



The Regulation and
Quality Improvement
Authority

Sperrin Supported Living & Peripatetic
Housing Support Services
RQIA ID: 11151
Unit 29e Gortrush Industrial Estate
Great Northern Road, Omagh
BT78 5EJ

Inspector: Audrey Murphy
Inspection ID: IN22279

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**Unannounced Care Inspection
of
Sperrin Supported Living & Peripatetic Housing Support
Services**

09 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.rgia.org.uk

1. Summary of Inspection

An announced care inspection took place on 09 September 2015 from 10.00 to 16.00. 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

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|--|---|
| Registered Organisation/Registered Person: Positive Futures/Ms Agnes Philomena Lunny | Registered Manager: Ms Bronagh McNelis (Acting) |
| Person in charge of the agency at the time of Inspection: Ms Bronagh McNelis | Date Manager Registered: 09 July 2015 |
| Number of service users in receipt of a service on the day of Inspection: 7 | |

Sperrin Supported Living & Peripatetic Housing Support Services is a domiciliary care agency which provides personal care and housing support to individuals who reside in the Omagh 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

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- Records of incidents notified to RQIA
- Inspection report of 11 November 2014 and quality improvement plan.

Since the previous inspection, the agency had reported 17 incidents to RQIA, 12 of which were in relation to medication issues. RQIA had also been notified of five behavioural incidents, three of which involved the police. The inspector was satisfied that appropriate action had been taken following each incident and that the agency had managed each incident in conjunction with the HSC Trust.

During the inspection the inspector met with one of the people supported and with three members of staff. The inspector provided questionnaires during the inspection and requested that these were distributed to staff and the people supported. Eight of these were returned by staff and two by the people supported.

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
- Job profiles
- Induction procedures and records
- Staff training records
- Staff handbook
- Supervision and appraisal policy
- Monthly quality monitoring records
- Support agreements

- Care records of two 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 care inspection dated 11 November 2014. The completed QIP was returned and approved by the inspector.

Review of Requirements and Recommendations from the last inspection:

| Previous Inspection Statutory Requirements | | Validation of Compliance |
|--|--|--------------------------|
| Requirement 1 Ref: Regulation 14(d) | <p>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;</p> <p>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.</p> | Met |
| | <p>Action taken as confirmed during the inspection: The inspector was advised that several of the people supported had had their agreements reviewed and approved by the HSC Trust since the previous inspection. The care records of one of the people supported provided evidence that their agreement had been approved by the HSC Trust. The acting manager advised the inspector that the reviews of all of the people supported had been scheduled.</p> | |

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

The agency's 'Guidance for using Recruitment Agencies for short term supply of workers' (June 2014) was examined; this refers to the use of workers from approved agencies. The inspector was advised that the agency uses one other domiciliary care agency for the supply of staff and there were six of these staff included on the agency's alphabetical index of staff. The inspector was advised of an ongoing recruitment exercise to fill up to six vacant positions.

The agency has in place arrangements for inducting new workers. The induction records of a range of grades of staff were examined and included staff from another domiciliary care agency, relief staff and permanent staff. The records evidenced the initial two week induction period and outlined the structure and content of the induction and the responsibilities of the member of staff. Staff members have been issued with an Employee Handbook which had been prepared in accordance with Regulation 17.

The information maintained by the agency in respect of workers supplied by another domiciliary care agency was examined and this included a copy of their photographic identification documents. The inspector was advised that management staff meet with new workers supplied by other agencies prior to the start of their induction; records of these meetings evidenced that pre-employment checks had been completed and were satisfactory.

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.

Is Care Effective?

At the time of the inspection the agency was being managed by acting manager, Bronagh McNelis. Agency staffing is comprised of senior support staff, support staff and a number of relief staff providing care and support to the people supported. 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 and the on call arrangements in place were clearly outlined on the duty rota. There were job profiles in place for all grades of staff and the agency's employee handbook also outlined the roles and responsibilities of agency staff.

Mandatory training areas are addressed during the initial induction period with the new worker receiving a range of direct learning opportunities and e-learning.

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 confirmed that all supervisory staff have received training in the provision of supervision. The 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

The arrangements for staff appraisal were discussed with the acting manager who described how corporate objectives are incorporated into the objectives for individual members of staff. Staff appraisal templates were examined and reflected the objectives set for individuals, key indicators and timescales for the achievement of these. The inspector was advised that objectives are reviewed regularly during supervision and at a midyear point.

The agency maintains a 'Challenging Bad Practice at Work (Whistleblowing)' policy; all of the staff who returned a questionnaire indicated that they were satisfied or very satisfied that the agency's whistleblowing policy is accessible to staff and that they would be taken seriously if they were to raise a concern. The records of staff meetings reflected discussion of the policy.

