



The Regulation and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Agency:	Positive Futures Ards Peninsula Supported Living Service
Agency ID No:	11971
Date of Inspection:	19 November 2014
Inspector's Name:	Audrey Murphy
Inspection No:	20092

*The final version of this report was uploaded onto the RQIA website on {6 August 2015}.
An earlier version was incorrectly available on the RQIA website before this date.*

*Any version of this report downloaded or accessed before {6 August 2015} should be
disregarded and replaced by this final report. RQIA apologises for any inconvenience
caused by this error.*

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

General Information

Name of agency:	Positive Futures Ards Peninsula Supported Living Service
Address:	2 Coastguard Cottages Harbour Road Portavogie BT22 1EA
Telephone Number:	028 91475397
E mail Address:	anne.magee@positive-futures.net
Registered Organisation / Registered Provider:	Positive Futures Miss Agnes Lunny
Registered Manager:	Ms Anne Magee
Person in Charge of the agency at the time of inspection:	Ms Anne Magee
Number of service users:	Nine
Date and type of previous inspection:	15 October 2013, primary announced inspection
Date and time of inspection:	19 November 2014 09:15 – 17:00
Name of inspector:	Audrey Murphy

Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect supported living type domiciliary care agencies. A minimum of one inspection per year is required.

This is a report of a primary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

Purpose of the inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations, minimum standards and other good practice indicators and to consider whether the service provided to the people supported was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of domiciliary care, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Domiciliary Care Agencies Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

Methods/process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

Consultation process

During the course of the inspection, the inspector spoke to the following:

People supported	1
Staff	6
Relatives	4
Other Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	30	15

Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following quality themes:

The following four quality themes were assessed at this inspection:

- **Theme 1 - Service users' finances and property are appropriately managed and safeguarded**
- **Theme 2 – Responding to the needs of service users**
- **Theme 3 - Each service user has a written individual service agreement provided by the agency**

Review of action plans/progress to address outcomes from the previous inspection

The agency's progress towards full compliance with the five requirements and one recommendation made following the previous inspection was examined.

The agency has achieved compliance with all five requirements previously made. One recommendation has not been fully met and has been restated.

The registered provider and the inspector have rated the service's compliance level against each good practice indicator and also against each quality theme.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

Profile of service

Positive Futures Ards Peninsula Supported Living Service is a domiciliary care agency providing a service to nine individuals who live within the Ards Peninsula area.

The people supported have a range of needs associated with their learning disability or brain injury and the personal care provided by Positive Futures has been commissioned by the South Eastern Health and Social Care Trust.

At the time of the inspection, the agency was being managed by service manager, Mrs Anne Magee who had been in this role since January 2014. The service manager is supported by two deputy service managers and five senior support workers and support staff.

The people supported receive both personal care and housing support from Positive Futures and several people supported have intensive and consistent care and support from agency staff.

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'.

Summary of inspection

The announced inspection was undertaken at the agency's registered premises, 2 Coastguard Cottages, Harbour Road, Portavogie on 19 November 2014, 09:15 – 17:00. The agency's service manager, Mrs Anne Magee and Positive Futures Senior Operations Manager, Mrs Pauline Ferguson were present throughout the inspection.

One person supported by Positive Futures visited the agency's office on the day of the inspection and spent time with the inspector describing their experience of receiving care and support. The person supported referred to good working relationships with agency staff and to their independence being promoted in activities of daily living. The person supported also highlighted their positive experience of agency staff supporting them to pursue their hobbies and interests.

Staff who returned a questionnaire all confirmed that they had received training in safeguarding vulnerable adults and indicated that safeguarding incidents are handled in accordance with the agency's procedures. Agency staff who returned a questionnaire also confirmed that their competency in safeguarding had been assessed following their training and there were no suggestions made in relation to the quality of the training provided.

All of the staff who returned a questionnaire confirmed that the people supported have a care / support plan that adequately reflects their needs and that the views of the people supported are taken into account.

The staff who met with the inspector and those who returned a questionnaire all reported that they were aware of the agency's policy on whistleblowing. Staff also confirmed that they had received training in human rights and in the supported living model of care.

Comments made by staff in relation to the supported living model included:

'To provide assistance and support individuals with learning disabilities to live as independently as possible and to help them fulfil their lives to their full'

'To choose who you live with, where you live, who supports you, what you do and how you live your life'

'Giving people choice of where they live, who cares for them, what how and when to do things and choice in liking their life'

The relatives of the people supported who participated in the inspection provided very positive feedback in relation to the quality of the service provided to their relative. Relatives who met with the inspector described the arrangements in place to ensure that their relative receives person centred care and support. The relatives also commented on their ability to have their views taken into consideration in the development and implementation of care and support plans. The relatives confirmed that they attend review meetings and are consulted and kept up to date by agency staff in relation to any significant events.

Detail of inspection process:

- **Theme 1 - Service users' finances and property are appropriately managed and safeguarded**

The agency maintains policies and procedures that direct the provision of assessment and support to individuals supported in respect of their finances. Agency staff provide significant levels of financial support to a number of the people supported and there are formal appointee arrangements in place for five individuals.

Agency staff have received training in handling money of the people supported and there was evidence of financial checks being undertaken during monthly and other quality monitoring activity.

The agency has been assessed as 'Compliant' with this theme.

- **Theme 2 – Responding to the needs of service users**

The agency has in place HSC Trust needs assessments and care plans and Personal Portfolios which have been prepared in a person centred manner. Agency staff who engaged with the inspector provided evidence of their commitment to promote the control, choice and independence of the people supported in their daily lives. The relatives of some of the people supported provided very positive feedback in relation to the quality of service provision. Agency staff have completed mandatory training and a range of other training linked to the needs of the people supported and receive regular supervision, in accordance with the agency's policies and procedures.

