



The Regulation and
Quality Improvement
Authority

Positive Futures Windermere Supported
Living Service
RQIA ID: 11021
36 Crescent Business Park
Enterprise Crescent, Lisburn
BT28 2GN

Inspector: Audrey Murphy
Inspection ID: IN22275

Tel: 02892606749
Email: jolene.welsh@positive-futures.net

**Unannounced Inspection
of
Positive Futures Windermere Supported Living Service
29 September 2015**

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 inspection took place on 29 September 2015 from 10:00 to 16:30. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. There were no areas for improvement identified during the inspection. 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: Ms Jolene Welsh
Person in charge of the agency at the time of Inspection: Ms Jolene Welsh	Date Manager Registered: 01 June 2015
Number of service users in receipt of a service on the day of Inspection: 8	

Positive Futures Windermere Supported Living Service is a domiciliary care agency which provides personal care and housing support to individuals who reside in the Lisburn area.

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 standards and 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

Prior to inspection the following records were analysed:

- Records of incidents notified to RQIA
- Inspection report of 24 February 2014 and quality improvement plan
- Records of contacts with the agency since the previous inspection.

Since the previous inspection, the agency had reported 18 incidents to RQIA, 11 of which were in relation to medication issues. The inspector noted a decrease in the frequency of medicines incidents and the acting manager advised the inspector of a range of measures in place to promote safer practice in this area.

Seven incidents reported to RQIA related to behavioural issues and the inspector was satisfied that these had been managed appropriately and in conjunction with the HSC Trust.

During the inspection the inspector met with one of the people supported at their home and observed two members of staff interacting with the person supported in a friendly and supportive manner.

The inspector provided questionnaires during the inspection and requested that these were distributed to staff and the people supported. Six of these were returned by staff and five by the people supported. All of the people supported who returned a questionnaire indicated that they had been supported to complete the questionnaire by a relative or carer.

During the inspection the inspector requested details of the relatives of the people supported who would be willing to be contacted by the inspector for the purposes of obtaining their views on the quality of service provision. The inspector also requested contact details of HSC Trust professionals who are involved in the service.

The views of the people supported, agency staff, a relative of a person supported and a HSC Trust professional have been incorporated into this report.

The following records were examined during the inspection:

- Recruitment Policy
- Recruitment records
- Alphabetical index of staff
- Staff profiles
- Induction procedures and records

- Staff training records
- Supervision and appraisal policy
- Monthly quality monitoring records
- Care records of one of the people supported
- Staff duty rotas
- Whistleblowing policy.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an announced finance inspection dated 23 March 2015. The completed QIP was returned and approved by the finance inspector. The agency's progress towards compliance with the areas for quality improvement identified during the finance inspection was not evaluated during this inspection and remain under the review of the finance inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection on 24 February 2014

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 6 (1) (b)</p>	<p>The registered person shall produce a written service user's guide which shall include—</p> <p>(b) the terms and conditions in respect of the services to be provided to service users, including details as to the amount and method of payment of fees, if appropriate;</p> <p>This requirement refers to the payments charged to service users for care or support received.</p> <p>Action taken as confirmed during the inspection: The inspector was advised that the Handbook for the people supported has been reissued since the previous care inspection. The inspector examined a Support Agreement which outlined the charges to the person supported for the care provided. The Support Agreement had been signed by the acting manager, the social worker and by the relative of the person supported.</p>	<p>Met</p>

<p>Requirement 2</p> <p>Ref: Regulation 15 (5) (a) (b) (c)</p>	<p>The registered person shall, for the purpose of providing prescribed services to service users, so far as is practicable –</p> <ul style="list-style-type: none"> (a) Ascertain and take into account the service user's and where appropriate their carer's, wishes and feelings; (b) Provide the service user, where appropriate their carer, with comprehensive information and suitable choices as to the prescribed services that may be provided to them; and (c) Encourage and enable the service user, and where appropriate their carer, to make informed decisions with respect to such prescribed services. <p>This requirement refers to the service users' capacity to consent to or decline care practices which are restrictive in nature.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection: The capacity of the people supported to consent to a range of practices was discussed with the acting manager who advised that the agency engage with the relevant HSC Trust and participate in 'best interests' meetings.</p>		

Previous Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 1.4</p>	<p>Action is taken, where necessary, following receipt of feedback and comments to make improvements to the quality of the service.</p> <p>This recommendation refers to the promotion of the independence of the people supported and the arrangements in place to ensure that they can independently access their home and secure their private accommodation.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection: The inspector was advised that all of the people supported have a key to their home and are encouraged to manage this independently.</p>		

<p>Recommendation 2</p> <p>Ref: 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>Action taken as confirmed during the inspection: The reports of the agency's monthly quality monitoring activity were examined and been completed by Positive Futures senior management and management staff. The reports included the views of the people supported, their representatives (including HSC Trust and other professionals) and the relatives of people supported and agency staff.</p>	<p>Met</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's Recruitment and Selection Policy was examined and had been issued in June 2014. The procedures in place for obtaining and evaluating pre-employment information were discussed with the acting manager and there was evidence of the implementation of these available for inspection.

