



The Regulation and
Quality Improvement
Authority

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Inspection ID: IN023163

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**Announced Care Inspection
of
Prospects**

1 October 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An announced care inspection took place on 1 October 2015 from 10.00 to 15.00. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. The outcome of the inspection found no significant areas of concern though some areas for improvement were identified and are set out in the quality improvement plan (QIP) within this report. 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

In light of concerns raised in an inspection on 6 February 2015 RQIA informed the responsible person of their intention to issue one Failure to Comply notice in respect of

The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

Regulation 14. (b)

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—

(b) so as to safeguard service users against abuse or neglect;

This related to the agency's current arrangements for charging for personal care.

At a meeting at RQIA offices on 3 March 2015 the responsible person provided a full account of the actions taken and set out a clear timescale for the proposed arrangements to make the improvements necessary to achieve full compliance with the required regulations. RQIA did not issue the Failure to Comply Notice and were satisfied that steps had been taken by the agency to address the identified breach of Regulations.

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	1	2

The details of the QIP within this report were discussed with the registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Prospects NI/John Mervyn Bothwell	Registered Manager: Liza Wiseman
Person in Charge of the Agency at the Time of Inspection: Liza Wiseman	Date Manager Registered: 14 March 2013
Number of Service Users in Receipt of a Service on the Day of Inspection: 19	

Prospects is a supported living type domiciliary care agency providing housing, care and support to 19 service users living at various locations in the Lisburn area. The registered office is situated close to a number of the service users' homes.

Service users have individual tenancies with a number of housing associations, providing them with accommodation rights irrespective of their care and support needs.

The agency's aim is to provide care and support to service users; this includes helping service users with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of supporting service users to live as independently as possible and maximising quality of life. The agency seeks to enable people to achieve autonomy and choice in the support they receive and the lives they pursue.

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 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:

- Discussion with the registered manager and responsible person
- Examination of records
- Consultation with staff/ service users
- File audit
- Evaluation and feedback

During the inspection the inspector met with two service users and one team leader.

Prior to inspection the following records were analysed:

- Records of contact with the agency since the last inspection
- The previous inspection report and QIP

The following records were viewed during the inspection:

- The care records for three service users
- HSC trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care records used by the agency
- Monthly monitoring reports
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints register
- Recruitment and selection policy (December 2012)
- Pre- employment checklist
- Staff Handbook (May 2015)
- Appraisal policy (June 2006)
- Staff register/ information
- Agency's rota information
- Whistleblowing policy (July 2014)
- Disciplinary procedure (October 2012)
- Training policy (January 2012)

Staff questionnaires were completed by seven staff; they indicated the following:

- Service users' views are taken into account in the way the service is delivered.
- Six staff indicated that they are satisfied that the care is delivered in a person centred manner.
- Staff are satisfied that they are familiar with service users' care needs.
- Staff are satisfied that the agency's induction process prepared them for their role.
- Staff are satisfied that arrangements for service user involvement are effective.

One individual stated that the need to supply staff from another domiciliary care agency may lead to staff not being suitably skilled to meet the needs of the service users. This was discussed with the registered manager and assurances given that at all times staff supplied are suitably skilled to meet the needs of the service users.

One individual indicated that they were unsatisfied that concerns would be taken seriously. This was discussed with the registered manager prior to the issuing of the report, the manager could describe the process for staff accessing policies and procedures; the inspector was assured that issues identified would be discussed at individual staff supervision and team meetings.

Service users' questionnaires were completed by five service users during the inspection; they indicated that:

- Service users are satisfied with the care and support they receive.

- Service users are satisfied that they are consulted in relation to the quality of the service.
- Service users are satisfied that staff help them to feel safe and respond to their needs.
- Service users are satisfied that staff know how to care for them.

Three individuals stated that they were unsatisfied with staffing levels; this was discussed with the manager and reassurances given that at all times there are suitably skilled staff to meet the needs of the service users; it was noted that the agency is currently in the process of recruiting additional staff.

The inspector wishes to thank the service users' and staff for their support and co-operation throughout the inspection.

