



The Regulation and
Quality Improvement
Authority

Positive Futures
RQIA ID: 11019
Loy Buildings
18 Loy Street, Cookstown
BT80 8PE

Inspector: Priscilla Clayton
Inspection ID: IN23117

Tel: 02886766246
Email: john.diamond@positive-futures.net

**Unannounced Care Inspection
of
Positive Futures
(Cookstown)**

21 March 2016

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

1. Summary of Inspection

An unannounced care inspection took place on 21 March 2016 from 11.00 to 15.00. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. 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
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Positive Futures/Ms Agnes Philomena Lunny	Registered Manager: Mr John James Diamond
Person in charge of the agency at the time of Inspection: Aileen McKeown (Dep service manager)	Date Manager Registered: 03 August 2012
Number of service users in receipt of a service on the day of Inspection: 8	

At the request of the people who use Positive Futures supported living services, Positive Futures has requested that RQIA refer to these individuals as "the people supported".

3. Inspection Focus

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

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

Theme 2: Service User Involvement - service users are involved in the care they receive**4. Methods/Process**

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

Prior to inspection the following records were inspected:

- Records of contact with the agency since the last inspection
- The previous inspection report and QIP.

During the inspection the following took place:

- Discussion with the deputy manager
- Consultation with staff and one person supported
- File audit
- Evaluation and feedback.

The following records were viewed during the inspection:

- RQIA Registration certificate
- Recording/evaluation records
- Monthly monitoring reports
- Minutes of the people supported meetings
- Two care records
- Staff training records
- Records relating to staff supervision and appraisal
- Recruitment policy
- Employee handbook
- Whistle Blowing policy
- Supervision policy
- Disciplinary policy
- Induction records
- Staff Handbook
- Staff register/information
- Agency's rota information
- Complaints records
- Accident/Incident records.

Ten staff and eight people supported satisfaction questionnaires were provided for distribution, and if wished completion and return to RQIA.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 30 March 2015. 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
Requirement 1 Ref: Regulation 14(d)	<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— (d) so as to ensure the safety and security of service users' property, including their homes;</p> <p>The registered person is required to forward to RQIA assurances that those people supported who make a financial contribution towards their care have had their support agreements reviewed and approved by the HSC trust.</p> <p>Action taken as confirmed during the inspection: Following the previous care inspection RQIA received written assurance regarding the financial contribution made by people supported towards their care and support. The deputy service manager confirmed that where such arrangements are in place support agreements had been discussed and agreed by the commissioning HSC Trust.</p>	Met

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

Is Care Safe?

The agency's recruitment policy, dated 05 August 2015, outlines the mechanism for ensuring that the appropriate pre-employment checks are completed.

An alphabetical index of all domiciliary care workers employed was being maintained. The deputy service manager could describe the process for ensuring that required pre-employment staff are physically and mentally fit for the purposes of their job role.

The agency has an initial two week induction programme followed by a period of up to six months programme with mentorship and supervision provided throughout. During induction staff receives core mandatory training and also have the opportunity to shadow staff members in the homes of people supported. A record of the induction provided to staff is maintained.

Records examined contained evidence of a comprehensive induction programme. Each staff member is provided with a staff handbook which is reviewed and revised as deemed necessary. Current handbooks were dated 2015.

Staff receives regular supervision during their induction period and the inspector noted that an evaluation record is maintained. The agency's policy and procedure for staff supervision and appraisal outline the frequencies and processes to be followed. A record of supervision and appraisal is maintained.

Is Care Effective?

Discussions with the deputy manager, one staff and one person supported indicated that an appropriate number of suitably skilled and experienced persons are available at all times. Staff rota information viewed reflected staffing levels as described by the deputy manager. The deputy manager described the process to ensure that staff provided has the knowledge, skills and training to carry out the requirements of their job role.

Staff rotas were being retained by the agency. Those viewed for selected dates evidenced that staff are allocated to shifts as required.

The deputy manager and staff member confirmed that they are provided with a job description outlining the roles and responsibilities of individual job roles prior to commencement of employment.

Staff Induction information viewed indicated that an initial two week induction programme is undertaken; however, the full foundation programme is completed over a longer period as required. The agency maintains a record of induction which includes regular supervision and mentoring of staff during the induction period.