A person who receives support from the agency advised the inspector that "there are enough staff; the staff are lovely". The relative of a person supported advised the inspector that the staff are well trained and that there are always enough staff supplied to meet the needs of their relative.

Staff who returned a questionnaire indicated that they were satisfied or very satisfied that the people supported receive their care and support from staff who are familiar with their needs. The staff also indicated high levels of satisfaction that there is at all times an appropriate number of suitable skilled and experienced staff to meet the needs of the people supported. Two people supported provided similar feedback in their questionnaires.

Is Care Compassionate?

The Inspector was advised that as far as possible, the same staff are allocated to work with individuals consistently. This practice was evident from the rotas examined and from discussions with staff. A member of staff confirmed that the people supported are provided with a copy of their support planner in advance and that this identifies the members of staff being supplied.

The acting manager advised the inspector of the involvement of the people supported in information sessions for prospective staff.

The agency's induction records evidenced the arrangements in place for introducing new workers to the people supported and for new workers to read care records, observe practice and to read policies and procedures.

The Employee Handbook sets out expectations with regard to staff conduct and staff receive regular supervision with their line manager in face to face meetings and during observations of practice when supporting individuals in their own homes.

A HSC Trust professional who contributed to the inspection advised the inspector that staff are knowledgeable and proactive and have a good working relationship with the relatives of the people supported and with the HSC Trust.

There were no areas for improvement identified within this theme.

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|--------------------------------|----------|-----------------------------------|----------|
| Number of Requirements: | 0 | Number of Recommendations: | 0 |
|--------------------------------|----------|-----------------------------------|----------|

5.4 Theme 2: Service User Involvement - service users are involved in the care they receive

Is Care Safe?

The inspector was advised that two of the people supported had consented 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 individuals.

The agency's 'Person Centred Portfolio Policy and Guidance' sets out the structure of the individual's care records, references a range of person centred tools and promotes the use of plain English and no jargon. The document also highlights the necessity to ensure that the information in the person centred portfolio is in accordance with the HSC Trust care plan.

The staff who participated in the inspection described a range of service provided to individuals in accordance with their assessed needs and risk assessments. Staff outlined their understanding of the role of the HSC Trust in supporting individuals when positive risk taking. Staff were also able to provide examples of individuals achieving further independence and increased autonomy as a result of effective positive risk taking.

Is Care Effective?

The inspector was advised of the agency's person centred review policy whereby a review occurs four times yearly and that senior staff take responsibility for ensuring that the care records are up to date. Review records evidenced the views of the person supported and their relatives being noted and actioned.

The relative of a person supported advised the inspector of their involvement in regular reviews of their relative's care and described the staff as dedicated and good at communicating any changes to them.

The care records examined during the inspection had been written in a person centred manner and included the preferences and views of the person supported.

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 quality monitoring undertaken on behalf of the registered person.

Two of the people who returned a questionnaire indicated that they were satisfied that their views and opinions are sought about the quality of the service and that staff know how to care for them.

A HSC Trust professional who contributed to the inspection advised the inspector that the people supported are at the centre of service provision and that their views and preferences are sought on a regular basis. The HSC Trust professional also described service provision as holistic and highlighted the range of social opportunities provided to the people supported.

Is Care Compassionate?

Agency staff 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 advised by the manager of the flexible arrangements in relation to ensuring that individuals are supported by staff members of their choosing, as far as possible.

Areas for Improvement

There were no areas for improvement identified within this theme.

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|--------------------------------|----------|-----------------------------------|----------|
| Number of Requirements: | 0 | Number of Recommendations: | 0 |
|--------------------------------|----------|-----------------------------------|----------|

5.2 Additional Areas Examined

The records of quality monitoring undertaken on a monthly basis on behalf of the registered person were examined. The reports of the monitoring undertaken in May, June and July 2015 contained evidence of the review of staff training, use of staff from another domiciliary care agency, financial practices and restrictive practices. The acting manager described the process in place for ensuring that actions identified during quality monitoring are taken forward and progress towards their completion was recorded.

The agency's complaints records were discussed with the acting manager and there had been no complaints received since the previous inspection of 11 November 2014.

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 agency. 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. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.

No requirements or recommendations resulted from this inspection.

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|--|-----------------------------|-----------------------|----------|
| I agree with the content of the report. | | | |
| Registered Manager | Bronagh McNelis (Acting) | Date Completed | 03.11.15 |
| Registered Person | Agnes Lunny | Date Approved | 03.11.15 |
| RQIA Inspector Assessing Response | Audrey Murphy | Date Approved | 12/11/15 |

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