

## Unannounced Care Inspection Report 24 September 2019



### Positive Futures Sperrin Supported Living & Peripatetic Housing Support Service

Type of Service: Domiciliary Care Agency  
Address: Unit 29e Gortrush Industrial Estate, Great Northern Road,  
Omagh, BT78 5EJ  
Tel No: 02882254430  
Inspector: Aveen Donnelly

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Assurance, Challenge and Improvement in Health and Social Care

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 Sperrin Supported Living Service is a domiciliary care agency (DCA) which provides a range of supported living services, housing support and personal care services to twelve individuals living in the local area. Their care is commissioned by the Western Health and Social Care (HSC) Trust.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Positive Futures  <b>Responsible Individual:</b> Ms Agnes Philomena Lunny	<b>Registered Manager:</b> Mrs Joanne Grimes
<b>Person in charge at the time of inspection:</b> Mrs Joanne Grimes	<b>Date manager registered:</b> 31 January 2013

### 4.0 Inspection summary

An unannounced inspection took place on 24 September 2019 from 10.00 to 14.45.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA have duties 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 be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of 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.

The inspection sought to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found throughout the inspection in relation to staff recruitment, training and development, risk management and the management oversight of incidents. There were good governance and management arrangements in place, which focused on quality improvement initiatives and maintaining good working relationships.

It was evident throughout the inspection that the agency promoted the human rights of the people they supported; this was evident particularly in relation to the areas of consent, autonomy, equality, choice, privacy, dignity, decision-making, confidentiality and the involvement of the people supported.

No areas for improvement were identified during this inspection.

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

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 supported.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Joanne Grimes, 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.

#### 4.2 Action/enforcement taken following the most recent care inspection dated 02 October 2018

No further actions were required to be taken following the most recent inspection on 02 October 2018.

#### 5.0 How we inspect

Prior to the inspection, the following records were analysed:

- previous RQIA inspection report
- records of notifiable events
- any correspondence received by RQIA since the previous inspection

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. No responses were received.

During the inspection process the inspector spoke with the registered manager, the service manager and three support workers. The inspector observed the interactions of staff with three of the people they supported and this is reflected within the report.

Questionnaires were also provided for distribution to the people supported or their representatives. Two of the people supported returned questionnaires within the timescale for inclusion within this report. Another questionnaire was returned; however the inspector was unable to establish whether this had been completed by a relative or one of the people supported. Feedback is reflected within the report.

The following records were examined during the inspection:

- staff induction template
- staff training matrix

- staff supervision and appraisal matrix
- staff registration records with the Northern Irish Social Care Council (NISCC)
- the care records of two of the people supported (person centred portfolio)
- support worker meeting' minutes and minutes of meetings of the people supported by the service
- complaints and compliments records
- monthly quality monitoring reports
- annual quality report

The findings of the inspection were provided to the manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last care inspection dated 2 October 2018

There were no areas for improvement made as a result of the last care inspection.

## 6.2 Inspection findings

### 6.3 Is care safe?

**Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.**

During the inspection the inspector reviewed that agency's processes for avoiding and preventing harm to the people supported and this included a review of the staffing arrangements in place. The agency's staffing arrangements were discussed and the inspector was advised that recruitment of staff was in progress. No concerns were raised with the inspector in relation to the staffing levels and the needs of the people supported not being met.

The organisation has a dedicated human resources department which oversees the recruitment processes with input from the manager. The manager described how the agency involves the people they support in the staff interview process. The people supported were also given the opportunity to take part in the agency's recruitment fair. This evidenced the agency's ethos of involving the people they supported in the recruitment process. The agency also endeavoured to match staff characteristics with those of the people they supported, to ensure that there were positive outcomes for the people supported.

New employees were required to complete an induction which included training identified as necessary for the service and familiarisation with the needs of the people supported. The review of the induction template verified that all staff were provided with an induction period which exceeded the timescales outlined within the Regulations. It was good to note that induction programme included a focus on Human Rights.

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. It was good to note that awareness training had been provided to staff in areas such as epilepsy, mental health, diabetes, confidentiality, data protection and Positive Behaviour Support. Management oversight of any incidents which occurred was also used to inform the training needs of staff.

It was good to note that staff supplied by other registered domiciliary care agencies were provided with the same induction, training and support as is provided to the agency's own staff.

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. There had been one incident which had been referred to adult safeguarding since the date of the last inspection. Discussion with the management team identified that this had been managed appropriately. The annual safeguarding position report had been completed.

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. It was good to note that the management team had an overview of the incidents and accidents which occurred, which enabled them to identify patterns and trends, which were then referred to the relevant HSC representative. Where training needs had been identified, additional workshops had been developed for staff to attend and the frequency of competency assessments were reviewed accordingly. The manager also advised regarding successful behaviour mapping for one of the people supported and how this valuable information was used to reflect the effectiveness of certain medication. This is good practice and is commended.

The inspector discussed the recent changes the ambulance service has made in relation to how they plan to respond where a person supported by the agency has fallen, but are uninjured. The manager advised that they had not identified any potential challenges to this.