The agency has been assessed as 'Compliant' with this theme.

- **Theme 3 - Each service user has a written individual service agreement provided by the agency**

The agency has issued the people supported with a support agreement and an information handbook which sets out the amount of care / support allocated to each individual along with the numbers of staff and the times of their supply.

However, it was not clear during the inspection what amount of service each individual was receiving in respect of the payments they were making from their person income for care / support.

The registered person is required to forward to RQIA assurances that those people supported who make a financial contribution towards their care have had their support agreements reviewed and approved by the HSC Trust.

The agency has been assessed as 'Moving towards Compliance' with this theme.

Additional matters examined

Charging Survey

At the request of RQIA and in advance of this inspection, the agency submitted to RQIA a completed survey in relation to the arrangements for charging the people supported .

The charging survey was discussed with the service manager and Positive Futures Senior Operations Manager. The agency is appointee for five of the people supported and retains authorisations from the Social Security Agency in respect of these arrangements.

Most of the people supported make payments from their benefits income to Positive Futures for care / support. The inspector was advised that these payments are made in respect of services that have been assessed by the HSC Trust as necessary to meet the needs of the people supported.

The inspector was also advised that the HSC Trust are aware that the people supported are making these payments to Positive Futures.

There was evidence examined during the inspection that reflected the registered person's communication with DHSSPS (20/08/14) in relation to the charging arrangements. The communication specifically refers to the supported living services being 'wrongly' categorised as domiciliary care services. The communication also refers to DLA 'Eligibility for Care Components' information and sets out the criteria for entitlement to DLA.

There was evidence examined during the inspection of an email sent to HSC Trusts by the registered person (19/08/14) in relation to 'the issues concerning the use of DLA care to contribute to the cost of care in supported living services'. The correspondence sets out the DHSSPS guidance issued to the statutory sector in 1999 and advises that current funding arrangements have been endorsed by HSC Trusts. The correspondence also seeks engagement with the Trusts in order to agree a more appropriate funding structure.

Care Reviews

The registered manager completed and returned to RQIA a questionnaire which sought information about the role of the HSC Trust in reviewing the needs and care plans of the people supported during the period 1 April 2013 – 31 March 2014 (in accordance with the DHSSPS Circular HSC (ECCPU)1/2010 "Care management, provision of services and charging guidance").

There were nine people in receipt of the agency's domiciliary care service at the time of the inspection and the inspector was advised that people supported have their needs and care plans at least once annually. The inspector was also advised of the close working relationships between agency staff and the HSC Trust, particularly in respect of individuals most recently referred to the service.

Statement of purpose

The agency's Statement of Purpose was submitted to RQIA in advance of the inspection and continues to reflect the range and nature of service provision.

The inspector would like to thank the people supported and the agency staff for their warm welcome and participation in the inspection. The inspector would also like to acknowledge the time taken by the relatives to contribute to the inspection.

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1.	6 (1) (b)	<p>The registered person shall produce a written service user's guide which shall include— (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 the people supported for care or support received.</p>	<p>Individuals have been issued with a Support Agreement and a handbook.</p> <p>The amount of fees to be paid by individuals is outlined within their support agreement and this also includes the method of payment of the fees.</p>	One	Fully met

2.	15 (2)	<p>The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure that a written plan ("the service user plan") is prepared which shall—</p> <p>(a) be consistent with any plan for the care of the service user prepared by any Health and Social Services Trust or Health and Social Services Board or other person with responsibility for commissioning personal social services for service users;</p> <p>(b) specify the service user's needs in respect of which prescribed services are to be provided;</p> <p>(c) specify how those needs are to be met by the provision of prescribed services.</p> <p>This requirement refers to the implementation of restrictive practices in accordance with the HSC Trust care plan.</p>	<p>The needs of a person supported were discussed and the inspector was advised that following the last inspection, the agency had liaised with the HSC Trust and the family of the person supported. Multi disciplinary assessments were undertaken and the outcome of these discussed. It was evident that agency staff and the HSC Trust had taken into account the preferences of the person supported with regard to their routine staffing levels within the home of the person supported had been reviewed.</p>	One	Fully met
----	--------	---	--	-----	-----------

3.	14 (c) and (e)	<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>(c) so as to promote the independence of service users;</p> <p>(e) in a manner which respects the privacy, dignity and wishes of service users, and the confidentiality of information relating to them;</p> <p>This requirement refers to the promotion of the independence of people supported in their home in accordance with their expressed wishes.</p>	<p>The promotion of independence of the people supported was discussed at length during the inspection. It was evident that agency staff had reviewed with the HSC Trust a number of care practices that had been impacting on the privacy of the people supported. Staff who met with the inspector spoke enthusiastically about their role in promoting the independence of the people supported and highlighted the importance of ensuring that care practices are undertaken in a manner that respects the privacy and dignity of the individuals supported.</p> <p>In particular, the use of a listening device had been reviewed and eliminated in one of the homes of a person supported following a HSC Trust review of their needs. The use of bed rails had also been reviewed and there was evidence of the preferences of the person supported being considered.</p>	One	Fully met
----	----------------	--	--	-----	-----------

4.	16 (1) (a)	<p>Where an agency is acting otherwise than as an employment agency, the registered person shall, having regard to the size of the agency, the statement of purpose and the number and needs of the service users, ensure that—</p> <p>a) there is at all times an appropriate number of suitably skilled and experienced persons employed for the purposes of the agency;</p> <p>This requirement refers to the arrangements in place for the appropriate care and supervision of the people supported in their homes. Where people supported share their homes with others, the needs of all of the people supported should be met in accordance with their individual support agreement and the HSC Trust needs assessment and care plan.</p>	<p>The staffing levels in the homes of three people supported were discussed and had been reviewed by the agency and by the HSC Trust.</p>	One	Fully met
----	------------	--	--	-----	-----------

