

Unannounced Inspection Report 6 February 2017



East Coast Supported Living Service

Type of Service: Domiciliary Care Agency
Address: 65-67 High Street, Bangor BT20 5BE
Tel No: 02891475390
Inspector: Audrey Murphy

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of East Coast Supported Living Service took place on 6 February 2017 from 09:30 to 15:45.

The inspection sought to assess progress with any issues raised during and since the last inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

East Coast Supported Living Service is a supported living type domiciliary care agency which provides a range of supported living services to individuals living in the local area.

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

Is care safe?

The delivery of safe care was evident during the inspection and the agency has in place arrangements to ensure the supply of appropriately skilled and experienced staff. The people supported by the agency are encouraged to participate in the induction of new staff and staff are 'matched' to work with the people supported.

Staff and the people supported indicated high levels of satisfaction with the safe delivery of care and with the agency's arrangements to safeguard the people supported.

There were no areas for quality improvement in the provision of safe care.

Is care effective?

The agency's delivery of effective care was evident during the inspection and individuals receiving support are encouraged to plan their care and support in accordance with their preferences and routines. People supported have regular opportunities to provide feedback to the agency on the effectiveness of their care and the views of the people supported are used to shape the quality of service provision.

There were no areas for quality improvement in the provision of effective care.

Is care compassionate?

The agency's delivery of compassionate care was evident from discussions with staff and with the people supported who participated in the inspection. Staff were observed interacting in a professional and caring manner with the people supported. Feedback from staff indicated that the people supported are at the centre of service provision and this was also evident from discussions with the people supported and from agency records.

There were no areas for quality improvement in the provision of compassionate care.

Is the service well led?

The agency's management and leadership arrangements were examined during the inspection. Staffing provision within the service was noted to be stable and staff spoke positively about the support and guidance available from the manager and deputy service managers.

The registered person has effective management and governance arrangements in place to ensure that the needs of the people supported are met and quality improvement systems are maintained. Agency staff are aware of their roles and responsibilities and there are clear lines of accountability within the organisational structure.

There were no areas for quality improvement in the provision of well led care.

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

1.1 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 were discussed with Helen McLaughlin, registered manager, as part of the inspection process and can be found in the main body of the report.

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

1.2 Actions/enforcement taken following the most recent inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: Positive Futures/Ms Agnes Philomena Lunny	Registered manager: Ms Helen Mary McLaughlin
Person in charge of the service at the time of inspection: Ms Helen Mary McLaughlin	Date manager registered: 24 November 2009

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Notifiable events reported to RQIA

- Complaints records submitted to RQIA
- The previous inspection report
- Application for variation submitted to RQIA in June 2016 in relation to the change in address of the agency's registered premises and the change in the name of the service (previously called Positive Futures (Bangor))

During the inspection the inspector met with four of the people supported. Two of the people supported visited the agency's registered premises and the inspector was invited to the home of two people supported and met with them individually during the visit. The inspector met with four staff and the registered manager during the inspection. A Positive Futures Operations Manager was also present during the inspection.

On the day of the inspection questionnaires were given to the registered manager for distribution to staff and to the people supported by Positive Futures. Six members of staff and one of the people supported returned a questionnaire to RQIA. The views of staff and the people supported have been incorporated into the body of this report.

On the day of the inspection the following records were examined:

- The agency's statement of purpose
- Positive Futures Employee Handbook
- Person Centred Supervision Policy and Procedure
- Guidance for using recruitment agencies for short term supply of workers
- Recruitment and Selection Policy
- Staff duty rotas
- Senior management team meeting records
- Team meeting records
- Job profiles
- Positive Futures Foundation Programme
- Person centred support records (redacted)
- Staff induction records
- Care review records
- Challenging Bad Practice at Work (Whistleblowing Policy)
- Complaints records
- Performance Management and Development Policy
- Staff training records
- Human Rights and Restrictive Practice Policy
- Monthly quality monitoring records

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 07 January 2016

The most recent inspection of the agency was an unannounced care inspection. There were no requirements or recommendations made.

4.2 Is care safe?

The agency's registered premises are at 65-67 High Street, Bangor and are suitable for the purposes of the agency.

Agency staffing consists of the registered manager, two deputy services managers, senior support workers and support workers. The agency also has a pool of relief staff and when necessary, supplies staff from two recruitment agencies.