A staff training matrix is maintained; the deputy manager explained that this is closely reviewed each month to identify training gaps/needs. The staff member who met with the inspector confirmed that they felt very well supported during the induction period with good training provided; ongoing supervision and annual appraisal. .

The deputy manager and staff could describe the process for highlighting concerns and were aware of the agency's whistleblowing policy (17 September 2014). Staff training in whistleblowing had been provided and recorded alongside all mandatory training within the agency's training matrix. Staff files contained certificates of training provided.

Is Care Compassionate?

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

People supported are provided with detail of staff being provided by the agency to support them; one person supported who spoke to the inspector confirmed that they are introduced to new staff. The deputy manager stated that the agency endeavours to provide continuity of staff to people supported.

Induction and training records examined showed that staff receive training specific to the needs of individual people supported. The deputy manager confirmed that staff employed had the necessary knowledge and skill to undertake their work in an effective safe manner. One person supported indicated that staff supplied has the knowledge and skills to provide the required care and support to meet their needs and confirmed that staff always respects their privacy, wishes and dignity.

The agency's disciplinary policy and procedure (9 February 2015) outlines the process for addressing unsatisfactory performance of staff.

Questionnaires returned to RQIA from staff and people supported indicated satisfaction that the care and support provided by the agency was safe, effective and compassionate.

Areas for Improvement

There were no areas for improvement identified from this theme.

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

Is Care Safe?

The deputy manager explained that prior to providing care for a person to be supported the agency receives a range of multi-disciplinary assessments from the referring Health and Social Care Trust (HSC Trust). Assessment of needs viewed were complemented with risk assessments. The views, choices and preferences of the person supported and where appropriate their representatives. On-going six monthly reviews of care and support provided are held with the commissioning trust and any changes to the support plan would be agreed by all in attendance.

One person supported who spoke to the inspector confirmed they are involved in developing their care/support plans and agreed that they are encouraged to express their views and can choose the care they receive.

Risk assessments and management support plans are completed in conjunction with person supported and where necessary their representatives.

Is Care Effective?

The deputy manager confirmed that people supported and where appropriate their relatives are encouraged to participate in the annual review of their care and support involving representatives from the commissioning HSC Trust.

Staff records the daily the care and support provided and care plans are reviewed following any agreed changes required. Care and support plans viewed detailed the wishes and routines of the people supported and contained information specific to their individual actual and potential needs.

The agency facilitates monthly house meetings for people supported; records of meetings viewed showed that people supported are encouraged to express their views and opinions and that their wishes and choices are respected.

People supported and their relatives are informed of the agency's complaints procedure; the agency has a process for maintaining a record of all compliments and complaints. Monthly monitoring visits are completed; documentation includes engagement with people supported and where appropriate, their representatives.

Is Care Compassionate?

Discussions with the deputy manager, one staff member and one person supported indicated that care and support is provided in an individualised manner. Care plans viewed were written in a person centred manner and one person supported confirmed that they are consulted about the care they receive and that they can refuse any aspect of their care and support.

The deputy manager and one staff member described the agency's process and importance of engaging with people supported and their representatives where appropriate. Examples of responding to people supported wishes in minutes of meetings reflected the involvement of people supported and where appropriate their representatives.

Promotion of values such as dignity, choice and respect were evident through discussion with the deputy manager, one staff member and one person supported.

The deputy manager could describe the process of liaising with the HSC Trust and relatives/representatives regarding best interest practices for people supported who are identified as having capacity issues.

Satisfaction questionnaires returned to RQIA from staff and people supported indicated satisfaction that the care and support provided by the agency was safe, effective and compassionate.

Areas for Improvement

There were no areas for improvement identified from this theme.

Number of Requirements:	0	Number of Recommendations:	0
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5.3 Additional Areas Examined

5.3.1 Accidents and Incident Notifications.

Records of accidents and incidents were being recorded. Discussion with the deputy manager took place in regard to clarification of notifications to be submitted to RQIA in accordance with Regulation 15 (12) (b).

5.3.2 Complaints

The deputy manager confirmed that no complaints were received during the period 01 January 2014 to 31 March 2015. Records showed that no complaints were received during this period or to date.

6. No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	John Diamond	Date Completed	15.04.16
Registered Person	Agnes Lunny	Date Approved	15.04.16
RQIA Inspector Assessing Response	Priscilla Clayton	Date Approved	15/04/16

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

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