The process for recruitment was in accordance with the regulations and minimum standards.

The agency maintains an alphabetical index of the staff supplied or available for supply.

The inspector was advised that staff from other domiciliary care agencies had not been supplied by Positive Futures to work in the homes of the people supported in the past year. However, there were plans in place to induct four members of staff from another domiciliary care agency. The inspector was advised that these individuals had been interviewed by Positive Futures and would be undertaking a three day training programme in Positive Behaviour Support prior to undertaking some shadow shifts in the homes of the people supported. Positive Futures had also obtained from the other domiciliary care agency confirmation that the individuals to be supplied had had the necessary pre-employment checks completed.

The agency's induction includes three days of Positive Behaviour Management training prior to being introduced to the service. New staff are then introduced to the people supported and provided with observation shifts in the home of the people supported; observations shifts are across a range of shift patterns.

The agency's staff induction records provided evidence of the structured induction. The new staff member completes a reflective record following each observation shift and the acting manager confirmed that new workers are not supplied to work independently with the people supported until their induction period has been evaluated.

The inspector was advised that information sessions are held for prospective staff and that roles and responsibilities are outlined during these sessions and in the agency's employee handbook.

The agency maintains a 'Person Centred Supervision Policy and Procedure' and this outlined the frequency of supervision for all staff. The frequency of staff supervision for 'contracted' staff is eight weekly.

The arrangements for the supervision of relief and sessional staff are also outlined in the policy and procedures along with the records to be maintained in respect of supervision. The agency has a template for recording supervision and this includes stakeholder issues, people issues, responsibilities, performance, supports and finance, internal processes including health and safety, service action planning and new policies. The inspector was advised that in addition to supervision meetings, staff would also have their practice observed and would receive feedback.

The inspector was advised that several members of staff had consented to their supervision records being examined by the inspector. The records of two staff were reviewed and evidenced the provision of supervision in accordance with the agency's policy. Agency records also evidenced the provision of an annual staff appraisal.

All of the people supported who returned a questionnaire indicated that they were very satisfied that staff help them to feel safe and secure in their home.

Is Care Effective?

The agency's staffing arrangements had been discussed with the acting manager and with a HSC Trust professional prior to the inspection as RQIA had received information from an individual who wished to remain anonymous concerning staffing levels. RQIA received assurances that staffing levels were appropriate and that these remain under review, in accordance with the assessed needs of the people supported.

At the time of the inspection the agency was being managed by acting manager, Jolene Welsh. Agency staffing is comprised of deputy service managers, senior support staff, support staff and relief support staff. Staffing arrangements were discussed and the records of where staff are deployed examined. The agency's records clearly evidence which staff are allocated to the addresses where the people were receiving their support. Records and discussion with the acting manager also evidenced that there was flexibility built in to the staffing arrangements and that senior staff are on site at all times and able to respond directly or coordinate an appropriate response to unforeseen events.

All of the staff who returned a questionnaire indicated that they were satisfied or very satisfied that all of the people support receive care and support from staff who are familiar to them and that the views of the people supported are listened to. The staff questionnaires also indicated that staff were satisfied that they would be taken seriously if they were to raise a concern.

Four staff who returned a questionnaire indicated that they were not satisfied that there is at all times an appropriate number of suitably skilled and experienced persons to meet the needs of the people supported. One staff member attributed this to delays in recruitment and commented on the supportive and helpfulness of the managerial staff within the agency. One staff member referred to the increasing support needs of the people supported and two staff did not provide any comments.

From discussion with the acting manager and with the HSC Trust professional, the inspector was assured that the people supported had access to appropriate staffing to meet their assessed needs.

The relative of a person supported provided positive feedback in relation to the staffing levels and the helpfulness and professionalism of agency staff.

The inspector was advised of the Positive Futures Foundation Programme (PFFP) – mandatory induction programme for support staff. The induction records evidenced that training needs are identified during the induction period and that induction is evaluated at the end of the first two weeks and at intervals of three months and six months within the probation period.

