care in their own home**
- **Theme 3: Service users' money is managed in a safe and lawful manner**
- **Theme 4: People who live in their own homes are not inappropriately deprived of liberty or subject to inappropriate physical interventions**

Review of action plans/progress to address outcomes from the previous inspection

The one recommendation issued during the last inspection has been fully met. The inspector has commented on the outcomes in the body of the report.

The registered provider and the inspector have rated the service's compliance level against each good practice indicator and also against each quality theme.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

PROFILE OF SERVICE

The agency provides domiciliary accommodation based care services in a supported living environment in Lisburn; Windermere Supported Living Service. Service is currently provided to nine individuals with a learning disability and they are supported by 34 staff. The aims of the service are clear; to enable adults with a learning disability to lead fuller, more valued lives, and participate meaningfully as part of the wider community; to enable individuals with a learning disability to establish and maintain a home they have chosen within the community; to provide a secure environment which recognises and responds to individual need; and to promote a culture of risk enablement by assessing risk and facilitating positive risk taking. Each individual person supported is provided with a comprehensive person centred plan unique to their needs and aspirations. Each person supported also has in place a personal and housing support assessment; this plan looks at specific areas such as:

- Assessment of need
- Personal support tasks
- Housing support tasks

SUMMARY OF INSPECTION

The inspection took place on the **7 February 2013**. The inspector had the opportunity to meet four staff including managers in their registered offices. Most people supported in Windermere were at day care and two were ill. The agency's systems in place for communication with the people supported was notable. This was evident during the inspection and when the inspector was in discussion with staff as well as the comprehensive documentation in place relating to individual active support and the focus groups. It was clear during inspection that the agency and the Positive futures management have embraced the themes of inspection for 2012 / 2013 and completed a comprehensive review of their documentation in relation to:

- Move on and termination of tenancy guidance
- Medication.
- Rights.
- Personal finances.
- Restrictive practices.
- Personal centred support plans.
- Referral & assessment.
- Person centred participation.

The agency has recently been subject to a review of the service, whereby the RQIA and the local trust wished to seek an assurance that the people supported were being adequately safeguarded and receiving a supported living service in accordance with the statement of purpose of the agency. During the course of this review the review team spoke to forty one staff supporting people in Windermere, the team also spoke to relatives of all the people supported. A separate report of this review will be published in due course and will be available from RQIA; however the inspector has added some of the comments received from review participants to this inspection report.

Staff comments during the review:

“Improved lifestyle for the people supported”
“Progressing independence”

“Supporting to live an ordinary life”

“Integrating into the community”

“They need a lot of support, we do more than just care, we make it supported living”

“Active support strategies promote independence and empower people”.

A small number of staff made references to an improved atmosphere since some members of staff left the employment of Positive Futures. The majority of staff described morale as good and that things have improved in the last year. Most stated Windermere was a good place to work. Staff stated they were well supported by managers they felt listened to and that their views helped to shape services. A small number of staff stated they were frustrated by issues from the past being “Dragged up again”.

Relative’s comments during review:

“Staff are friendly, dedicated, tuned in and excellent”.

All relatives interviewed provided positive comments in relation to progress their relatives had made since moving to Windermere. Relatives reported on increased community access, improved physical and emotional wellbeing and contentment.

Staff comments during inspection:

“Good training”

“Supervision gives you a chance to discuss anything”

“I’m well supported here”

“I can see a great change for the better in all the people supported”

“New staff are excellent and have no history to worry about, they do a great job”

“Induction was excellent, well organised and I learned a lot”

“The house meeting workshops are excellent it helps staff focus on the people we support”

“Staff are well motivated and moral is high among the staff”

“Such a change in the service and the people”.

11 Questionnaires were returned to the RQIA from staff indicating that:

- Supervision and appraisal is in place.(Records examined)
- Practice is reviewed by managers.(Records examined)
- Competence in medication administration is in place. (Records examined)

And training in the following has been received:-

- The domiciliary care standards.
- Human rights.
- Disability Discrimination Act.
- Restraint and restrictions.

Individual comments made by staff who returned RQIA questionnaires:

“Generally there is a good standard of care and service provided especially by staff”

“I have been working in this service two years having done care work for a decade; I have never come across such hardworking, pleasant staff that supports people in the highest possible way”

“I have seen first-hand the changes in the lives of the people we support. We have very positive relationships with families and carers.

“On a personal level I always felt supported by ***** ** ***** whom I found very approachable”

“The service continues to work towards removing any barriers for the people we support”

“Regular training given annually & monthly workshops for staff”

The agency has completed an “Annual Consultation Exercise” in February 2012 in which they sought the views of people supported, and of families, carers and Trust staff. The agency has also completed focus groups with some of the people supported, as well as using iPad technology to enable some people supported to record and choose options on a range of activities and daily living tasks. It was good to note this good practice for those who have communication difficulties. The inspector saw this in practice on an iPad. A service user’s daily activity as well as likes, dislikes and choices the person supported can access this and call up his activities and state what he wants to do or how to react to any situation.

The inspector has included some of the findings of this year’s ACE consultation as part of this inspection report.

Two family comments received:

“Staff look after clients very well”

“All staff have endless patience”

“Staff are always finding new ways to improve the quality of clients lives”.