<p>5.</p>	<p>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 capacity of the person supported to consent to or decline care practices which are restrictive in nature.</p>	<p>Agency staff have engaged with the Trust in relation to restrictive practices. The individuals supported who cannot consent to or fully participate in the decision making process have been represented by their family. The HSC Trust have endorsed the agency's restrictive practice assessments.</p>	<p>One</p>	<p>Fully met</p>
-----------	---------------------------	--	---	------------	------------------

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1.	2.2	<p>It is recommended that the agency's service user guide is revised in relation to the general terms and conditions for receipt of the agency's services.</p> <p>This recommendation refers to the arrangements for agency staff to avail of a meal in the home of the people supported and for reimbursements made the people supported in respect of costs incurred by agency staff. The people supported should be made aware of their right to opt out of these arrangements and if opting in, should be advised of the amounts paid to them in respect of staff costs.</p>	<p>The arrangements for staff to have a meal in the homes of the people supported were discussed and the agency's information handbook examined. The information handbook outlines the arrangement for Positive Futures to pay for the costs of staff food.</p> <p>A relative who participated in the inspection advised that they weren't aware of how the staff food costs are calculated or of any payments made by Positive Futures in respect of meals eaten by agency staff at the home of the person supported.</p> <p>The records of payments made to people supported in respect of food eaten by staff were examined during and subsequent to the inspection and provided evidence of consistent payments made to each individual supported, in accordance with the agency's policy.</p> <p>The inspector was advised that the people supported are involved in the development of menus which reflect the individuals' preferences and choices. The service manager advised the inspector of the arrangements in place to ensure that this occurs.</p>	One	Not met

			<p>There were no arrangements in place however for consultation with the people supported in relation to staff having a meal in their home.</p> <p>The arrangements for the people supported to opt in or out of this arrangement were discussed during the inspection and with the registered person at a meeting at RQIA offices on 18 December 2014. The inspector was concerned to note that the information provided to the people supported in the information handbook did not include their ability to opt out of this arrangement. It was recommended that the agency's service user guide is updated to reflect the right to opt out of this arrangement.</p>		
--	--	--	---	--	--

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<p>Statement 1:</p> <p>The agency maintains complete and up to date records in respect of the terms and conditions of the provision of personal care</p> <ul style="list-style-type: none"> • The agency provides to each service user a written guide, including a personalised written agreement detailing the specific terms and conditions in respect of any specified service to be delivered, including the amount and method of payment of any charges to the service user; • The individual agreement details all charges payable by the service user to the agency, the services to be delivered in respect of these charges and the method of payment; • Where service users pay for additional personal care services which do not form part of the HSC trust's care assessment, documentation exists confirming that the HSC trust are aware of any arrangements in place between the agency and the service user; • The individual agreement clarifies what arrangements are in place to apportion shared costs between the agency and the service user(s). This includes those costs associated with any accommodation used in connection with agency business, where this is conducted from the service users' home; • There are arrangements in place to quantify the costs associated with maintaining any unused areas within the service users' home which they do not have exclusive possession of; • The service user guide/ individual agreement clarifies what the arrangements are for staff meals while on duty in the service users' home; • Where the agency is involved in supporting a service user with their finances or undertaking financial transactions on the service user's behalf, the arrangements and records to be kept are specified in the service user's individual agreement; • The agency has a policy and procedure in place to detail the arrangements where support is provided by agency staff to enable the service users to manage their finances and property; • The agency notifies each service user in writing, of any increase in the charges payable by the service user at least 4 weeks in advance of the increase and the arrangements for these written notifications are included in each service user's agreement. 	<p>COMPLIANCE LEVEL</p>

<p>Provider's Self-Assessment</p> <p>Each person supported is provided with a Handbook and a personalised Support Agreement which details the support provided, all charges payable by the person supported, terms and conditions, amount and method of payment. All Support Agreements are reviewed and updated on an annual basis or more frequently if there is any change that affects the Support Agreement. If a person we support pays for additional care and support, the arrangements are documented and shared with the HSC Trust.</p> <p>The Handbook and personalised Support Agreement outlines the costs that are payable by the person we support and those paid by Positive Futures in relation to any shared costs relating to the provision of support in the person's home.</p> <p>The 'Contributions from the people we support towards staff expenses when being supported in social activities – Supported Living and Short Break Services' Policy outlines all arrangements with respect to staff meals.</p> <p>The 'Personal Finances Policy and Procedure Supporting Living Services' details all the arrangements and records in place regarding the management of finances and property of the people we support in line with all the RQIA criteria identified above.</p>	Compliant
<p>Inspection Findings:</p> <p>The agency has in place 'Personal Finances Policy and Procedure – Supported Living Services' and this sets out the arrangements for meeting the financial needs of people supported. The document states: 'In supported living services, people are expected to use their DLA care component income to contribute towards the cost of their care / support. The amount to be paid to Positive Futures must be recorded in the person's Support Agreement and any changes to this payment must be notified to the person in writing. Where a person is supported on an overnight visit by families or friends outside the service (minimum of 24 hours) they are entitled to a refund of their DLA care on a pro rata basis.'</p> <p>Each person supported has a personalised support agreement and these outline the amounts to be paid by the people supported for care / support services received. The agreements also state the amount received by the organisation from the HSC Trust, Northern Ireland Housing Executive's Supporting People Programme and, where appropriate, Independent Living Fund. The agreements also set out the method of payment and the people supported are advised at least four weeks in advance of any changes to be made to the charges.</p>	Compliant

The range and nature of service provision an individual could expect to receive in respect of this payment is outlined within the agency's Information Handbook, which had been issued to all of the people supported. The information handbook advises people supported that they may be asked to pay for some of the help they get using their DLA care benefit and that individuals can choose not to use their benefit to pay for some of the help they get. The inspector was advised by Positive Futures Senior Operations Manager that these payments were in respect of services that the HSC Trust had assessed as necessary to meet the needs of the people supported.

