

**Unannounced Care Inspection  
of  
Positive Futures**

**10 February 2016**

## 1. Summary of Inspection

An unannounced care inspection took place on 10 February 2016 from 11.00 to 15.15. 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

No action required following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

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

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

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Positive Futures/Ms Agnes Philomena Lunny	<b>Registered Manager:</b> Kerry Gemma Mallon (Registration pending)
<b>Person in charge of the agency at the time of Inspection:</b> Kerry Gemma Mallon	<b>Date Manager Registered:</b> Registration pending
<b>Number of service users in receipt of a service on the day of Inspection:</b> 5	

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

Positive Futures, Lisniskea, is a supported living type domiciliary care agency which provides personal care and housing support.

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:

- Discussion with the manager
- Examination of records
- Consultation with staff/people supported
- File audit
- Evaluation and feedback.

During the inspection the inspector met with two persons supported, 5 care staff and the manager.

Prior to inspection the following records were analysed:

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

The following records were viewed during the inspection:

- Three care and support plans
- Care records
- Recording/evaluation records
- Monthly quality monitoring reports
- Minutes of the people supported meetings
- Staff training records
- Records relating to staff supervision and appraisal
- Registration certificate
- Recruitment policy
- Whistle Blowing policy
- Supervision policy
- Disciplinary policy
- Pre- employment checklist
- Induction records
- Staff Handbook
- Staff register/information
- Agency's staff rota
- Complaints records
- Accident/Incident records.

Nine staff and ten people supported satisfaction questionnaires were given to the manager for distribution, completion and return to RQIA.

## 5. The Inspection

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

The previous inspection of the Positive Futures, Lisniskea, was an unannounced care inspection dated 10 March 2015.

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

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 14(d)	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;	<b>Met</b>
	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.	
	<b>Action taken as confirmed during the inspection:</b> Information was submitted to RQIA as requested. Financial agreements have been reviewed and agreed with the commissioning HSC Trust.	

### 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 (22 June 2014) outlines the mechanism for ensuring that the appropriate pre-employment checks are completed. The inspector viewed the checklist used; a copy of this documentation is retained at the organisations human resources department. An alphabetical index of all domiciliary care workers supplied was in place. The registered manager could describe the process for ensuring that staff supplied are physically and mentally fit for the purposes of their job role.

The agency had a probationary review procedure (09 February 2015) the manager explained that the agency had an induction programme which consisted of a two week initial induction initial followed by a period up to six month programme depending on the skills and competencies required for the role. Throughout the probation period performance and competence is assessed within a supportive and developmental context; during induction staff receive 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 provided evidence of a comprehensive induction programme. Staff are provided with a staff handbook and has access to Positive Future's policies and procedures.

The agency's policy and procedures for staff supervision and appraisal outline the frequencies and processes to be followed. Staff confirmed they received ongoing supervision and annual staff appraisal.

Records of staff training were retained. Training included mandatory training in keeping with RQIA guidelines. Additional professional development training is provided as required.

All care staff employed are registered with Northern Ireland Social Care Council.

### **Is Care Effective?**

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

Staff confirmed they were provided with a job description outlining the roles and responsibilities of individual job roles prior to commencement of employment. Staff could describe their roles and responsibilities and the process for reporting any training needs.

Staff could describe the detail of the induction programme received and stated that they felt equipped to fulfil the requirements of their role. Induction information viewed indicated that an initial induction programme is undertaken by staff; however, the full induction process is completed over a period of six months. The agency maintains a record of induction which records regular supervision of staff during the induction period.

A training matrix is maintained with mandatory training included. Staff stated that they are encouraged to highlight any concerns during supervision; they stated that they can approach the manager or senior staff at any time.

Person centred supervision policy and procedures (26 June 2012) outline the frequency of supervision and appraisal. It was confirmed that staff providing supervision have received appropriate training. Staff confirmed they receive bi-monthly supervision and annual appraisal.

Staff could describe the process for highlighting concerns and were aware of the agency's Whistleblowing policy (17 September 2014).