Other comments received from Family members by the agency:

“*** and I would like to thank you and all the team at Windermere for everything that has been done for ***** in the past year. We hope that everyone knows how much we appreciate the professionalism and the love that makes it such a special place”.

“Just to let you know we are very happy with the way you are looking after ***** he seems to be very happy to go “Home” in the evening after his visit to us”.

“I would like to take this opportunity in my own small way to thank you all for the work and the care you have put into making my son ***** a much happier lad. ***** has changed so much for the better he is talking now instead of rocking back and forward and sleeping when he comes home to visit. I just can’t thank you enough for taking time and patience; you have given to my son a “Positive Future”.

“Thank all you kind and caring staff for helping ***** settle so well into his new life at Windermere, are thrilled to see home relaxing and sleeping so well and enjoying the variety of activities on offer. He is beginning to smile and find his old sense of humour, I know its thanks to the understanding and support he is getting with you. It is wonderful to see this happiness and our big thanks you all”.

Two trust Staff comments received about the agencies quality:

“Very client focused”

“How reviews are managed is good”

“Promoting independence for service users”

“Work very well with multi-disciplinary team in attending meetings”

“Good transition for clients moving from hospital”.

What’s working well for the nine people supported their comments (ACE report):

“Active support especially one to one”

“More interaction with staff”

“Fewer behaviour events”

“Enjoy spending time with volunteer”

“Familiar staff”

“Walking more with staff”

“***** speech has generally improved”

“Doing weekly shop and paying at the till”.

Some of the evidence of the above what’s working:

“Fewer reportable behaviour management issues”

“Ask staff about their lives”

“Asks when staff are in”

“Interest in routines and activities”

“More staff interaction”

“Participate in active support”.

It is good to note that the agency has completed a comprehensive review of how they can ensure that the people supported have, and continue to experience positive lives in their environment. The evidence from the comments above and the annual quality consultation report verify some positive changes for those people supported.

Detail of inspection process

Theme 1 Arrangements are in place for ensuring that staff are competent in tasks allocated, with reference to management of medication

The agency has achieved a compliance level of “compliant” for this theme.

The inspector examined the records showing the registered manager’s recent training as well as staff records of both mandatory and on-going development training. The registered manager discussed with the inspector her responsibility to ensure all staff are trained and remain competent in allocated tasks. The agency’s training has been comprehensive and relevant to the service provision, whilst being in line with staffs’ appraisal. The agency has a good system in place for assessing competence as seen during inspection.

The registered manager's practice should be noted for her commitment to the people supported and the staff within her remit. It was good to note the agency's commitment to training and staff development. One staff member stated: "The training I have received is excellent; I also had a very positive comprehensive induction"

Theme 2 People receive care in their own home
The agency has achieved a compliance level of "Compliant" for this theme following comprehensive review.

The agency reviewed and updated their:

- support agreements; and
- referral and assessment procedures

The inspector examined updated documents. Following discussions with the registered manager the agency does have in place tenancy agreements these were read by the inspector and discussed with the manager. These have been addressed by the agency to ensure they meet with good practice guidelines and ensure that care and accommodation is separated. The agency shows clear evidence and choice of tenancy more clearly in their policies and procedures. The agency also shows in the procedure how the people supported have choice and control over their tenancy in relation to who comes to live in their home. Discussion with staff provided evidence that this happens.

The agency also shows clearly in their organisational policies, procedures, processes and documents how these are underpinned by the principles of the people supported choosing who supports them and how they are supported.

The agency documentation also shows clearly how the people supported are consulted about who provides their support and how they are supported. The agency also clearly demonstrates how the people supported are made aware that they can remain in their accommodation even if the provision of care is no longer required or no longer meets their needs.

Theme 3 Service users' money is managed in a safe and lawful manner

Windermere received a separate finance inspection 1 August 2012. A separate report has been completed and a quality improvement plan issued. The RQIA finance inspector is dealing with issues raised and will review the outcomes with the agency.

No compliance level was issued by the care inspector during inspection.

Theme 4 People who live in their own homes are not inappropriately deprived of liberty or subject to inappropriate physical interventions

The agency has achieved a compliance level of "Compliant" for this theme following comprehensive review.

The agency has updated and reviewed the following policies:

- Support agreements
- Referral and assessment
- Person centred review

- Restrictive practice policy
- Behaviour management policy

The inspector read and examined the policies in place. Guidance has also been circulated throughout the agency. The agency's practice is noted for this approach and for the comprehensive documentation in place for each person supported as well as the assessments in place using a multi-disciplinary approach.

During discussions with staff it was clear that they are aware of the rights of people supported and their responsibility ensuring that individuals are not inappropriately deprived of liberty or subject to inappropriate physical interventions. The inspector read and examined restrictive practice assessments in place, these have been discussed at multi-disciplinary level and agreed by the commissioner of the service.

Staff have received training in this area and it was clear during discussion with the inspector this training has ensured that staff are competent in assessing behaviours and how to react to individuals supported.