There were several individuals who, in accordance with their assessed needs, had agency staff providing sleep over cover within their homes. Relatives of the people supported who participated in the inspection confirmed that some of the houses of people supported have a room which is used as office space and as a sleep over room. The Information Handbook sets out the arrangements for heating / electricity costs associated with waking night and sleepover cover in the homes of people supported. The handbook states: 'There may be additional costs incurred for heating and electricity if staff provide waking night and sleepover support to you'.

From discussions with agency staff and the relatives of people supported, it was evident that several people supported have a staff presence within their home at all times and that one room within their home is locked and used to accommodate staff items and for securing confidential information.

The inspector was concerned that the people supported were incurring costs associated with the agency's use of an area of their home to which they have little access to or control over. This matter was discussed with the registered person at a meeting at RQIA offices on 18 December 2014. The registered person advised the inspector during this meeting that several of the people supported by the agency have in place restrictive practice assessments and care plans which outline the risks associated with accessing certain areas of their home. The care / support plans for these individual reflect the arrangements for restricting access to these areas and had been endorsed by the HSC Trust.

The arrangements for staff to have a meal in the home of the people supported were discussed during the inspection. The agency's Information Handbook states: 'In our Supported Living Services, Positive Futures staff eat meals with the people we support in the usual social way we all enjoy mealtimes'.

From speaking with agency staff and relatives, it was not clear whether the people supported had been consulted regarding agency staff eating a meal in their home. It was also not clear whether the people

supported had agreed to their food being shared with agency staff or whether they had been given the option to opt out of this arrangement.

The registered person should ensure that the people supported are consulted in relation to any arrangements for staff to have a meal in their home and advised of their right to opt out of these arrangements.

The agency's 'Positive Futures Contribution for Costs of Staff Sharing Meals with People We support' document was examined. This sets out the fixed rates to be reimbursed to the people supported in respect of meals eaten by staff; There was evidence during the inspection of three people supported receiving payments in relation to meals eaten in their home by agency staff. These payments were made to the joint house account of the people supported reflected the consumption of meals during weekdays and weekends.

Two people supported live alone and receive intensive care and support from agency staff. The payments to these individuals for food consumed by agency staff were examined and it was not clear that each individual had received a payment consistently since their service commenced. The inspector requested that this information be submitted to RQIA following the inspection and has received this information in full. The inspector examined a document that stated that these rates had been developed in 2007 and was advised the same rates had been used since then to determine the amount to be paid to the people supported in respect of meals eaten in their home by agency staff.

The inspector noted that these flat rates may not reflect variations as a result of inflation or actual costs arising from agency staff eating meals at the home of the people supported. The inspector was advised that the amounts paid to the people supported for meals eaten by staff in their home had not increased as the funding received from the Trust had not increased during this period. This matter was discussed with the registered person at a meeting at RQIA offices on 18 December 2014. During this meeting the inspector was advised of a range of measures put in place by the agency to ensure that the people supported are not disadvantaged by this arrangement. These included close scrutiny by supervisory staff of the amounts spent on food in the homes of the people supported. At the meeting the agency's finance director advised the inspector of payments that had been made to the people supported for staff food that had not been consumed by agency staff. The inspector was satisfied that the people supported had not been disadvantaged financially by these arrangements.

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED

Statement 2:

Arrangements for receiving and spending service users' monies on their behalf are transparent, have been authorised and the appropriate records are maintained:

- The HSC trust's assessment of need describes the individual needs and capabilities of the service user and the appropriate level of support which the agency should provide in supporting the service user to manage their finances;
- The agency maintains a record of the amounts paid by/in respect of each service user for all agreed itemised services and facilities, as specified in the service user's agreement;
- The agency maintains a record of all allowances/ income received on behalf of the service user and of the distribution of this money to the service user/their representative. Each transaction is signed and dated by the service user/their representative and a member of staff. If a service user/their representative are unable to sign or choose not to sign for receipt of the money, two members of staff witness the handover of the money and sign and date the record;
- Where items or services are purchased on behalf of service users, written authorisation is place from the service user/their representative to spend the service user's money on identified items or services;
- There are contingency arrangements in place to ensure that the agency can respond to the requests of service users for access to their money and property at short notice e.g.: to purchase goods or services not detailed on their personal expenditure authorisation document(s);
- The agency ensures that records and receipts of all transactions undertaken by the staff on each service user's behalf; are maintained and kept up-to-date;
- A reconciliation of the money/possessions held by the agency on behalf of service users is carried out, evidenced and recorded, at least quarterly;
- If a person associated with the agency acts as nominated appointee for a service user, the arrangements for this are discussed and agreed in writing with the service user/ their representative, and if involved, the representative from the referring Trust. These arrangements are noted in the service user's agreement and a record is kept of the name of the nominated appointee, the service user on whose behalf they act and the date they were approved by the Social Security Agency to act as nominated appointee;
- If a member of staff acts as an agent, a record is kept of the name of the member of staff, the date they acted in this capacity and the service user on whose behalf they act as agent;

