



The Regulation and  
Quality Improvement  
Authority

Positive Futures Crescent Supported  
Living Service  
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**Unannounced Care Inspection  
of  
Positive Futures Crescent Supported Living Service  
26 January 2016**

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

## 1. Summary of Inspection

An unannounced care inspection took place on 26 January 2016 from 09.00 to 16.35. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

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

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

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

The details of the QIP within this report were discussed with the Nicola McCann, Operations Manager and Amanda Barr, Acting Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Positive Futures/Ms Agnes Philomena Lunny	<b>Registered Manager:</b> Amanda Barr (Acting Registered Manager)
<b>Person in charge of the agency at the time of Inspection:</b> Amanda Barr (Acting Registered Manager)	<b>Date Manager Registered:</b> 01 January 2016
<b>Number of service users in receipt of a service on the day of Inspection:</b> 13	

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 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:

- Review of inspection report and QIP dated 25 November 2014
- Complaints Return Form
- Accident/Incident notification.

The following records were examined during the inspection:

- Recruitment Policy
- Recruitment programme/records
- Alphabetical index of staff
- Supervision policy
- Appraisal policy
- Staff training records
- Staff training/Induction Policy
- Staff handbook
- Job profiles
- Monthly Quality Monitoring records
- Financial Policy
- Statement of Purpose
- Staff duty roster
- Staff supervision policy
- Three care records
- Complaints records
- Accident/incident records
- People supported/representative questionnaires.

During the inspection the inspector met with two care staff, two relatives of people supported and spoke with three relatives via telephone.

#### **5. The Inspection**

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

The previous inspection of Positive Futures, The Crescent Supported Living Service was an announced care inspection undertaken on 25 November 2014. The completed QIP was returned and approved by the care inspector.

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

Previous Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p>Ref: 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 service users who make a financial contribution towards their care have had their financial agreements reviewed and approved by the HSC Trust.</p> <p><b>Action taken as confirmed during the inspection:</b> Written assurance had been submitted to RQIA as requested. The revised Support Agreements had been discussed and agreed at HSC Trust's care management reviews.</p>	<b>Met</b>
<p><b>Requirement 2</b></p> <p>Ref: Regulation 16 (5)</p>	<p>Where an agency is acting otherwise than as an employment agency, the registered person shall ensure that—</p> <p>(a) a new domiciliary care worker ("the new worker") is provided with appropriately structured induction training lasting a minimum of three full working days; and</p> <p>(b) during that induction training—</p> <p>(i) the new worker is not supplied to a service user unless accompanied by another domiciliary care worker who is a suitably qualified and competent person;</p> <p>(ii) a member of staff ("the staff member") who is suitably qualified and experienced, is appointed to supervise the new worker;</p> <p>(iii) the staff member (or another suitably qualified and competent person if the staff member is unavailable) will always be available to be consulted while the new worker is on duty; and</p> <p>(iv) subject to the consent of the service user, the staff member makes arrangements to observe, on at least one occasion, the new worker carrying out his duties.</p>	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Discussions with the “acting” registered manager, staff and examination of induction records confirmed that a structured induction programme had been established. Examination of the Induction policy and discussion with staff confirmed that new staff are accompanied and supervised by a suitably qualified staff member until the new staff member is deemed competent and capable to undertake unaccompanied duties. Staff confirmed that the consent of the people supported is sought before observation of the new staff member is undertaken.</p>	
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Previous Inspection Recommendations		Validation of Compliance
<p><b>Recommendation 1</b> <b>Ref:</b> Standard 8.11</p>	<p>The registered person monitors the quality of services in accordance with the agency’s written procedures and completes a monitoring report on a monthly basis.</p> <p>This report summarises any views of service users and/or their carers/representatives ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p> <p>It is recommended that the agency’s staffing arrangements are reviewed during monthly quality monitoring.</p> <p><b>Action taken as confirmed during the inspection:</b> Examination of monthly quality monitoring reports evidenced that staffing arrangements had been reviewed.</p>	<p><b>Met</b></p>
<p><b>Recommendation 2</b> <b>Ref:</b> Standard 2.2</p>	<p>It is recommended that the agency’s service user guide is revised in relation to the general terms and conditions for receipt of the agency’s services.</p> <p>This recommendation refers to the arrangements for agency staff to avail of a meal in the home of the people supported and for reimbursements made the people supported in respect of costs incurred by agency staff.</p> <p>The people supported should be made aware of their right to opt out of these arrangements and if opting in, should be advised of the amounts paid to them in respect of staff costs.</p>	<p><b>Met</b></p>

	<p><b>Action taken as confirmed during the inspection:</b> The Handbook and associated Support Agreement had been revised and reissued to clarify and confirm that the people supported have the right to opt out of arrangements. Meetings with relatives /representatives (where appropriate) had been held to clarify the arrangements in place.</p>	
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### **5.3 Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users**

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

The agency had a robust recruitment policy, dated 22 June 2015 and a process in place to ensure that appropriate pre-employment checks are completed, including mental and physical fitness for the purpose of the work to be undertaken. An alphabetical index of all domiciliary care workers supplied or available to work for the agency was being maintained.

