

Announced Care Inspection Report 6 June 2019



Positive Futures Windermere Supported Living Service

Type of Service: Domiciliary Care Agency
**Address: 36 Crescent Business Park, Enterprise Crescent, Lisburn,
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Tel No: 02892606749
Inspector: Michele Kelly

www.rqia.org.uk

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Positive Futures Windermere Supported Living Service is a domiciliary care agency (supported living type) which provides personal care and housing support to individuals who reside in the Lisburn area. At the time of the inspection there were ten individuals in receipt of a service.

3.0 Service details

Organisation/Registered Provider: Positive Futures Responsible Individual(s): Mrs Agnes Philomena Lunny	Registered Manager: Mrs Laura Fleming
Person in charge at the time of inspection: Mrs Laura Fleming	Date manager registered: 9 April 2018

4.0 Inspection summary

An announced inspection took place on 6 June 2019 from 11:20 to 17:00.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection assessed progress with any areas for improvement identified since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

As a public-sector body, RQIA have a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. People supported by domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

At the request of the people who receive care and support from Positive Futures services, the organisation has requested that RQIA refer to these individuals as 'the people supported'.

Evidence of good practice was found in relation to:

- The sensitivity of staff to persons supported.
- Human Rights considerations underpinning all aspects of care and support
- Staff induction, training and supervision
- Collaborative working with HSC Trust professionals
- Governance arrangements, management of incidents, quality improvement

No areas for improvement were identified.

The people supported and their representatives indicated that they were happy with the care and support provided.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and the experience of the people they support.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Laura Fleming, registered manager, as part of the inspection process and can be found in the main body of the report.

4.2 Action/enforcement taken following the most recent care inspection dated 26 June 2018

No further actions were required to be taken following the most recent inspection on 26 June 2018.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report
- records of notifiable events reported to RQIA since the last care inspection
- all correspondence received by RQIA since the previous inspection

A range of documents policies and procedures relating to the service were reviewed during the inspection and are referred to within the body of the report.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Twelve staff responded; analysis of feedback is included within the report.

Questionnaires were also provided for distribution to the people supported and their representatives; four were returned and details of the responses are included within the report.

The inspector met with four of the people supported and six staff members. Comments received are included within the body of the report.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 26 June 2019

No areas for improvement were identified.

6.2 Is care safe?

Avoiding and preventing harm to people supported from the care, treatment and support that is intended to help them.

The agency's staff recruitment processes were noted to be managed in conjunction with the organisation's human resources department, located at the organisation's head office. Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices.

The inspector discussed the staffing arrangements and noted that staffing levels were maintained with the use of consistent agency staff when required and ongoing recruitment.

New employees were required to complete an induction which included training identified as necessary to meet the needs of the people supported and familiarisation with the service and the organisation's policies and procedures. This Positive Futures Foundation Programme is linked to the Northern Ireland Social Care Council (NISCC) induction standards for social care staff and refers to Human Rights. Staff who provided feedback to the inspector commented that the induction was very rigorous and beneficial. The review of two induction records verified that all staff were provided with an induction period which exceeded the timescales outlined within the Regulations. It was good to note that new recruits have access to probationary support and performance monitoring.

There was a rolling programme of training, competency assessments, supervision and appraisals and these areas were routinely monitored as part of the monthly quality monitoring processes. In addition training had been provided to staff in areas such as epilepsy awareness, Positive Behaviour Support, equality and diversity, confidentiality, Makaton sign language and data protection. Specific training had also been provided to staff in relation to individual needs of the people supported, as requested or as required.

Arrangements were in place to embed the new regional operational safeguarding policy and procedure into practice. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that there is an identified person within the organisation who holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures. The inspector was advised that there had been a small number of incidents which had been referred to adult safeguarding since the date of the last inspection. Discussion with the management team identified that these had been reported appropriately. The inspector was advised of the organisation's response to disciplinary matters and was satisfied that appropriate action had been taken to protect the people supported when these issues were identified.

During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to the health, welfare and safety of the people supported. Records confirmed that comprehensive risk assessment had been completed in conjunction with the people supported and their representatives. There was evidence of positive risk taking in collaboration with the people supported and/or their representatives, the agency and the Health and Social Care (HSC) trust.

There was a policy and procedure in place relating to human rights and restrictive practices. The inspector was advised that staff had received training in human rights as part of the Positive Behaviour Support training. Any restrictive practices used, were considered and agreed in conjunction with the people supported and their relevant representatives. A review of the records confirmed that restrictive practices were reviewed on a regular basis and were overseen by the management team.

The inspector reviewed a sample of accident and incident records and confirmed that they had been managed appropriately. These areas were reviewed by the management team as part of their quality monitoring processes. The inspector also reviewed a notifiable incident which the agency had reported to RQIA. The manager outlined the context and actions taken by staff and relatives at the time and the measures taken by the organisation and trust professionals to limit the potential for reoccurrence. The inspector was satisfied that the best interests of the persons supported had been appropriately considered and that the responses were justified and proportionate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, adult safeguarding, risk management.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Is care effective?

The right care, at the right time in the right place with the best outcome.

The full nature and range of service provision was detailed in the Statement of Purpose. The inspector advised that the telephone number for RQIA had changed and requested all documents including the Statement of Purpose be updated accordingly. The agency's arrangements for appropriately assessing and meeting the needs of the people supported were examined during the inspection.