COMPLIANCE LEVEL

<ul style="list-style-type: none"> • If the agency operates a bank account on behalf of a service user, written authorisation from the service user/their representative/The Office of Care and Protection is in place to open and operate the bank account, • Where there is evidence of a service user becoming incapable of managing their finances and property, the registered person reports the matter in writing to the local or referring Trust, without delay; <p>If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the agency on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user's agreement.</p>	
<p>Provider's Self-Assessment</p>	
<p>Positive Futures has liaised with all HSC Trusts requesting assessment of needs and care plans for all people supported. The HSC Trusts agree and sign off all Financial Capability Assessments completed by Positive Futures with the people we support and, if appropriate, their representatives.</p> <p>Positive Futures maintains records of any money received for the people we support regarding specific items detailed in the individual's Support Agreement. The processes relating to the management of the money of the people supported and items or services purchased on behalf of the individual, the associated reconciliation and record keeping are detailed within the 'Personal Finances Policy and Procedure Supporting Living Services' and within the person's Financial Capability Assessment.</p> <p>A Personal Finance Plan is agreed for people we support and details written authorisation, contingency and reporting arrangements regarding expenditure (including exceptional expenditure). This Personal Finance Plan is reviewed regularly as part of the ongoing review of their Person Centred Portfolio as per the 'Person Centred Portfolio' Policy.</p> <p>Arrangements in relation to acting as a nominated appointee or as an agent are also outlined within the 'Personal Finances Policy and Procedure Supporting Living Services' in line with all the RQIA criteria noted above.</p>	<p>Compliant</p>

Inspection Findings:	
<p>Each of the people supported have in place a Capability Assessment on Management of Financial Affairs; these have been undertaken in accordance with the agency’s ‘Personal Finances Policy and Procedure – Supported Living Services’ The assessments had been completed by agency staff and outline the support needed by each individual. They also set out any appointee arrangements and had been signed by the family of the person supported, their HSC Trust professional and agency management.</p> <p>The people supported have in place a Personal Finance Plan and this outlines the range of expenditure including household bills. The Personal Finance Plans had been signed by the agency’s manager and by a representative of the HSC Trust.</p> <p>The specific support arrangements for individuals are outlined within their finance agreements and had been signed by a HSC Trust representative, a member of the person supported family and a member of agency staff. The agreements outline the arrangements for agency staff to maintain receipts and other records of expenditure and the arrangements for support and senior staff to monitor and check the records and amounts held by the agency in respect of the individual. There was evidence provided during the inspection of these records being maintained in respect of individuals.</p> <p>The agency maintains written authorisations from the relatives of the people supported in respect of the management of their finances. HSC Trust staff have endorsed financial capability assessments undertaken by agency staff and the Finance Plans that have been put in place for each individual. HSC Trust staff have also endorsed the financial agreements between the people supported and the agency. Individuals have their financial management arrangements outlined within their Person Centred Portfolios. The agency maintains correspondence from the SSA in relation to the appointee arrangements in place for the people supported.</p>	<p>Compliant</p>

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<p>Statement 3:</p> <p>Where a safe place is provided within the agency premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained:</p> <ul style="list-style-type: none"> • Where the agency provides an appropriate place for the storage of money and valuables deposited for safekeeping, robust controls exist around the persons who have access to the safe place; • Where money or valuables are deposited by service users with the agency for safekeeping and returned, a record is signed and dated by the service user/their representative, and the member of staff receiving or returning the possessions; • Where a service user has assessed needs in respect of the safety and security of their property, there are individualised arrangements in place to safeguard the service user's property; • Service users are aware of the arrangements for the safe storage of these items and have access to their individual financial records; • Where service users experience restrictions in access to their money or valuables, this is reflected in the service user's HSC trust needs/risk assessment and care plan; <p>A reconciliation of the money and valuables held for safekeeping by the agency is carried out at regular intervals, but least quarterly. Errors or deficits are handled in accordance with the agency's SVA procedures.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p> <p>Robust controls exist around ensuring an appropriate place for storage of money and recording the deposit and return of money and valuables (outlined in the 'Guidance on items securely stored in petty cash tins in houses'). Controls regarding the management of the property of people we support are outlined in 'Guidance on the management of the property of people we support in adult services'.</p> <p>Each person's Financial Capability Assessment informs the Personal Finance Plan and the specific arrangements to safeguard the finances and property of individuals which is agreed with people we support and their representative (if required).</p> <p>Positive Futures has requested the HSC Trust needs / risk assessments for all people we support and we are currently working with all the HSC Trusts to evidence Trust assessment of capacity and determinations of</p>	Compliant

<p>any restrictive practices required. Positive Futures completes Restrictive Practice Assessments for people supported who require them in relation to access of money or valuables and these Assessments are agreed with the person supported and / or their representative (if required) and the Trust. A named HSC Trust worker confirms that any planned restrictions are in line with the HSC Trust needs / risk assessment and care plan.</p>	
<p>Inspection Findings:</p>	
<p>The agency premises are not used for securing the money or valuables of individuals. People supported are encouraged to secure their own items and valuables within their own homes. Where individuals experience any restriction in their access to their money or property, there are appropriate restrictive practice assessments and care plans in place in relation to this.</p> <p>The inspector was advised of reconciliations and checks on money tins on at least a daily basis and following each transaction. Senior staff and senior management also have a checking and monitoring system in place. Financial audits are undertaken by the organisation's finance auditors and externally. The most recent internal finance audit occurred in August 2014 and the service manager described the recommendations being taken forward following this audit.</p>	<p>Compliant</p>