Additional matters examined

The inspector also examined the records of a number of training topics completed by staff:

- Infection control – 14 August 2012
- Complaints and comments – 22 May 2012 (delivered to core team)
- Restrictive practice – 3 July 2012
- POCVA – 7 August 2012
- Medication training – 31 May 2012 (manager)
- Medication training 13 August 2012
- Positive behaviour management (3 days) – 15, 16, 17 August 2012.
- Active support 24 October 2012

Monthly Quality Monitoring Visits by the Registered Provider

The inspector read and examined a sample of the reports in place; these have been completed by various senior staff members from Positive Futures on behalf of the registered provider.

The inspector would like to note a good practice issue of "House meetings" workshops; these take place in each house with staff focussing on the key people supported. These workshops focus staff on the care/support needs of each individual, staff and the people supported work together to look at ways on which support is given. Training is also part of these workshops and they are outcome focussed for individuals. The inspector read and examined the records available as well as discussions on the practice with staff. One staff member stated: "The house meeting workshops are excellent it helps staff focus on the people we support".

FOLLOW-UP ON PREVIOUS ISSUES

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	NUMBER OF TIMES STATED	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Regulation (23) Standard 1	The agency must ensure that their focus groups are in place for staff advocates and others to enable the registered person to establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. (Reg 23).	Completed. Read and examined by the inspector. Outcomes from this recommendation have been commented on in the body of this report.	Once	Fully met

THEME 1 – ARRANGEMENTS ARE IN PLACE FOR ENSURING THAT STAFF ARE COMPETENT IN TASKS ALLOCATED, WITH REFERENCE TO MANAGEMENT OF MEDICATION	
Indicator Assessed:	COMPLIANCE LEVEL
<p>T1.1: There are arrangements in place to ensure that the registered manager has sufficient updated knowledge and skills to assess competence in this area:</p> <p>a. Arrangements are set in place by the registered provider to assure the continued competence, skills and knowledge of the registered manager</p> <p>b. The registered manager can discuss an understanding of their responsibility to ensure that staff are and remain competent in allocated tasks</p>	
Provider's Self Assessment:	
<p>Arrangements are in place within Positive Futures to ensure the continued competence, skills and knowledge of the Registered Manager, who is the Service Manager, in relation to all operational and management tasks.</p> <p>With reference to management of medication the Service Manager is required to attend 'Medication Management' training with updates every 3 years. This training includes the responsibilities of the Registered Manager as outlined within the Job Profile, and RQIA Guidance for the Control and Administration of Medicines for Domiciliary Care Agencies.</p> <p>Medication Competency Assessments are completed on an annual basis for all staff who administer medication. The information is held on the Service Training Record and Individual Training Profile for all staff including the Service Manager. A copy of the Medication Competency Assessment is held on all staff and the Service Manager's Person Centred Supervision File.</p> <p>Team meeting minutes held in the Service evidences medication related issues addressed by the Service Manager with the staff team.</p> <p>Positive Futures' Medication Policy and Procedure details the Service Manager and staff responsibilities. This Policy is currently under review to include changes made to medication training arrangements. The revised policy is expected to be issued in July 2012.</p>	<p>Compliant</p>

<p>Inspection Findings:</p> <p>Discussion with the registered manager provided evidence to support the self-assessment. The manager provides supervision and leadership to staff, she is aware of her responsibility for the day to day operational management of the supported living service.</p> <p>The registered manager’s training records were examined and provided evidence of training undertaken in a range of mandatory and related areas including risk management, supervision, promoting quality care, disability, equality and human rights, medicine training as well as Studio 3 Training.</p> <p>A number of registered managers and senior managers have attended the RQIA annual workshop for providers of supported living type domiciliary care and this has enabled them to demonstrate their understanding of their responsibilities in relation to the legislation and minimum standards.</p> <p>The agency maintains Operational Procedures for Supported Living Services and Medicines Management Operational Guidelines (May 2011).</p> <p>The procedures outline the requirement for staff to receive annual training in the administration of medicines and the staff training records examined by the inspector contained evidence that all staff had received training in medicines management.</p>	<p>Compliant</p>
<p>Indicator Assessed:</p> <p>T1.2: There are arrangements in place for assessing staff competence:</p> <p>a. Arrangements are in place to provide staff with training, supervision and guidance to carry out allocated tasks</p> <p>b. Arrangements are in place to assure the registered manager that staff are and remain competent to carry out allocated tasks</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self Assessment:</p> <p>Positive Futures' Medication Policy and Procedure outlines arrangements for staff training and provides guidance for staff and Managers in relation to all medication related tasks.</p> <p>Medication training is included in all Induction Programmes for new staff. Staff who have attended Medication Management training in the past year are required, at the end of the training session, to complete a range of questions relating to medication. These questions and answers form the basis of a subsequent Person Centred Supervision meeting which the line manager uses to discuss with the staff member their responsibilities.</p> <p>Competency assessments are completed following training and again annually in order for the staff member's</p>	<p>Compliant</p>