### **Is Care Compassionate?**

The manager stated that staffing arrangements and any issues or concerns raised by people supported are 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 stated that they are introduced to new staff. Agency staff could describe the impact of staff changes on people supported and the benefits in providing continuity of care. The manager stated that the agency endeavours to provide continuity of staff to people supported.

Induction and training records indicated that staff receive training specific to the needs of individual service users. Staff stated that they had the appropriate knowledge and skills to fulfil the requirements of their role. Persons supported indicated that staff supplied has the knowledge and skills to provide the required care and support to meet their needs.

Staff described the process for meeting the people supported and becoming familiar with their needs; they described the importance of respecting the privacy, dignity and choices of people supported. One person supported who spoke with the inspector confirmed that staff always respects their privacy, wishes and dignity.

The agency's disciplinary policy and procedures outlines the process for addressing unsatisfactory performance of staff.

Nine staff and five people supported satisfaction questionnaires completed and returned to RQIA confirmed that respondents were satisfied that the care provided was safe, effective and compassionate.

### **Areas for Improvement**

There were no areas for improvement identified from this theme.

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

### **Is Care Safe?**

The registered manager stated that prior to providing care to individual people supported the agency receives a range of multi-disciplinary assessments from the referring HSC trust. Assessments of need and risk assessments viewed reflected the views and choices of service users and where appropriate their representatives. Person centred care support plans are developed with the person supported and/or their representative.

Persons supported who spoke to the inspector stated that they are involved in developing their care and support plans; they stated that they are encouraged to express their views and that they can choose the care they receive.

Staff could describe the benefits of positive risk taking and their role in supporting people supported to live as full a life as possible; they could describe a range of positive risks that people are supported to take. Risk assessments are completed in conjunction with people supported and their representatives.

### **Is Care Effective?**

People supported and where appropriate their relatives are encouraged to participate in an annual review of their care and support involving representatives for the HSC trust. Staff record the care and support provided and care plans are reviewed following the annual review or as required; People supported stated that they meet with their keyworker regularly to discuss their care needs. Care and support plans viewed detail the wishes and routines of service users and contain information specific to individual person supported.

The agency facilitates monthly people support house meetings; records of meetings viewed indicate that people supported where appropriate are encouraged to express their views and opinions and that their wishes and choices are respected. The manager described instances where it is necessary to liaise with relatives of people supported when service users are unable to contribute their views and opinions. 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 viewed indicates engagement with people supported.

The agency undertakes an annual survey regarding the service provided with stakeholders including people supported, representatives and commissioning trusts. Analysis is reflected within the report

The agency holds Human Rights Booklets which were readily available to staff, people supported and representatives. Easy read pictorial formats are available.

### **Is Care Compassionate?**

Discussions with staff and people supported indicate that care is provided in an individualised manner. Care plans viewed were written in a person centred manner and persons supported confirmed that they are consulted about the care they receive; they stated that they can refuse any aspect of their care and support; they could describe the agreed care and support that they receive from the agency's staff.

Staff described the agency's process for engaging with people supported and their representatives where appropriate. Staff described examples of responding to people supported wishes; records of house meetings indicated the involvement of people supported and where appropriate their representatives.

Promotion of values such as dignity, choice and respect were evident through discussion with staff and people supported. It was noted that the agency provides people supported with information on human rights in an appropriate format.

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

Five people supported completed and returned satisfaction questionnaires to RQIA. All respondents indicated they were very satisfied that their views and opinions are sought about the quality of the service and that the care and support received was very satisfactory.

### **Areas for Improvement**

There were no areas for improvement from this theme.

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

### 5.3.1 Monthly Quality Monitoring

The inspector viewed the agency's quality monitoring documentation and noted that visits are completed as required.

### 5.3.2 Satisfaction Questionnaires

Nine staff and five people supported questionnaires were completed and returned to RQIA. Respondents indicated they were satisfied that care provided was safe, effective and compassionate. No issues or concerns were expressed.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.



No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	Kerry Mallon (registration pending)	Date Completed	11.04.16
Registered Person	Agnes Lunny	Date Approved	11.04.16
RQIA Inspector Assessing Response	Priscilla Clayton	Date Approved	13 April 2016

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

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