The acting manager demonstrated the agency's system for maintaining records of the provision of supervision and this evidenced that supervision was being provided in accordance with the frequency outlined in the agency's policy. Staff training is monitored during supervisions and the inspector was advised that staff are encouraged to identify any learning or training needs specific to their role. The inspector was also advised that agency staff experience observations of their practice and that this is in place to ensure that training undertaken gets embedded into practice.

The agency's training records provided evidence of the uptake of training in all of the mandatory areas and in a range of other areas, in accordance with the needs of the people supported. The acting manager advised the inspector that staff have been advised that they cannot be supplied to work with the people supported unless they have completed all of their mandatory training.

All of the people supported who returned a questionnaire indicated that they were satisfied or very satisfied that agency staff know how to care for them and that staff respond to their needs. Four expressed satisfaction with staffing levels while one indicated that they were not satisfied that there are adequate levels of staff at all times.

Is Care Compassionate?

The acting manager described the systems in place to ensure that the people supported receive a consistent and continuous service provision.

The inspector was advised that as far as possible, the same staff are allocated to work with individuals consistently and this practice was evident from the rotas examined. The people supported have been receiving support to anticipate which staff are being supplied to work in their homes and staff have provided them with verbal and pictorial information in this regard. There was also evidence of the practice of matching staff to the individuals supported and of this being reviewed in light of any compatibility issues arising.

The agency's induction process takes account of the wishes and preferences of the people supported and the permission of the person supported is sought prior to the introduction of the new worker to their home. The agency's induction process is flexible and where additional observational shifts are necessary, the induction period can be extended.

The agency's quality monitoring reports provided evidence of positive feedback received from the relatives of the people supported in relation to the quality of staffing.

Areas for Improvement

There were no areas for improvement identified within 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 inspector was advised that one person supported had consented to meeting with the inspector and to their care records being examined during the inspection. The inspector noted within the records a range of information that reflected in detail the wishes and preferences of the individual. The records also outlined the care and support required by individual and consideration of the attributes of individuals who would be providing support to the individual on a holiday of their choice and on a regular basis.

The acting manager described a range of examples where the people supported were experiencing increasing independence and were positive risk taking, in conjunction with the HSC Trust and their representatives. Examples included increased community presence, shopping and eating out.

The inspector was advised that risk assessments and risk management plans are reviewed regularly by agency staff and at least once annually by the HSC Trust. A HSC Trust professional who contributed to the inspection confirmed that the needs and care/support plans of each person supported are reviewed on an on-going basis. The inspector was also advised that agency staff provide the Trust with updates in relation to any changes in the needs or circumstances of the people supported.

All of the staff who returned a questionnaire indicated that they were satisfied or very satisfied that the agency operates in a person centred manner; staff also indicated that there are effective arrangements in place for the involvement of the people supported.

Is Care Effective?

The relative of a person supported advised the inspector that their relative's choices and preferences are taken into account and that staff are skilled in obtaining the views of the people supported. The acting manager described the arrangements in place for the on-going review of the needs of the people supported and referred to strong working relationships with HSC Trust professionals in this regard.

The inspector noted a number of on-going processes to ascertain the views of the people supported and these included regular meetings with the allocated senior support staff, a quarterly person centred review and contact during monthly quality monitoring.

Agency staff have supported a number of individuals to identify 'The Life I want' and this has involved the relatives of the person supported and HSC Trust staff. The care records examined included a range of person centred tools and reflected the involvement of the person supported. The records had been written in a person centred manner and included evidence of agency staff providing information to the person supported about their human rights.

All of the people supported who returned a questionnaire indicated that they were satisfied or very satisfied that their views and opinions are sought about the quality of the service.

Is Care Compassionate?

The acting manager advised the inspector of a matching process in place to support the appropriate allocation of staff to the homes of people supported. The inspector was also advised of the arrangements in place to ensure that the people supported can exercise their right to choice and to have privacy in their own homes. Agency staff had developed tools to support communication and choice and there were examples of these being used to support discussions and decision making.

Areas for Improvement

There were no areas for improvement identified within this theme.

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

The agency's complaints records were examined for the period 1 January 2014 – 31 March 2015. The agency had received one complaint during this period and the outcome of the agency's response to this was discussed during the inspection. The inspector noted the actions taken by agency staff in relation to the complaint including liaison with the HSC Trust and the implementation of a protection plan.

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	Jolene Welsh	Date Completed	24.11.15
Registered Person	Agnes Lunny	Date Approved	24.11.15
RQIA Inspector Assessing Response	Audrey Murphy	Date Approved	24/11/15

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

Please complete in full and returned to agencies.team@rqia.org.uk from the authorised email address