<p>competency to be confirmed. A copy of the Medication Competency Assessment is held on the staff member's Person Centred Supervision File. Practice is observed and monitored regularly by the Service Manager on shift.</p> <p>On-going mentoring, guidance and support is provided by the Service Manager at Service Team Meetings and on an individual basis during Person Centred Supervision as appropriate.</p> <p>Staff training and performance is monitored by the Line Manager through Person Centred Supervision and Performance Management and Appraisal processes.</p>	
<p>Inspection Findings:</p>	
<p>Staff have a personal development plan developed as part of their supervision and appraisal. The agency also completes a yearly training needs analysis to identify professional training needs for the service. Staff receive supervision as per NISCC guidelines and the agency's policy requirements and receive guidance on a daily basis in carrying out their tasks. Staff receive medication training via internal training courses. The staff also have their competence in this area assessed by the manager. A number of these records were read during inspection.</p>	<p>Compliant</p>
<p>Indicator Assessed: T1.3: There are processes in place to identify and address any gaps in competence: a. Arrangements are in place to identify any gaps in competence b. Arrangements are in place to address any gaps in competence</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self Assessment:</p>	
<p>'Medication Management' training was revised last autumn and our practices have evolved as a result. There are suitable processes in place to identify and address any gaps in competence. These include:</p> <ol style="list-style-type: none"> 1. Staff, who have attended the revised training, completing written questions at the end of the Medication Management training. 2. The Line Manager completes a Medication Competency Assessment with the staff member following training, where the staff member is observed in practice. Staff are only 'signed off' as competent if the Line Manager is satisfied with the staff member's understanding of and their ability to undertake the responsibilities competently. 3. All Medication Errors are investigated and addressed. Any learning from the error is shared via Supervision and / or Team Meetings. In instances where a knowledge gap is identified, where appropriate, the staff member may not be permitted to administer medication until they re-attend Medication Management training and have their 	<p>Compliant</p>

<p>competency re-assessed.</p> <p>Competency issues are addressed via Person Centred Supervision and the Performance Management processes and additional or further training or coaching needs addressed if required.</p>	
Inspection Findings:	
<p>The inspector read and examined the policy and procedures in place. The evidence in place concurs with the Agency’s response above. Training records re medication were read and examined and evidenced in this report.</p>	<p>Compliant</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>

<p>INSPECTOR’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>

THEME 2 – PEOPLE RECEIVE CARE IN THEIR HOME	
<p>Indicator Assessed: T2.1: Service users are involved in choosing where they live a. Organisational policies, procedures, processes and documents underpin the principles of service users choosing where they live b. Service users and/or representatives can describe the decision making process c. The registered manager and staff can discuss the principles and demonstrate how they work in practice</p>	COMPLIANCE LEVEL
<p>Provider's Self Assessment:</p> <p>Practices and recording systems have evolved considerably from the inception of the Service. Historic records are not available in all cases to illustrate how the wishes of the person were obtained at the referral stage. Currently and prior to the person entering the Service, the Personal and Housing Support Assessment is completed which explores in detail the person’s needs and wishes to help determine their preference in relation to where they will live. This is referenced in the Handbook for People We Support.</p> <p>A variety of methods are employed to ascertain the person’s wishes, including staff getting to know the individual, visits to the house, introductions and opportunities to get to know the people they may live with, also meetings with family and friends. After the person moves into the accommodation a review takes place attended by the person themselves where possible, the referring HSCT and family representative.</p> <p>Complementary to the process of assessment is a process of Person Centred Planning. The Person Centred Planning process begins at the Initial Assessment stage.</p> <p>The Referral and Assessment Policy and the current Personal and Housing Support Assessment tool are under review to include relevant Person Centred thinking tools that will promote optimum involvement and decision making. REACH standards are also being used to inform / improve this process.</p> <p>All new referrals received will move into the revised Referral and assessment system.</p> <p>The Service Manager and staff can discuss the current process explaining the range of Person Centred tools used.</p>	Substantially compliant
<p>Inspection Findings:</p> <p>The agency provides supported living accommodation for nine people supported in Lisburn. Referrals are made to the agency by the local trusts who work closely with the people to be supported. People supported and their representative/family that chose to live in the accommodation chose their house when initially completing their application for a place. This is processed via the agency’s referral policy. Managers were able to describe this process. The manager visits potential people supported at home/hospital to discuss their needs and describes the</p>	Compliant

<p>care and support provided. People to be supported then visit on a number of occasions to meet others and decide if the accommodation is suitable or not for them. The agency’s new updated policy states “The person referred being given the opportunity to make choices about where and with whom they live”.</p>	
<p>Indicator Assessed: T2.2: Service users can choose who they live with a. Organisational policies, procedures, processes and documents underpin the principles of service users being able to choose who they share their accommodation with b. Service users can discuss how they are consulted about who they share their accommodation with c. Service users new to the service can discuss how they were consulted about who was already living in the accommodation</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self Assessment: Our Referral and Assessment Policy and Personal and Housing Support Assessment are under review to ensure the process evidences accessible, person centred systems, and at all times respects the wishes, rights, dignity, interests, privacy and confidentiality of the person when choosing where and with whom they will live. A range of Person Centred Planning tools are currently used during the assessment to enable a qualitative approach to be taken, gathering information at each stage of the person’s transition to the Service whilst offering optimum involvement and decision making. These tools will be utilised further for new referrals received to the Service to include evidencing consultation when accommodation is shared, as reflected within the Handbook. Any person who has transitioned to the Service more recently will be able to confirm the consultation process. The family representative / advocate for people who have no verbal communication will be able to explain the consultation process on their behalf. The Service Manager and staff can discuss the referral and assessment process and can explain a range of Person Centred tools used. All new referrals received to the Service will move into the revised Referral and Assessment system. Following the person moving in there is a review process in place with the referring HSCT. Where it becomes apparent that there is incompatibility between the people who are living together, or the individual indicates that they want to live on their own, this is addressed with Trust colleagues and the change facilitated.</p>	<p>Moving towards compliance</p>