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 6 February 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

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 relates to the registered person ensuring that the service user's guide is updated to detail that service users can choose to opt in/out of services provided by the agency.</p> <p>Action taken as confirmed during the inspection: From records viewed it was noted that the service user's guide has been updated to detail that service users can choose to opt in/out of services provided by the agency.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulation 14.(d)</p>	<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-</p> <p>(d) so as to ensure the safety and security of service</p>	Met

	<p>users' property, including their homes;</p> <p>This requirement relates to the registered person ensuring that the agency's staff record their full signature on all service user finance documentation.</p> <p>Action taken as confirmed during the inspection: From finance documentation viewed it was identified that staff are recording their full signature.</p>	
<p>Requirement 3</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 relates to the registered person ensuring that the service user's guide is updated to include information relating to restrictive practice.</p> <p>Action taken as confirmed during the inspection: It was identified from records viewed that the service users guide has been updated to include information relating to restrictive practice.</p>	<p>Met</p>
<p>Requirement 4</p> <p>Ref: Regulation 14.(a)(b)</p>	<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-</p> <p>(a) so as to ensure the safety and well-being of service users:</p> <p>(b) so as to safeguard service users against abuse or neglect;</p> <p>This requirement relates to the registered person ensuring that risk assessments relating to any restrictive practice are signed by relevant HSC trust representatives and that documentation reflects that services users and relevant representatives have been consulted in relation to any agreed restrictions.</p> <p>Action taken as confirmed during the inspection: It was identified from records viewed that risk assessments relating to any restrictive practice are signed by relevant HSC trust representatives.</p>	<p>Met</p>

<p>Requirement 5</p> <p>Ref: Regulation 23.-(1)(5)</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of services which the agency arranges to be provided.</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>This requirement relates to the registered person ensuring that the monthly quality monitoring record maintained clearly records the views of service users' relatives and relevant professionals.</p> <hr/> <p>Action taken as confirmed during the inspection: From records viewed it was noted that the views of service users' relatives and here appropriate relevant professionals had not been recorded.</p> <p>This requirement will be stated for a second time.</p>	<p>Not 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 'Selection and Recruitment' policy, December 2012, details the mechanism to ensure that appropriate pre-employment checks are completed. The agency maintains an alphabetical index of all domiciliary care workers supplied or available for supply for the agency; it was viewed by the inspector. The registered manager stated that staff are required to complete an online medical assessment which is reviewed by an occupational health advisor prior to commencement of employment; they stated that staff may also be required to undergo a medical examination. The agency's 'Attendance at Work and Sickness' policy, October 2012, details the procedures for managing staff sickness and return to work; the manager could describe the process of supported staff to return to work following a period of prolonged absence.

The manager stated that the agency is currently updating their induction policy and procedures; records viewed indicate that staff are required to complete a structured induction lasting at least three days which also includes shadowing staff members in the service users' homes; this was confirmed by the agency's staff. The agency maintains a record of the induction provided to all staff; it details information provided during the initial induction period and the six month probationary period. Staff are provided with a handbook and have access to the agency's policies and procedures. The manager stated that staff who are required to transport service users are required to complete a satisfactory driving assessment.

The agency has a procedure for verifying the identity of all supply prior to their supply; documentation viewed was noted to contain a photographic profile of the person to be supplied and details of training and employment checks completed. The manager could describe the process for the induction of staff supplied at short notice.

The agency appraisal policy, 2006, details the frequency and process to be followed; it was noted that the policy was required to be reviewed and updated. From discussions with the registered manager it was identified that the agency is in the process of developing a policy and procedure for staff supervision. From records viewed it was noted that staff currently receive bi-monthly supervision; the agency maintains a record staff supervision and appraisal.

Is Care Effective?

The manager stated that due to staff vacancies additional staff have been provided from another domiciliary care agency. Discussions with staff and service users indicated that an appropriate number of skilled and experienced persons are available at all times. Staff rotas viewed reflected staffing levels as described by the manager; however they stated that the agency is currently in the process of recruiting additional staff. The agency has a process in place to ensure that staff provided from another domiciliary care agency have the knowledge, skills and training to carry out the requirements of their role.

Records viewed reflected staffing numbers outlined by the manager; they stated that all service users are provided with information in relation to the staff that will be provide. The inspector viewed the agency's staff rota information for the forthcoming days and noted that staff were allocated shifts as required.