The inspector was advised of the staffing arrangements across a number of addresses where the people supported were residing. The agency provides support to individuals with a range of needs with some individuals in receipt of one to one support in their own home. Some of the people supported live alone while others share their accommodation with other individuals receiving support from Positive Futures. The supply of staff to meet the needs of all of the people supported was reported by staff to be adequate and that individuals in receipt of support had been involved in planning their support times.

The agency's Recruitment and Selection Policy was examined and was in accordance with the regulations and minimum standards. The agency has in place suitable arrangements for using recruitment agencies for the short term supply of workers and a list of staff available for supply was in place alongside the required pre-employment information and pre-approval information. Staff supplied from recruitment agencies are interviewed prior to their induction and complete a structured induction programme lasting at least three days prior to being supplied to work with the people supported.

The agency's induction arrangements were examined and discussed with staff members, one of whom was undergoing their induction at the time of the inspection. A member of staff reported they had completed two weeks training at the organisation's head office followed by induction shifts in a number of the homes of the people supported. Staff reported they had access to more senior staff at all times and referred to effective on call arrangements.

Staff and some of the people supported who met with the inspector spoke of the 'matching' that is undertaken to ensure that the people supported receive support from staff who share similar interests or have a particular set of skills or attributes. The people supported have been involved in the induction of staff and the induction records reflected this. The staffing arrangements include core staff teams within which members have been 'matched' to work with individuals supported. Support is planned in a manner that takes staffing experience, skills and attributes into account and the people supported receive notification of any changes in planned staff supply.

Agency staff complete the Positive Futures Foundation Programme (PFFP) which has been developed in accordance with the Northern Ireland Social Care Council's Induction Standards. Completion of the PFFP is signed off by the staff member and their manager.

The agency's Person Centred Supervision Policy and Procedure was examined and an addendum to the policy was noted in relation to the frequency of supervision which was stated as a minimum of 12 weekly with new staff potentially requiring more frequent supervision. Staff reported they have regular supervision meetings with their line manager and there were records of observations of practice undertaken by senior staff. The provision of staff supervision is monitored by the registered manager and senior manager meeting records evidenced

discussion of the provision of staff supervision and the high quality of the supervision records maintained.

Staff who met with the inspector reported they feel well supported in their roles and have access to more senior staff at all times. Staff training records examined evidenced uptake in training in a range of areas including adult safeguarding, positive behaviour support, infection control, health and safety, food safety, moving and handling, finances, restrictive practices and medication administration.

The agency has an Adult Safeguarding Policy and an Adult Safeguarding Procedure, both of which referenced the regional policy “Adult Safeguarding: Prevention and Protection in Partnership” (2015). The inspector discussed two safeguarding referrals that had been made to the HSC Trust and a range of steps that had been taken in conjunction with the Trust. The inspector was advised that the agency has good partnership working arrangements with the HSC Trust in this regard.

Records of staff meetings evidenced discussion of adult safeguarding and a member of staff who met with the inspector described their role in designing and delivering training to colleagues in the regional policy on adult safeguarding.

All of the staff who returned a questionnaire indicated that they were very satisfied that the people supported are safe and protected from harm and that they have received training, supervision and appraisal appropriate to their role.

Some staff commented:

- “Risk assessments and care plans are reviewed regularly and added to when needed to ensure safety”.
- “Very thorough training – great support network from senior staff and manager”.

A person supported who returned a questionnaire commented:

- “I feel safe always”.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.3 Is care effective?

The agency’s statement of purpose was examined and had been revised in June 2016 to reflect the change of address of the agency’s registered premises and the change in the name of the service (previously called Positive Futures (Bangor)). The statement of purpose reflects the range and nature of services provided by the agency.

The people supported have been provided with an Information Handbook which has been produced in an ‘easy read’ format.

The inspector noted that five of the people supported had consented to the inspector examining their care records. The care and support records examined included a range of person centred information and records of review meetings including reports prepared by agency staff with the people supported.

The inspector was advised that the needs of the people supported are reviewed on a regular basis and that person centred reviews are convened for each individual supported at appropriate intervals and at least annually.