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED

Statement 4:	COMPLIANCE LEVEL
<p>Arrangements for providing transport to service users are transparent and agreed in writing with the service user/their representative:</p> <ul style="list-style-type: none"> • The needs and resources of the individual service user are considered in conjunction with the HSC Trust assessment; • The charges for transport provision for an individual service user are based on individual usage and are not based on a flat-rate charge; • Service users have the opportunity to opt out of the transport scheme and the arrangements for opting out are detailed within the agency's policies and procedures; • Written agreement between the service user and the agency is in place, detailing the terms and conditions of the transport scheme. The agreement includes the charges to be applied and the method and frequency of payments. The agreement is signed by the service user/ their representative/HSC trust where relevant and a representative of the service; • Written policies and procedures are in place detailing the terms and conditions of the scheme and the records to be kept; • Records are maintained of any agreements between individual service users in relation to the shared use of an individual's Motability vehicle; • Where relevant, records are maintained of the amounts of benefits received on behalf of the service user (including the mobility element of Disability Living Allowance); • Records detail the amount charged to the service user for individual use of the vehicle(s) and the remaining amount of Social Security benefits forwarded to the service user or their representative; • Records are maintained of each journey undertaken by/on behalf of the service user. The record includes: the name of the person making the journey; the miles travelled; and the amount to be charged to the service user for each journey, including any amount in respect of staff supervision charges; • Where relevant, records are maintained of the annual running costs of any vehicle(s) used for the transport scheme; • The agency ensures that the vehicle(s) used for providing transport to service users, including private (staff) vehicles, meet the relevant legal requirements regarding insurance and road worthiness. Where the agency facilitates service users to have access to a vehicle leased on the Motability 	

<p>scheme by a service user, the agency ensures that the above legal documents are in place;</p> <ul style="list-style-type: none"> Ownership details of any vehicles used by the agency to provide transport services are clarified. 	
<p>Provider's Self-Assessment</p>	
<p>The transport needs and resources of an individual are considered as part of the initial referral and assessment process for any person to be supported.</p> <p>In the Service, staff can use their own cars to transport people we support.</p> <p>Records are maintained for each journey which detail the name of the person supported and miles travelled. Each person supported is charged on a per mile basis (as outlined in the Handbook and Support Agreement for each person and the guidance 'Procedure for staff and volunteers in adult services on being reimbursed for using their vehicle for journeys with, or on behalf of, the people we support').</p> <p>Any social security benefits received by Positive Futures on behalf of the person supported are managed and recorded by the Finance Department and reconciled on a monthly basis. Positive Futures does not receive any benefits directly for the provision of transport.</p> <p>Positive Futures only charges and receives amounts that cover actual usage so arrangements to reimburse people we support are not required.</p> <p>All legal requirements as noted in the RQIA criteria above are met.</p> <p>Each person who shares the use of a Motability vehicle has a signed agreement detailing arrangements. This agreement does not involve Positive Futures.</p>	<p>Compliant</p>

Inspection Findings:	
<p>The people supported were having their transport needs met in a variety of ways. Three individuals who live together were noted to be making use of a motability vehicle and other people supported had their own Motability vehicles.</p> <p>The people supported can also access staff cars and there are procedures in place to govern this. Transport charges that relate to the use of staff cars are outlined within the support agreements.</p> <p>The agency has in place a system for monitoring journeys undertaken and guidance has been produced for agency staff in relation to the records they must maintain in order to receive a reimbursement for journeys undertaken with people supported. There is also a system in place for ensuring the road worthiness and insurance of the vehicles used.</p>	<p>Compliant</p>

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	<p>Compliant</p>

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	<p>Compliant</p>

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
Statement 1:	COMPLIANCE LEVEL
<p>The agency responds appropriately to the assessed needs of service users</p> <ul style="list-style-type: none"> • The agency maintains a clear statement of the service users’ current needs and risks. • Needs and risk assessments reflect the input of the HSC Trust and contain the views of service users and their representatives. • Agency staff record on a regular basis their outcome of the service provided to the individual • Service users’ care plans reflect a range of interventions to be used in relation to the assessed needs of service users • Service users’ care plans have been prepared in conjunction with the service user and their HSC Trust representative(s) and reflect appropriate consideration of human rights. 	
<p>Provider’s Self-Assessment</p> <p>The views and preferences of people referred to the Service are actively sought throughout the referral and assessment process, as detailed in the ‘Referral and Assessment Policy and Procedure’.</p> <p>Throughout the process of referral and assessment and in the provision of support, appropriate consideration of the human rights of the person is integral and is implemented through our person centred approach.</p> <p>For every person supported, a Person Centred Portfolio is developed and regularly reviewed in conjunction with the person supported, their representative (if required) and Trust staff. Person centred tools are used to develop all Person Centred Portfolios which inform the care and support planning and the range of planned interventions.</p> <p>The people we support are at the centre of decision making processes and this is evidenced through their direct involvement in the development and ongoing review of their Person Centred Portfolio. All Person Centred Portfolios also reflect the input of the HSC Trust including Trust needs and risk assessments. Positive Futures adopts a positive risk taking approach and risk management approaches are agreed with the individual and / or their representative as well as HSC Trusts.</p> <p>Each person supported has regular person centred reviews which records individual outcomes.</p>	<p>Compliant</p>

Inspection Findings:	
<p>The people supported have a HSC Trust care plan and a Person Centred Portfolio. The person centred portfolios contain a range of documentation including 'How Do I want My life to be', staff matching information, 'My Perfect Week', Community Networks Map, 'Good Day ' 'Bad Day', Decision Making Profile, Communication chart, important, 'How best to support'.</p> <p>There was evidence within the care records of the views and preferences of the people supported being documented and incorporated into their daily and weekly care and support arrangements.</p> <p>The relatives who participated in the inspection all confirmed that agency staff had consulted them and their relative in relation to care and support planning and their views are taken on board regularly. The care records reflected consideration of the individual human rights and were updated on a regular basis.</p>	<p>Compliant</p>