<p>Inspection Findings:</p>	
<p>The manager was able to discuss with the inspector how people can choose who they live with. People supported are given the opportunity to visit the house and meet the other people supported. They then can choose if they want to live there. The people supported who already live there are informed via house meetings that a potential new individual will be coming to look at the accommodation which gives them the opportunity to meet others who may be coming to their home. The agency has further developed a procedure that explains and outlines this process. The inspector read and examined the new procedures which meet the requirements of this this criterion.</p>	<p>Compliant</p>
<p>Indicator Assessed: T2.3: Service users have a valid tenancy a. Organisational policies, procedures, processes and documents support the separate provision of care and accommodation b. Service users can discuss unrestricted access within their accommodation c. Service users can discuss their rights and responsibilities as tenants d. The registered manager and staff can discuss service user rights and responsibilities and demonstrate how they work in practice e. Service users have exclusive possession of their homes and can exclude others including staff</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self Assessment:</p>	
<p>Guidance and Procedure for Persons Entering Accommodation or Accessing a Positive Futures Adult Service provides detail relevant to the accommodation element of the service. Every person supported within the Service has their own Tenancy Agreement. The accessibility of this document varies dependent on when it was agreed and the documentation provided by the Landlord / Housing Association. Staff support individuals to understand the conditions of their tenancy where possible, however, due to the limited cognitive ability of a number of people supported within this Service, understanding of tenancy rights and responsibilities is also limited. People have a separate support agreement and Information Handbook regarding their care and support from Positive Futures. Some Housing Associations, in line with best practice, issue their tenant with a Tenancy Handbook. The Tenancy Handbook and Tenancy Agreement outlines the rights and responsibilities of tenants. There is no restriction on access within the home of any person supported, unless specific arrangements have been agreed where a significant risk issue is present. In such cases there is a risk assessment in place. The Service Manager and staff can discuss the housing rights of the people supported in the Service and demonstrate how this works in practice. The people we support have the right to refuse staff, or any other person, permission to enter their home.</p>	<p>Compliant</p>

Inspection Findings:	
<p>The agency has reviewed and updated the policy to reflect the separation between care and tenancy. The new documentation in place meets the required standards. These actions have been completed since the agency produced this self-assessment.</p>	<p>Compliant.</p>
<p>Indicator Assessed: T2.4: Service users choose how they are supported, who provides the support, and are happy with the support they receive</p> <p>a) Organisational policies, procedures, processes and documents underpin the principles of service users choosing who supports them and how they are supported b) Service users can discuss how they were consulted about who provides their support and how they are supported c) Service users are aware that they can remain in their accommodation even if the provision of care is no longer required or no longer meets their needs d) The registered manager and staff can discuss the principles of service users being in control of how support is provided and who supports them, and demonstrate how this works in practice</p>	<p>COMPLIANCE LEVEL</p>
Provider's Self Assessment:	
<p>The Service operates a range of Person Centred Thinking Tools to enable the people we support to have the right type of preferred support provided. Tools such as 'Matching staff', 'Important To / For', 'What's Working / Not working', 'Hopes and Dreams', 'Communication Charts', 'Learning Logs' etc provide evidence to demonstrate the involvement of the people we support in choosing who supports them and how. This information is drawn together within the Person Centred Plan.</p> <p>Organisational Policies have been revised to reflect PC processes in line with our Strategic Aim on Person Centred Goals and Outcomes.</p> <p>The Service Manager has completed the 'Matching Staff' Person Centred Thinking Tool for every person supported within the Service to ensure the best personality and skills match between support worker and the person we support.</p> <p>Arrangements for persons remaining in their accommodation in the event that care is no longer provided by the Service will be integrated into existing policy within the inspection year.</p> <p>The Service Manager and staff can discuss the principles of choice and control in relation to the provision of support, who provides support etc and can explain our aim to continuously strive towards the person having full</p>	<p>Moving towards compliance</p>

control and choice in all aspects of their lives, including how their support is provided.	
Inspection Findings:	
The agency has reviewed and updated the policy to reflect the fact that the people supported can choose how they are supported even if their care needs change.	Compliant

PROVIDER’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Moving towards compliance