The agency had a structured induction programme lasting approximately two weeks with three days induction training; the programme was seen and discussed with the “acting” registered manager. Staff confirmed that their induction was closely monitored with good support provided by the mentor and that records were retained. Staff confirmed they are provided with a handbook, and have access to all policies, procedures, and guidance documents.

The “acting” registered manager confirmed that all new staff is shadowed by experienced staff throughout the induction period.

The “acting” registered manager confirmed that in the main the agency covers shifts at short notice if needed by the staff currently employed. However additional staff, which is blocked booked, is commissioned from a domiciliary agency when permanent staff is unable to work additional hours or to provide cover for current vacancies. Commissioned agency staff work alongside a permanent member of staff. Currently the agency has 10 full time vacant posts. The “acting” manager explained that a new approach to recruit staff had attracted a good response. Interview dates for vacant posts had been organised.

The agency has a policy and procedure on staff supervision and appraisal which was dated 16 May 2015. Staff training for supervisors had been provided with records retained.

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

Discussions with the “acting” registered manager and staff confirmed that an appropriate number of skilled and experienced persons are available to meet the assessed needs of people supported at all times. Examination of staff rotas reflected staffing levels as described by the “acting registered manager and staff. Appropriately trained staff is included on each shift, with waking staff provided at night as commissioned by the HSC Trust. Staff provided positive feedback regarding the availability of staff and the consistence of commissioned domiciliary agency staff. No issues or concerns were raised.

Staff who participated in the inspection were clear regarding their roles and responsibilities and described having knowledge of people supported gained over long periods of service. Staff receive a verbal handover at the commencement of each shift and can access written records to update their knowledge of the person supported and receive notification of tasks to be completed.

Documentation and staff feedback indicated that effective induction was provided prior to staff giving care and support to the people supported. The “acting” registered manager discussed the agency’s process of evaluating the effectiveness of staff induction through close supervision, observation, reflective practice and periodic induction evaluation meetings.

The inspector noted that a number of staff have professional qualifications and/or have extensive experience working with the people supported who have a learning disability. Staff described how they have been facilitated by the agency to access training relevant to the specific needs of people supported. Training records and matrix examined reflected that mandatory and other professional development training was provided.

Staff described receiving formal supervision, eight weekly, in line with the agency’s policy and having access to informal supervision from a manager on shift or an “on call manager” out of hours.

Staff demonstrated knowledge and understanding of safeguarding vulnerable adults and whistleblowing and was aware of how to raise issues regarding poor practice and abuse. Staff was aware of the vulnerable adult and whistleblowing policies and where to access these. Staff described how the team provided twenty four hour support when required and how well the team worked to cover shifts.

The “acting” registered manager confirmed that staff meetings were held monthly which included a wide agenda including for example, restrictive practices, health and safety, professional development training, safeguarding, communication and reflective practice. Minutes were recorded and copies distributed. Copies of minutes, which included staff in attendance, were retained on file.

### **Is Care Compassionate?**

Care support plans and discussion with staff indicated that the care and support provided was specific in meeting the identified needs of people supported taking into account their consent, privacy and dignity and the importance of seeking the views and opinions of people supported and their representatives.

Staff confirmed that people supported are provided with detail of staff being provided by the agency to support them. The “acting” registered manager explained that commissioned agency staff are “blocked booked” to ensure consistency and continuity of care.

Examination of induction and agency staff training records and discussion with the “acting” registered manager evidenced that staff receive mandatory training and offers opportunities for the professional development of staff in line with the agency’s Training and Development policy.

The agency’s Disciplinary Policy and Procedures, dated 09 February 2015, outlines the process for addressing unsatisfactory performance of staff.

## Areas for Improvement

There were no areas identified for improvement from Theme 1.

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

### Is Care Safe?

Care records examined contained evidence of comprehensive assessment of needs which were complemented with risk assessments and care plans from the commissioning HSC Trust. Personal Portfolios had been prepared in a person centred manner. Agency staff demonstrated evidence of their commitment to promote choice and independence in the daily lives of the people they support.

Staff could describe the benefits of positive risk taking and their role in supporting the people supported to live as full a life as was possible; they could describe a range of positive risks that people were supported to take. Care records contained risk assessments which were completed in collaboration with people supported and their representatives.

### Is Care Effective?

People supported and where appropriate their relative's representative are invited and encouraged to participate in their care and support reviews conducted by the commissioning HSC Trust. Staff record in care records evaluations of care and support provided and care support plans are reviewed and revised following HSC Trust reviews. Care records examined reflected the views and preferences of people supported and information specific to individual people supported.

Prospective people supported and where appropriate their relatives/representatives are issued with an Information Handbook, available in easy read format, which contained comprehensive up-to-date information about the agency and services provided.