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. The inspector was advised that staff had received training in human rights as part of the Positive Behaviour Support training. The care records examined identified that where restrictive practices were in place, they were reviewed on a regular basis, to ensure that the methods used were necessary and of the least restrictive in nature.

An action plan had been developed in preparation for the implementation of the new statutory framework for Deprivation of Liberty Safeguards (DoLs). Staff had commenced the required training as relevant to their roles and responsibilities.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development, risk management and the management oversight of incidents.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.4 Is care effective?

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

The care records were found to be comprehensive, person-centred and maintained in an organised manner. 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 them. A gifts and capacities tool was used, to identify the things the people supported did well, so that the staff would be aware of the areas they needed support in. The care records clearly identified how the staff supported the people they supported in decision-making; this included a decision making agreement which outlined how the person supported wanted to be involved in decisions about their care and support.

Care review records were reviewed and it was noted that the people supported or their representatives were involved in the care review process, as appropriate.

No concerns were raised during the inspection with regards to communication between the people supported, their representatives and other key stakeholders.

Staff meetings were held on a regular basis and minutes were available for those who were unable to attend. The staff were also invited to become involved in a joint consultative committee, which enabled staff representatives to meet with senior managers to discuss the organisation's performance and other related issues.

The agency had robust quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the people supported by the agency.

Quality monitoring reports indicated consultation with a range of the people supported, relatives, staff and where appropriate HSC Trust representatives.

## 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 in this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 Is care compassionate?

**Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The inspector discussed arrangements in place relating to the equality of opportunity for the people supported and the need for staff to be aware of equality legislation whilst also recognising and responding to the diverse needs of the people supported in a safe and effective manner. The manager advised that equality and diversity was included as part of the induction programme and that specific training was planned for all staff to complete.

Discussions with the manager and a review of the records confirmed that the agency engages equally with the people they support, regardless of their abilities, their background, choices or their lifestyle.

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

- effective communication
- advocacy
- equity of care and support
- individualised person-centred care
- individualised risk assessments
- disability awareness

The review of the care records identified that the risk assessments and the care and support plans gave due regard to the human rights of the people supported. This was particularly evident in relation to their rights to privacy and choice, and their rights to property. It was good to note that detailed opportunity plans were available within the care records, which evidenced the agency's commitment of promoting independence. Consent for RQIA inspectors to review care records had also been sought from the people supported.

The people supported could avail of advocacy services, if required and the manager discussed with the inspector ways in which the independent advocacy service has been supporting one of the people supported, to ensure their human rights were upheld.

The people supported were encouraged to attend focus groups periodically, where they had an opportunity to discuss anything which might interest or impact upon them. The inspector noted that the Chief Executive Officer of Positive Futures had attended one of the focus group meetings. This is good practice and is commended.



Participation in activities in the local and wider community were encouraged, with appropriate staff support and it was evident that the people supported were involved in deciding what they wanted to do. It was good to note that the people supported had been involved in drawing a picture of what they thought a 'good care worker' looked like. This is good practice and is commended.

Reports of quality monitoring visits indicated the agency had systems for regularly engaging with the people supported and where appropriate relevant stakeholders.

The inspector observed three of the people supported with staff and they were noted to be happy and relaxed in their interactions. The inspector spoke with three staff members who spoke positively in relation to the person-centred approach to the care and support provided.

The returned questionnaires indicated that that the people supported or their representatives were wither 'satisfied' or 'very satisfied' that the care was safe, effective and compassionate; and that the service was well led. Written comments included:

- "I am happy enough."

### Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the people supported being treated with respect and dignity; it was evident that their independence and autonomy had been promoted by staff.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.6 Is the service well led?

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

The inspection findings indicated that there was a culture within the agency which focused on the needs and preferences of the people they supported.

All staff are required to be registered with the NISCC. The manager 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. The staff induction workbook provided new staff with information on the NISCC Induction Standards.

There had been no complaints received from the date of the last inspection, in relation to the care and the support provided. Procedures were in place to ensure that any complaints received would be managed in accordance with regulation, standards and the agency's own policies and procedures.

There was good management oversight of any accidents or incidents which occurred in the service. The agency had reported any notifiable incidents to RQIA, appropriately.

The Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. An action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

The quality of the service provision was also reviewed on an annual basis. This identified consistently positive feedback from relevant stakeholders and included an overview of key service indicators, such as staffing arrangements, incidents and accidents, adult safeguarding and staff training and training and the management of complaints. It was good to note that the annual report made comparisons, as appropriate, to the outcomes of previous years. This evidenced the agency's commitment to continuous quality improvement. This is good practice and is commended.

There was evidence of effective collaborative working relationships with key stakeholders, including the relevant HSC Trust representatives, families of the people supported and staff. The agency had received positive feedback through the quality monitoring report from HSC trust' representatives regarding the ability of the agency staff to work in partnership to meet the needs of the people supported.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards.

On the date of inspection the certificate of registration was on display and reflective of the service provided.

### **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 human rights of the people they supported; this was evident particularly in relation to the areas of consent, autonomy, equality, choice, privacy, dignity, decision-making, confidentiality and the involvement of the people supported.

### **Areas for improvement**

No areas for improvement were identified in this domain during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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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