INSPECTOR’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

Theme 3 - Service users’ money is managed in a safe and lawful manner	
Indicator Assessed: T3.1: A personal file is in place for each service user detailing the financial arrangements for that person a. Signed service user’s financial agreement – signed by tenant or tenant’s relative/representative b. Record showing details of staff acting as appointee or agent for tenant (if applicable) c. Copy of Certificate from Office of Care and Protection authorising control of tenant’s bank account (if applicable)	COMPLIANCE LEVEL
Provider's Self Assessment:	
<p>Positive Futures' Personal Finances Policy provides guidance and protection to the people we support and service staff in the management of personal finances.</p> <p>Person Centred Support Agreements and Financial Risk Assessments are in place for every person we support within the Service. Every effort is made to obtain the agreement of the person we support with the person themselves signing. Where this is not possible, the relative / representative signs as appropriate.</p> <p>Where a person we support has been assessed not to have capacity to manage their finances, an appointee is identified. Where an appointee has been identified, this information will be found in the reference section of the person’s Person Centred Portfolio.</p> <p>A copy of the authorisation certificate issued by the Office of Care and Protection is filed in the reference section of the person’s Person Centred Portfolio, where applicable, within the Service.</p>	Compliant
Inspection Findings:	
This theme was not assessed during this inspection as a separate Finance Inspection was undertaken on 1 August 2012.	Not applicable
Indicator Assessed: T3.2: Financial controls are in place a. Policies and procedures in place for the management and use of tenants’ monies b. Regular reconciliation of monies held on behalf of tenants (including bank accounts) c. Retention of receipts for purchases made on behalf of tenants by agency staff d. Cash/transaction sheets completed and up to date with at least two signatures e. Monies/property held securely in safe or locked cash tins	COMPLIANCE LEVEL

<p>f. Details of staff at agency who have access to safe/ cash tins at any one time g. Amount of tenants’ monies that can be held at the agency at any one time h. Procedure for use of tenants’ cash debit cards with PIN numbers – PIN numbers kept separately from card i. Use of cards and PIN numbers restricted to key staff at the agency j. Formal record of issue of card to staff, details of the use of card by staff & the return of the card by staff k. No tenants’ monies should be paid into the agency’s bank account except in respect of the payment of agreed care/services</p>	
<p>Provider's Self Assessment:</p> <p>Our Personal Finances Policy provides guidance and protection to the people we support and service staff in the management of personal finances. This policy is currently being updated to reflect the good practice guidance.</p> <p>Arrangements are in place within the Service for regular reconciliation of monies held on behalf of tenants (including bank accounts). Personal Finance Folders hold transaction sheets detailing all expenditure along with copies of bank statements. Receipts are required. Where a receipt cannot be obtained a petty cash voucher is completed and double signed. The people we support, where possible, will sign each entry on the Recording Sheet with a member of staff. Where that is not possible two staff must sign each entry, unless only one member of staff is on shift.</p> <p>Each person within the Service has arrangements in place for the security of their money. A lockable cash tin is in place for each person's personal money unless the Person Centred Plan and Financial Risk assessment specify other arrangements. The staff rostered on shift have access to cash tins. The maximum amount permitted to be held in the cash tin is highlighted in Policy.</p> <p>The Financial Risk Assessment details the level of support the person requires to have as much control as they can over their own finances. The risk assessment is reviewed and agreed annually to reflect any changes to support.</p> <p>Arrangements are being progressed to ensure monies belonging to the people we support are managed in accordance with indicator T3.2k.</p>	<p>Moving towards compliance</p>
<p>Inspection Findings:</p> <p>See T2.1</p>	<p>Not applicable</p>

<p>Indicator Assessed: T3.3: Any transport scheme is fairly run a. Policy and procedures are in place for transport scheme b. Signed transport agreements are in place between agency and tenant or tenant’s relative/representative c. Agreement includes the amount to be paid by the tenant for use of vehicle(s) d. Record of annual running costs of vehicle(s) is retained at the agency e. Tenants’ monies are not pooled and there is a rate per mile arrangement in place f. A log book is in place to record all journeys by tenants (including miles incurred) g. Regular reconciliation of transport scheme occurs to facilitate identification of possible over/under charge of tenant for use of vehicle(s)</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self Assessment: There is both guidance and signed agreements for the transport arrangements in place within this Service. These agreements detail the amount payable by each person we support and have been signed by the appropriate relative / representative. Records pertaining to the vehicle annual running costs are detailed within the Transport Agreement. A mileage log book records all mileage for journeys travelled, and reconciliation and payment arrangements are in place as detailed within the guidance.</p>	<p>Compliant</p>
<p>Inspection Findings: See T2.1</p>	<p>Not applicable</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Moving towards compliance</p>
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<p>INSPECTOR’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Not applicable</p>
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THEME 4 - PEOPLE WHO LIVE IN THEIR OWN HOMES ARE NOT INAPPROPRIATELY DEPRIVED OF LIBERTY OR SUBJECT TO INAPPROPRIATE PHYSICAL INTERVENTIONS	
<p>Indicator Assessed: T4.1: The philosophy and practices of a domiciliary care agency should lead to a friendly and caring service where service users are listened to and feel valued, their rights are upheld a. The agency maintains records of the views of service users and their representatives in relation to the use of restrictive interventions. b. The agency maintains detailed records of needs assessments and multi-disciplinary decision making in relation to the use of restrictive practices. c. The agency promotes outcomes which focus on the best interests of individual service users.</p>	COMPLIANCE LEVEL
<p>Provider's Self Assessment: Positive Futures is committed to providing person centred support to every person who accesses a Positive Futures Service, enabling people to lead a full life within the community irrespective of the nature of their learning disability or any behaviour they may display. Tools such as communication charts and learning logs are used to try and understand what the individual is saying through their words or behaviour, whatever their communication method. An Annual Consultation Exercise is completed each year to capture general feedback about the Service from the people we support, families and carers / representatives. The Service consults with parents / carers, as advocates for the people we support, to gather views on specific aspects of the Service. This data, along with findings from PC Reviews is evaluated and feedback is used where relevant to improve the quality of support provided. Where restrictive interventions are deemed necessary in very particular situations, the person we support / family representative and relevant H&SC Trust personnel are consulted with to ensure best interests decisions are made. A record is retained in Meeting minutes and Restrictive Practice assessments are signed by relevant parties. All restrictive interventions require the approval of Positive Futures' Managing Director or identified designated other. Processes are in place to audit all restrictive practices and analyse all incidents. Our Positive Behaviour Support Policy provides guidance for staff in this area.</p>	Substantially compliant