Staff who met with the inspector highlighted their role in supporting individuals to contribute to the planning of their support. It was good to note that some individuals receiving support could 'bank' their support hours and use these at a time of their choosing. There was evidence of individuals participating in 'The Life I Want' and being encouraged to personalise their support in accordance with their preferences and personal goals. One of the people supported who met with the inspector described a wide range of interests and preferences they held and the role of staff in supporting them to pursue these.

The agency's records of quality monitoring undertaken on behalf of the registered person were examined and noted to be detailed and contained a summary of the views of staff, relatives and professionals in relation to the quality of service provision. The registered manager advised the inspector that feedback from individuals receiving support or their representatives is recorded on 'What people think' records and this feedback is included within the quality monitoring activity.

The registered manager advised the inspector that action logs are developed as part of the quality monitoring process and that progress on actions to be taken are documented and monitored regularly.

There were records of staff meetings and these reflected discussions of a range of matters including support arrangements, policy updates and adult safeguarding. The registered manager also described the arrangements in place for ensuring that senior agency staff discuss safeguarding matters, staffing, recruitment, finance issues and any areas of risk.

Staff who met with the inspector confirmed they have supportive working relationships with agency management and described management as approachable.

All of the staff who returned a questionnaire indicated high levels of satisfaction with this aspect of service provision.

Some staff commented:

- "People supported choose hours and are supported to add to their person centred portfolios".
- "Excellent, consistent support for all people we support".

A person supported who returned a questionnaire commented:

- "I can change my hours when I want them".

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care compassionate?

The agency's arrangements for ensuring that the people supported by Positive Futures are treated with dignity and respect were discussed with staff and some of the people supported during the inspection.

The inspector spoke with one of the people supported at the agency's registered premises and also met with another person supported and their staff. The inspector also had the opportunity to meet with two people supported at their home and observed staff interacting with them in a friendly and supportive manner.

The people supported referred to a range of interests and activities they are supported to pursue by agency staff and were familiar with the agency's arrangements for making a complaint or raising a concern.

Examination of agency records and discussion with people supported and staff provided evidence of individualised support and the involvement of the people supported in the design and planning of their support. The views of the people supported are sought on a regular basis and documented; care records reflected the inclusion of the views of the people supported within their person centred reviews and action plans arising from 'The Life I Want'.

The agency's induction arrangements include inputs from individuals in receipt of support who are encouraged to contribute to the induction of new workers and to familiarise them with their home, routine and preferences.

The people supported advised the inspector that they were familiar with all of the staff supplied to support them and are advised in advance of any changes to scheduled staffing.

A person supported who returned a questionnaire commented:

- "The staff really know me".

All of the staff who returned a questionnaire indicated high levels of satisfaction with this aspect of service provision.

A staff member commented:

- "We put the people we support first always".

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is the service well led?

At the time of the inspection the agency was managed by the registered manager, Helen McLaughlin, with support from two deputy service managers. A Positive Futures Operations Manager was present on the day of the inspection and described their role in supporting the management of the service and overseeing the quality of service provision.

The agency's organisational structure is outlined within the statement of purpose and Information Handbook Positive Futures Supported Living Services, and the agency's job descriptions were available for examination.

The inspector examined a range of policies and procedures and it was evident that a review of these had been undertaken with plans in place to ensure that all policies and procedures are updated and where appropriate, revised in accordance with the frequency outlined in the minimum standards.

The agency's complaints arrangements were examined and were in accordance with the standards. The inspector examined records of complaints received since the previous inspection and was satisfied that these had been managed appropriately and in accordance with the agency's complaints procedures.

The agency had reported a number of incidents to RQIA since the previous inspection and these related to medication administration incidents; no further action was required in relation to these notifications. RQIA had also been notified of an adult safeguarding incident which was discussed with the registered manager and noted to have been appropriately managed.

The registered manager advised the inspector of a range of performance information that she prepares on a monthly basis for senior management. This includes assurance in relation to the provision of staff supervision, induction, person centred reviews, use of agency staff and other 'metrics' that are reported on and discussed with the operations manager during monthly quality monitoring visits. Quality monitoring reports included a summary of the views of staff, the people supported and their representatives including HSC Trust professionals.

All of the staff who returned a questionnaire indicated high levels of satisfaction with this aspect of service provision. One staff member highlighted the compassionate and caring approach taken by a deputy service manager towards the staff and the people supported.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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