Staff are provided with a job description which outlines the roles and responsibilities of their individual role. Staff could describe their roles and responsibilities and the process for reporting any concerns. The manager stated that policies and procedures are discussed at the monthly staff meeting.

The agency maintains a record of induction; records viewed indicated that regular evaluations are completed by the line manager during the induction period.

Training records viewed indicated that staff undertaking supervision have received appropriate training. Agency staff stated that they receive two monthly supervision and annual appraisal and that they are encouraged to highlight any training needs to their line manager.

The agency maintains a training matrix for all staff training; it indicated that the agency provides mandatory training to all staff and in addition training specific to meet the needs of individual service users. From records viewed it was identified that the agency retains a record of the content of training provided to staff and copies of certificates obtained by staff.

Staff were aware of their responsibility in highlighting concerns and had knowledge of the agency's whistleblowing policy.

Is Care Compassionate?

The manager stated that new staff are introduced to service users and that the agency endeavours to promote continuity of care. The manager stated that the agency facilitates a service user to participate in the interview process; they stated that service users can make comments in their communication book relating to staffing arrangements. The manager stated that concerns raised by service users and their representatives are discussed at staff meetings.

Service users are provided with details of staff being provided by the agency to support them; agency staff and service users could describe the impact of staff changes on service users. The manager stated that the agency are currently in the process of recruiting additional staff to fill vacant positions currently being covered by staff from another domiciliary care agency.

Induction records examined indicated that staff receive induction and ongoing training specific to the needs of service users. Staff stated that they had the knowledge and skills to carry out their roles.

The registered manager stated that staff induction included staff meeting service users, shadowing other staff members and becoming familiar with the individual care and support needs of service users. Staff were aware of the importance of respecting the privacy, dignity and wishes of service users. Service users stated that they can decline to receive care and support from staff; those who spoke to the inspector stated that their privacy and dignity is respected.

The agency disciplinary procedure outlines the procedure for addressing unsatisfactory performance of staff; it was noted that the policy was required to be reviewed and updated. The manager could describe the benefits of a staged approach in dealing with unsatisfactory performance and the importance of supporting staff to improve their skills and knowledge.

Service User Comments:

- “Staff are great; but I would prefer not to have staff from another agency.”
- “I tell the staff what I want to do.”
- “I would speak to the manager if I was not happy with anything.”
- “I know my rights.”
- “I would like to move to a new bungalow.”

Staff Comments:

- “I can speak to the senior at any time.”
- “I received induction.”
- “I get supervision.”
- “There is a good working relationship between staff and management.”

Areas for Improvement

There were two areas for improvement identified within this theme:

Standard 9.1

It is recommended that policies and procedures as identified in Appendix 1 are in place and in accordance with statutory requirements. This recommendation relates specifically to the agency’s induction and supervision processes.

Standard 9.5

It is recommended that the agency's policies and procedures are subject to a systematic 3 yearly review. This recommendation relates specifically to the agency's 'Appraisal' and 'Disciplinary' policies.

Number of Requirements:	0	Number of Recommendations:	2
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5.4 Theme 2: Service User Involvement - Service users are involved in the care they receive**Is Care Safe?**

Assessments of need and risk assessments viewed reflected the views of service users and/or representatives. Service users stated that they are involved in developing their individual enabling plans and that their views are reflected. Records examined contained care plans as agreed with the relevant HSCT representative.

The registered manager could describe a range of positive risks that service users are supported to take; records viewed indicated that positive risk taking was in collaboration with the service user and/or their representative. The agency's 'managing risk' policy outlines the procedure to be followed for completing risk assessments; the manager stated that risk assessments are completed in conjunction with service users and their representatives. Staff could describe the benefits of positive risk taking and their role in supporting service users to live an independent and as full a life as possible.

Is Care Effective?

Service users are encouraged to participate in an annual review of their care and support involving HSC trust representatives; it as noted that service users are supported to complete a list of items to be discussed prior to the meeting . Staff record daily the care provided; staff stated that care plans are reviewed three to six monthly or as required. Service users stated that they are encouraged to participate in the development of their enabling plans; those viewed were noted to contain information specific to the needs of individual service users. It was noted that the agency maintains a record of all contact made in relation to the service user.