<p>Inspection Findings:</p>	
<p>The agency’s new draft Restrictive Policy for Supported Living Services reflects a range of rights and principles in relation to the provision of domiciliary care services to individuals living in their own homes. The agency maintains procedures and guidance documents on the use of restrictive practices including restraint and agency staff were able to outline their understanding of interventions that could restrict the people supported. All of the people supported had in place a “Restrictive Practice Assessment”. These assessments were completed in conjunction with the person supported, their social worker and agency staff. Staff interviewed verified that some restrictive practices were in place for the people supported. Assessments have been signed off by agency and trust staff.</p>	<p>Compliant</p>
<p>Indicator Assessed: T4.2: Service users’ individual and human rights are safeguarded and actively promoted within the context of services delivered by the agency. a. Service users and their representatives are made aware of the agency’s policies and procedures for the management of challenging behaviours and how these apply to them. b. Service users and their representatives are aware of their right to comment or complain about any aspect of the care provided to them. c. The agency promotes the rights of service users who are not subject to restrictions and ensures these rights are not compromised by the needs of other service users.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self Assessment:</p>	
<p>Guidance for staff and managers on the behaviour support approach and management processes is detailed in the Positive Behaviour Management Policy.</p> <p>At the Referral and Assessment stage and subsequently at Review and Planning meetings, where relevant, the person we support, their family representative and H&SC Trust Named worker have this information explained by the Service Manager.</p> <p>A copy of the 'Handbook for the People we support' and a copy of our Complaints leaflet are provided with explanation of Positive Futures' Complaints process at the point of commencement with the Service. Both of these documents are available in easy read format.</p> <p>Our Annual Consultation Exercise encourages the people we support, their families and / or carers / representative to feed back their experience of the service and support provided. Where relevant, people are reminded about their right to comment or complain.</p>	<p>Substantially compliant</p>

<p>Positive Futures strongly advocates for the rights of people with a learning disability to be upheld. The Service Manager works closely with families, carers / representatives and H&SC Trust Named Workers to address issues where restrictions impact on other people we support.</p> <p>In very particular and complex situations, action plans are in place to address rights and restrictions issues. These are regularly reviewed to ensure that any restriction is challenged.</p>	
<p>Inspection Findings:</p>	
<p>Examination of the care records reflected the arrangements for the management of challenging behaviours experienced on occasions by individual people supported. The care records contained evidence of needs assessment and care planning in relation to the management of individual challenging behaviour.</p> <p>There was evidence within the agency’s policies and procedures of robust complaints procedures and of arrangements in place to provide the people supported and their representatives with opportunities to raise concerns or comment on the services provided. At the time of the inspection, the agency has received three complaints and has been discussed in this report. The policy in place as well as information received by the inspector from the agency on restraint and human rights shows clearly the agency promotes the rights of the people supported.</p>	<p>Compliant</p>
<p>Indicator Assessed: T4.3: Service users have as much control as possible over their lives whilst being protected against unreasonable risks.</p> <p>a. The agency undertakes and documents risk assessments which balance the risk of using a restrictive practice against the risk of not using a restrictive practice.</p> <p>b. The agency adopts a — least restrictive approach to the use of restrictive practices; service users only experience interventions which are reasonable and proportionate.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self Assessment:</p>	
<p>Risk assessments are in place for all known risks relating to each person we support. These are reviewed annually or as required. The Managing Director, or designated other, signs off all risk assessments relating to restrictive practice. The Person Centred Plan is updated to reflect changes to behaviour support guidance for staff following review of the risk assessment. Restrictive Practice assessments detail actions agreed to reduce and remove restrictions where possible.</p> <p>The Positive Behaviour Management Policy details the low arousal approach staff are required to use to avoid the escalation of a behavioural incident. Emphasis is paid to getting to know the people we support well and using</p>	<p>Compliant</p>