The review of the care records identified that they were comprehensive, person-centred and maintained in an organised manner. The care records evidenced referral information, risk assessments, care plans and annual care reviews with the relevant Trust representative.

A number of individuals who live in Windermere were unable to understand written information in their care record due to their individual needs. Care plans had been developed in 'easy read' (pictorial) format so that the care plan would be provided in a more meaningful way. The inspector examined three care records and found these to be very detailed and reflective of the individuals' specific preferences. Person centred portfolios are also used to provide detailed information in relation to the communication needs of individuals.

The review of the care records evidenced that the agency was committed to promoting the human rights of the people they supported; this was particularly evident in relation to staff knowing what was important to the people they supported and how best they could support and communicate with them.

The people supported were provided with a Support Agreement, which was also provided in a suitable format, as appropriate to their needs. This ensured the people supported had information relating to their rights and the care they should expect from Positive Futures.

The agency had robust quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the people supported. The inspector viewed three quality monitoring reports and noted clear evidence of effective communication with the people supported, their representatives and with relevant HSC Trust representatives, as required.

The inspector met four persons supported in their own homes and observed staffs' approach to be confident and caring. The manager described how staff are 'matched' to work with individuals and how the agency strive to ensure consistency in respect of staff working in individual's homes.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the quality of the care records and the agency's engagement with the people supported.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care compassionate?

People supported are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspector sought to assess the agency's ability to treat people supported with dignity, respect, equality and compassion and to effectively engage individuals in decisions relating to their care and support.

Staff spoken with during the inspection described aspects of care provision which reflected their understanding of choice, dignity, and respect. The manager described examples of how staff engage with the people supported to enable them to live a more fulfilling life in the community. Staff also demonstrated a clear understanding regarding confidentiality in line with policy.

The inspector commends the emphasis placed on personalisation by the agency as evidenced by the records within the personal portfolio which contains a range of tools to ensure staff had the information required to best support the individuals.

Observations made during the inspection indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the organisation. The inspector was invited to visit the homes of people supported and witnessed staff facilitating care and support with sensitivity and attention to individual needs. The inspector noted that the people supported seemed relaxed in the presence of staff and that staff were calm and patient.

The inspector discussed arrangements in place relating to the equality of opportunity for people supported and the need for staff to be aware of equality legislation whilst also recognising and responding to the diverse needs of individuals in a safe and effective manner. It was identified that staff had completed training on equality and diversity.

Discussions with the people supported, staff and the person in charge provided evidence that supports individuals' equal opportunities, regardless of their abilities, their background, choices or their lifestyle.

Some of the other areas of equality awareness identified during the inspection include:

- effective communication
- involvement of people supported
- adult safeguarding
- advocacy
- equity of care and support
- individualised person-centred care
- individualised risk assessment
- disability awareness.

Twelve staff members provided electronic feedback to RQIA regarding the quality of service provision. The majority of respondents indicated that they felt 'satisfied' that the care and support provided was safe, effective and compassionate; and that the service was well led. Three respondents indicated that they were 'undecided' in relation to safe care. One respondent was 'unsatisfied' that care was compassionate and three were 'unsatisfied' that care was effective. Five respondents were 'undecided' in relation to the well led domain. Given that there were no written responses provided to support the responses, the feedback was relayed to the manager for review and action as appropriate.

The returned questionnaires from two of the people supported and two relatives indicated that that they were 'very satisfied' that the care was safe, effective and compassionate; and that the service was well led.

Relatives' written comments:

- "Great staff cannot do enough."

- “Windermere is fabulous.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of the people supported.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of people supported in order to deliver safe, effective and compassionate care.

The inspector reviewed management and governance systems in place within the agency to meet the needs of the people supported; it was identified that the agency has effective systems of management and governance in place. The agency is managed by two job sharing service managers supported by deputy managers, senior support workers and support workers.

Quality monitoring is a robust process which includes an assessment of a range of ‘metrics’ submitted by the manager on a monthly basis. A visit to the agency’s registered premises is also undertaken and includes discussion with staff and the people supported. The reports of the quality monitoring were examined; these were suitably detailed and included references to recruitment activity, deployment of staff and to good practice identified. Any areas for improvement were also clearly noted alongside actions to be taken and timescales.

A review of incidents confirmed that these were appropriately managed and there were procedures in place to ensure that any complaints received would be responded to in accordance with policy. No complaints had been received since the last inspection.

All staff providing care and support to people supported are required to be registered with the Northern Ireland Social Care Council (NISCC). The person in charge confirmed that information regarding registration and renewal dates were maintained by the agency. A review of NISCC records confirmed that all staff were currently registered.

There was evidence of effective collaborative working relationships with key stakeholders, including the HSC Trust, families of the people supported and staff.

Staff comments:

- “Management are approachable and supportive.”
- “Choice is given to the people supported in all aspects of their life.”

Comments from people supported:

- “People treat me well.”
- “I get on well with the person I live with.”

Areas of good practice

There were good governance and management arrangements in place, which focused on quality improvement initiatives and maintaining good working relationships.

It was evident in all four domains that the agency promoted the people supported’s human rights; this was evident particularly in relation to the areas of restrictive practices and consent.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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