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 2:</p> <p>Agency staff have the appropriate level of knowledge and skill to respond to the needs of service users</p> <ul style="list-style-type: none"> • Agency staff have received training and on-going guidance in the implementation of care practices • The effectiveness of training and guidance on the implementation of specific interventions is evaluated. • Agency staff can identify any practices which are restrictive and can describe the potential human rights implications of such practices. • The agency maintains policy and procedural guidance for staff in responding to the needs of service users • The agency evaluates the impact of care practices and reports to the relevant parties any significant changes in the service user’s needs. • Agency staff are aware of their obligations in relation to raising concerns about poor practice 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p> <p>Staff are provided with mandatory training and any additional training required (specific to the Service or individuals supported).</p> <p>An annual Training Needs Analysis is undertaken to plan Service specific training. In addition to policies and guidance, specific support (e.g. Positive Behaviour Management) is available to all staff.</p> <p>Evaluations are completed for training provided in relation to how the learning outcomes are met. Training evaluation sheets are reviewed by the L&D Department to inform and adapt future training as required.</p> <p>Guidance in relation to restrictive practices is outlined in the ‘Human Rights and Restrictive Practices’ Policy.</p> <p>The ‘Person Centred Portfolio’ Policy provides guidance for staff on how to ensure the support provided meets individual need. ‘The Life I Want’ Strategy provides all adults supported with the opportunity to plan the support they want and need to achieve what they want out of life.</p>	Compliant

<p>Individual person centred reviews are undertaken with the person supported and include monitoring and evaluation of outcomes for the person. Review information is shared and reported to all relevant parties. Staff are aware of their obligation to raise concerns about poor practice, in line with our 'Challenging Bad Practice at Work (Whistleblowing)' Policy in line with NISCC Code of Practice.</p>	
<p>Inspection Findings:</p>	
<p>The agency's training records were examined and discussed with the service manager.</p> <p>There was evidence of all staff having received their mandatory training and of plans to provide update training. Additional training has been provided in relation to Introduction to Learning Disability, epilepsy, cultural awareness, person centred thinking. The inspector was also advised by the service manager and by staff that new policies and procedures are discussed with staff on a regular basis.</p> <p>The arrangements for staff supervision were discussed and the inspector was advised that staff are supervised every eight weeks with relief staff receiving supervision every 12 weeks as a minimum. Full staff meetings are held in the local community centre monthly and staff who participated in the inspection advised that staff work in core teams and have a house meeting monthly with the people supported and staff workshops.</p> <p>Staff who participated in the inspection spoke enthusiastically about their role in promoting the independence of the people supported and provided several examples whereby restrictive practices had been reviewed and either reduced or eliminated. The relatives who contributed to the inspection provided very positive feedback in relation to the quality of care and support provided to their relative by agency staff and reported good working relationships with management and support staff. One relative highlighted in particular the level of support they had received from the service manager when their relative was starting to receive agency care and support and attributed the positive outcomes for their relative to the management and staff of the agency.</p> <p>Staff who returned a questionnaire and those staff who met with the inspector confirmed their awareness of the agency's whistleblowing policy and their obligation to raise concerns about poor practice.</p>	<p>Compliant</p>

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 3:</p> <p>The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency</p> <ul style="list-style-type: none"> • Service users and their relatives and potential referral agents are advised of any care practices that are restrictive or impact on the service users’ control, choice and independence in their own home. • The agency’s Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions • Service users are advised of their right to decline aspects of their care provision. Service users who lack capacity to consent to care practices have this documented within their care records. • Service users are provided with a copy of their care plan (in a format that is appropriate to their needs and level of understanding) and receive information in relation to potential sources of (external) support to discuss their needs and care plan. • The impact of restrictive practices on those service users who do not require any such restrictions. 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p> <p>Where restrictive practices are deemed necessary, the person supported and / or their representative and relevant HSC Trust personnel are consulted and any restrictions are agreed with all parties. The HSC Trust Care Plan includes a determination of the person’s capacity to consent to any restrictive practices that are required.</p> <p>All restrictive practices require the approval of Positive Futures' Managing Director or designated other. The principle of least restriction underpins all decisions made where any intervention of a restrictive nature is necessary.</p> <p>The Statement of Purpose and Handbook detail the nature and range of services including the use of, and arrangements for, restrictive interventions if required. The rights of the individual to decline aspects of their care is confirmed.</p> <p>If a person no longer wishes to be supported by the Service or if they wish to change tenancy, they are</p>	Compliant

<p>supported to do so. This is detailed in our ‘Move on and Termination of Tenancy’ Guidance.</p> <p>People supported who lack capacity to consent to care practices have this information documented within their care records.</p> <p>The impact of restrictive practices on people supported who do not require restrictions is evaluated and acted upon to ensure that the rights of these people are not infringed.</p>	
<p>Inspection Findings:</p>	
<p>The agency’s Statement of Purpose outlines the range and nature of service provision and makes reference to the agency’s arrangements for the implementation of restrictive practices in the homes of the people supported and the role of the HSC Trust in relation to these. The relatives who participated in the inspection were aware of any restrictive practices in place in the home of their relative and advised the inspector that they had been consulted in relation to this.</p> <p>The impact of restrictive practices on the needs of other people supported were discussed and there was evidence of these considerations being made by agency staff. It was also evident that agency staff were participating in ‘best interests’ meetings with the HSC Trust in relation to the implementation of restrictive care practices. The agency’s care records clearly outlined the outcome of the decisions made during the meetings and there was evidence of proposed reduced restriction plans being shared with the HSC Trust.</p>	<p>Compliant</p>