The "acting" registered manager explained the methods used to seek the views of people supported and their representatives, where appropriate, on the service provided. These included, for example:

- Annual person support/representative satisfaction surveys
- Family meetings
- Annual reviews held by the commissioning HSC Trust, or more frequently if deemed necessary
- On-going person centred meetings with staff
- Monthly quality monitoring visit report.

Comments made by people supported and their representatives during meetings and responses contained within annual satisfaction surveys are collated and used to shape and improve the provision of a quality care and support service.



The development of a report which identifies the methods used by the agency to obtain the views and opinions of people supported and their relatives/representative and any actions to be taken for improvement was discussed with the “acting” registered manager who readily agreed to the collation of this data and provide people supported and their relatives/representatives with summary of the key findings. One recommendation was made in this regard.

### **Is Care Compassionate?**

Discussions with staff indicated that care and support was provided as reflected within care support plans and that people supported were always treated with dignity and respect. Care plans viewed were written in a person centred manner.

Staff confirmed that the agency’s process in gaining the views of people supported and their relatives/representatives where appropriate.

Four relatives of people supported stated they were extremely satisfied with the care and support provided to their relative and gave examples of how staff had gone that “extra mile” to ensure continuity of care when their relative was in hospital. Another relative described how the staff was very professional in their approach, treating their relative with respect and always ensured that care was provided as agreed. Another relative confirmed that their relative’s choice and preferences was detailed within the care plan which was retained in their home; they were notified of any arrangements for new staff to provide support with introduction given to the person supported. One relative raised dissatisfaction with several areas of care and support which the inspector shared with the “acting” registered manager.

### **Areas for Improvement**

One area was identified for improvement within Theme 2.

#### **Standard 1.9**

This recommendation relates to the development of a report which identifies the methods used to obtain the views and opinions of people supported and their relatives/representatives.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
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## **5.5 Additional Areas Examined**

### **5.5.1 Monthly Quality Monitoring**

Reports of monthly quality monitoring visits for months October, November and December 2015 were examined. Reports contained views of people supported and relatives about the quality of the service provided. The records detailed any accidents staffing, staff views, external professional views, review of care records, training, complaints, environmental issues and financial audit. The new format for reporting contained the actions taken to address improvement as identified in the previous quality monitoring visit report.

### 5.5.2 Complaints

The agency has a Complaints Policy and Procedure dated 29 September 2014. Details on how to complain are contained within the agency's Statement of Purpose and People Supported Information Leaflet. Complaints received during the period 01 January 2014 and 31 March 2015 was discussed with the registered manager who confirmed that all complaints received had been resolved satisfactorily.

### 5.5.3 Relatives views

Five relatives spoke with the inspector during the inspection. Four of the five relatives provided positive responses to all aspects of care and support provided. Comments included:

"the supported person is very well cared for and his home is very comfortable".

"Staff very attentive, do a really good job".

"Communicate with (the supported person) in a nice friendly way".

"Staff very professional, the personal care and meals provided are very good".

"Happy with planned activities, plenty going on".

"The care plan is available and staff write in the times they visit and make a record if necessary".

"extremely satisfied, care excellent, I have no worries".

"I can go home content knowing everything is well taken care of".

"I am kept very well informed and the staff are approachable and friendly".

One relative explained there was aspects of the care and service which they felt were not satisfactory and despite several attempts to get these sorted issues remain to cause concern. This was discussed with the "acting" registered manager who agreed to follow up on the matter.

## 5 Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Nicola McCann, Operations Manager and Amanda Barr, Acting Registered Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

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.

## 5.5 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

## 5.6 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

## 5.7 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) assessed by the inspector.

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 home/agency/service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

### Recommendations

#### Recommendation 1

**Ref:** Standard 1.9

**Stated:** First time

**To be Completed by:**  
30 April 2016

It is recommended that a report is prepared that identifies the methods used to obtain the views and opinions of people supported and their relatives/representatives, and incorporates the comments made and issues raised and any actions to be taken for improvement. A summary of the key findings is provided to people supported and their relative/representative, and a copy of the full report is available on request.

**Response by Registered Person(s) Detailing the Actions Taken:**  
An internal quality audit and consultation with the people supported, their relatives / representatives and external stakeholders has been completed. The report contains the findings from questionnaires relating to Crescent Supported Living Service and is being used to inform improvement within the Service. Key findings / planned improvements will be presented to the people supported, their relatives / representatives during a feedback event in April 2016. A copy of the ACE report can be obtained upon request to the Service office.

<b>Registered Manager Completing QIP</b>	Amanda Barr	<b>Date Completed</b>	08.03.16
<b>Registered Person Approving QIP</b>	Agnes Lunny	<b>Date Approved</b>	08.03.16
<b>RQIA Inspector Assessing Response</b>	Priscilla Clayton	<b>Date Approved</b>	8/03/16

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