<p>effective communication tools to ensure that all those supporting the person understands his / her communication effectively. There is an emphasis on identifying very early warning signs and diffusing situations as they arise. Physical intervention is only permitted when there is no alternative way of managing the behaviour. Staff are taught procedures for dealing with situations during Positive Behaviour Support training.</p> <p>All physical interventions are formally agreed. Strategies for managing behaviours can be found within the Person Centred Plan. Staff are not permitted to practice physical intervention if property is being damaged and there is no danger to any other person.</p> <p>All behavioural incidents are reported in line with the Accident / Near Miss and Critical Incident Reporting Standard.</p>	
<p>Inspection Findings:</p>	
<p>The agency’s “Restrictive practice policy”, as well as risk assessments and individual restrictive practice assessments, show clearly the agency undertakes and documents risk assessments which balance the risk of using a restrictive practice against the risk of not using a restrictive practice.</p> <p>The agency adopts a least restrictive approach to the use of restrictive practices; people supported only experience interventions which are reasonable and proportionate if necessary at all. All staff have received Studio 3 training as well as restrictive practice training and the training content was reviewed by the inspector.</p>	<p>Compliant</p>
<p>Indicator Assessed: T4.4: Service users have a legal right to determine what happens to them and their informed, genuine and valid consent to the care and support they receive is essential</p> <p>a. Service users and their representatives are involved in all stages of needs assessment and care planning; their views are actively sought and documented.</p> <p>b. The agency undertakes and documents an assessment of the service users’ capacity to consent to any care practices which are restrictive in nature; capacity is reviewed regularly.</p> <p>c. The agency maintains records of all decisions made in the “best interests” of service users.</p>	
<p>Provider's Self Assessment:</p>	
<p>The views and preferences of people referred to the Service are actively sought and encouraged throughout Positive Futures' referral and assessment process as detailed in the Referral and Assessment Policy.</p> <p>Positive Futures Referral and Assessment Policy and assessment process is currently under review to include</p>	<p>Moving towards compliance</p>

<p>assessment of capacity to consent.</p> <p>Meeting minutes with family representatives and H&SC Trust personnel are retained where 'best interests' decisions have been made on behalf of people who are deemed not to have capacity.</p> <p>A Restrictive Practice Policy is currently being developed to include capacity assessment.</p>	
<p>Inspection Findings:</p>	
<p>The capacity of people supported to consent to a range of interventions was discussed at length during the inspection and in particular in relation to licence agreements, financial agreements and care / support planning. The agency's operational procedures outline the agency's assumption of capacity with all service users and the involvement of carers and representatives in the decision making process. The procedures also refer to best interests decision making and the role of the multi-disciplinary team. There was evidence of the people supported and their representatives being consulted and involved in care support, planning and reviews. The care records of the people supported reflected multi-disciplinary involvement in the assessment of need and consideration of the individual's rights. The documentation also reflected involvement of the person supported and their representative. This was verified by staff during inspection.</p>	<p>Compliant</p>
<p>Indicator Assessed: T4.5: Service users feel as safe as is possible, in all aspects of their care and life, and are free from exploitation, neglect and abuse. a. Restraint and seclusion are used as a last resort - used for the minimum time necessary to protect life, to safeguard from harm or to prevent serious damage to property. b. The agency maintains records of specific interventions which are restrictive and the details of staff who are appropriately train in the use of these and in the promotion of human rights.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self Assessment:</p>	
<p>A core responsibility of every Positive Futures staff member is to ensure the people we support are protected from harm as detailed in our Safeguarding Vulnerable Adults Policy and Positive Behaviour Management Policy. The Positive Behaviour Management Policy emphasises the duty of every staff member to uphold the policy and to report any concerns.</p> <p>All staff are required to attend Positive Behaviour Management training with annual refresher training. This training includes staff responsibilities in relation to the promotion and protection of human rights, and instructs staff on the parameters of physical intervention.</p>	<p>Substantially compliant</p>

<p>Staff are not permitted to physically intervene with any person we support unless there is immediate risk of danger to the person themselves or another. The physical skills taught to staff endorse minimum physical engagement for as short a time as possible. Staff are not permitted to physically intervene if property is being damaged and there is no danger to anyone. Restrictive Practice training, which includes the promotion of human rights, has been developed and delivered to all Service Managers and will be delivered to all service staff.</p> <p>Restrictive Practice assessments have been completed for every person we support in the Service with action plans in place where necessary to reduce / remove restrictions as far as possible. These assessments are shared with the person we support, their family representative and their H&SC Trust named worker for agreement.</p>	
<p>Inspection Findings:</p>	
<p>The agency’s operational procedures include references to restraint and outline the expectation that de-escalation will be used in the management of behaviours. The procedures also reference staff training in restraint, as appropriate for the level of needs identified across Positive Futures Supported living type domiciliary care agencies. The agency maintains records of specific interventions which are restrictive and the details of staff who are appropriately trained in the use of these and in the promotion of human rights. This was verified by staff and the managers.</p>	<p>Compliant</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Moving towards compliance</p>

<p>INSPECTOR’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>

Any other areas examined

Complaints

The agency has received three complaints. Of these, two have been resolved satisfactorily and one is on-going. The inspector discussed the above with the manager.

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Mrs P Ferguson as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider / manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Jim McBride
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



No requirements or recommendations resulted from the **primary unannounced** inspection of **Windermere** which was undertaken on **7 February 2013** and I agree with the content of the report.

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

NAME OF REGISTERED MANAGER COMPLETING	Pauline Ferguson
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING	Agnes Lunny

Approved by:	Date
<i>Pauline Ferguson</i>	28.3.12