Staff discussed the format of the monthly tenant/house meetings; they stated that service users are encouraged to attend and express their views and opinions. The manager stated that service users are encouraged to attend a monthly meeting with their identified keyworker within the agency; a record is maintained. The agency issues questionnaires on an annual basis to service users and their relatives to ascertain their views and opinions on the care and support provided. Service users and their relatives are informed of the agency's complaints procedure the agency maintains a record of compliments and complaints. Monthly monitoring visits are completed by the responsible person; records viewed indicate engagement with service users.

Service users have been provided with a human rights booklet in an easy read format; it was noted that the service user guide outlines the process for accessing independent advocacy services.

Is Care Compassionate?

Discussions with staff and service users, indicate that service users receive care in an individualised manner; it was noted that a small number of service users live in single dwellings. Care plans viewed were written in a person centred manner; service users stated that they are consulted about the care they receive and have the option to refuse any care not required.

Staff could describe examples of responding to service users' preferences; one service user could describe the detail of the care that they required from staff on the day of inspection.

Promotion of values such as dignity, choice and respect were evident through discussion with staff and service users. It was identified that relevant human rights were outlined in care plans viewed.

The manager could describe the process for engaging with HSC trust representatives regarding best interest practices for service users where there are capacity and consent issues.

Staff Comments:

- "Service users are encouraged to express their views and make their own decisions."
- "Service users are involved in completing their enabling plans."
- "Service users can choose what they want to do."
- "Prospects as an organisation places a high emphasis on providing safe and effective care."
- "Service users as much as possible are involved in care planning and evaluating services."

Service User Comments:

- "I speak up if I am not happy."
- "Staff talk to me."
- "I make my own choices."
- "I am very independent."

Areas for Improvement

There were no areas for improvement identified in relation to Theme 2.

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

5.5.1 Monthly Quality Monitoring

The inspector viewed the agency's quality monitoring documentation and noted that monthly monitoring visits are completed by the responsible person. From records viewed it was identified that the views of service users were recorded, however it was noted that the record did not contain the views of relatives and were appropriate relevant professionals. The

documentation details any incidents or safeguarding concerns and contains an action plan. A requirement stated in the previous QIP will be stated for a second time.

5.5.2 Complaints

The agency has received two complaints for the period 1 January 2014 to 31 March 2015; this was verified from records viewed and discussion with the manager.

The agency's complaints policy outlines the procedure in handling complaints; records viewed indicated that appropriate procedures had been followed.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the responsible person and the registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to agencies.team@rqia.org.uk and assessed by the inspector.

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.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 23.-(1)(5)</p> <p>Stated: Second time</p> <p>To be Completed by: 1 December 2015</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of services which the agency arranges to be provided.</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>This requirement relates to the registered person ensuring that the monthly quality monitoring record maintained clearly records the views of service users' relatives and relevant professionals.</p>
<p>Response by Registered Person(s) Detailing the Actions Taken: Subsequent to the Inspection 01/10/15 comments have been included in October and November's Monthly Monitoring Reports from: 1 relative; 1 advocate; 1 social worker for 2 people supported ie same social worker for October and November 2015.</p>	

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 9.1</p> <p>Stated: First time</p> <p>To be Completed by: 1 January 2016</p>	<p>It is recommended that policies and procedures as identified in Appendix 1 are in place and in accordance with statutory requirements.</p> <p>This recommendation relates specifically to the agency's induction and supervision processes.</p>
<p>Response by Registered Person(s) Detailing the Actions Taken: Both an Induction and a Supervision policy will be in place by 01/01/16.</p>	
<p>Recommendation 2</p> <p>Ref: Standard 9.5</p> <p>Stated: First time</p> <p>To be Completed by: 1 January 2016</p>	<p>It is recommended that the agency's policies and procedures are subject to a systematic 3 yearly review.</p> <p>This recommendation relates specifically to the agency's 'Appraisal' and 'Disciplinary' policies.</p>
<p>Response by Registered Person(s) Detailing the Actions Taken: Both of the Appraisal and Disciplinary policies will be reviewed and updated by 01/01/16.</p>	

Registered Manager Completing QIP	Liza Wiseman	Date Completed	27/11/15
Registered Person Approving QIP	Mervyn Bothwell	Date Approved	27/11/15
RQIA Inspector Assessing Response	Joanne Faulkner	Date Approved	1/12/15

Please ensure the document is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address