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 4</p> <p>The registered person ensures that there are robust governance arrangements in place with regard to any restrictive care practices undertaken by agency staff.</p> <ul style="list-style-type: none"> • Care practices which are restrictive are undertaken only when there are clearly identified and documented risks and needs. • Care practices which are restrictive can be justified, are proportionate and are the least restrictive measure to secure the safety or welfare of the service user. • Care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance. • The agency evaluates the impact of restrictive care practices and reports to the relevant parties any significant changes in the service user’s needs. • The agency maintains records of each occasion restraint is used and can demonstrate that this was the only way of securing the welfare of the service user (s) and was used as a last resort. • Restraint records are completed in accordance with DHSSPS (2005) Human Rights Working Group on Restraint and Seclusion: Guidance on Restraint and Seclusion in Health and Personal Social Services. • The agency forwards to RQIA and other relevant agencies notification of each occasion restraint is used • The registered person monitors the implementation of care practices which are restrictive in nature and includes their on-going assessment of these practices within the monthly quality monitoring report 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p> <p>The ‘Human Rights and Restrictive Practices’ Policy details how restrictions are managed and approved. This Policy is in line with all current guidance as detailed above. In addition, Positive Futures has a Rights Advisory Committee which comprises a Trustee, Senior Managers and independent external experts to oversee the management of restrictive practices within the Organisation.</p> <p>The principles of necessity, proportionality and least restriction are addressed within the ‘Human Rights and Restrictive Practices’ Policy and Restrictive Practice Assessments.</p>	Compliant

<p>All restrictive practices are documented in the Restrictive Practice Assessment which is regularly reviewed, with a view to reducing and / or removing these practices. Any restrictions are signed by the people we support and / or their representative and agreed with the Trust.</p> <p>Each time there is a significant behaviour event, staff record this on a Behaviour Incident Form including a record if any form of physical intervention was used and details of debriefing undertaken with staff. Any use of this physical intervention is reported to RQIA.</p> <p>Monthly monitoring is completed on behalf of the registered person which includes a specific focus on key areas of service delivery. Restrictive practices is one of the main focal areas incorporated into the Organisation's service monitoring tools.</p>	
<p>Inspection Findings:</p>	
<p>Discussion with agency staff and examination of care records provided evidence that restrictive practices are undertaken in accordance with the HSC Trust's assessment of needs and risks and that these remain under review by the Trust. Restrictive practices undertaken by agency staff are also evaluated during monthly quality monitoring visits and by senior care staff on an on-going basis.</p> <p>Agency staff who met with the inspector advised of their commitment to providing care and support to the people supported without compromising the level of choice, control and independence they experience.</p> <p>As outlined in the self-assessment, the agency maintains a policy on human rights and restrictive practice and this reflects the principles of least restriction, proportionality and necessity.</p>	<p>Compliant</p>

<p>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>

<p>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
Statement 1	COMPLIANCE LEVEL
<p>Evidence inspected confirms that service users/representatives have written information and/or had explained to them the amount and type of care provided by the agency</p> <ul style="list-style-type: none"> • Service users/representatives can describe the amount and type of care provided by the agency • Staff have an understanding of the amount and type of care provided to service users • The agency’s policy on assessment and care planning and the statement of purpose/service user guide describe how individual service user agreements are devised. • The agency’s service user agreement is consistent with the care commissioned by the HSC Trust. The agency’s care plan accurately details the amount and type of care provided by the agency in an accessible format. 	
<p>Provider’s Self-Assessment</p> <p>The people we support and / or their representative and staff can describe the amount and type of care provided. This information is detailed within the Handbook and associated Support Agreement which is agreed with the people we support and / or their representatives.</p> <p>Positive Futures’ ‘Referral and Assessment’ Policy, guidance on ‘Supporting People to Access our Adult Services or Enter Accommodation’ and the Service’s Statement of Purpose detail how each individual’s Support Agreement should be developed in partnership with the people we support and, if required, their representative.</p> <p>Individual Support Agreements and Person Centred Portfolios are developed in line with the care commissioned by the Trust. These documents detail the amount and type of care provided by Positive Futures in accessible formats. We are working with all HSC Trusts to ensure all Person Centred Portfolios are signed off by HSC Trusts to evidence that care and support provided is consistent with the Trust needs assessments.</p>	<p>Compliant</p>

Inspection Findings:	
<p>The agency maintains Care Plans from the HSC Trust and these set out the individuals' entitlements with regard to agency staff hours. The care plans also refer to MDT assessments and specialist assessments of risk.</p> <p>A selection of the support agreements of the people supported were examined and contained a detailed breakdown of the times that agency staff attend the home of the person supported. The agreements also stipulate the numbers of staff available to meet the needs of the individual and the type of provision (i.e. sleepover, waking night cover). The agreements had been made available to the people supported and their representatives who had signed them.</p>	<p>Compliant</p>

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
Statement 2	COMPLIANCE LEVEL
<p>Evidence inspected confirms that service users/representatives understand the amounts and method of payment of fees for services they receive as detailed in their individual service agreement.</p> <ul style="list-style-type: none"> • Service users/representatives can demonstrate an understanding of the care they receive which is funded by the HSC Trust • Service users/representatives can demonstrate an understanding of the care which they pay for from their income. • Service users/representatives have an understanding of how many hours they are paying for from their income, what services they are entitled to and the hourly rate. • Service users/representatives have an understanding of how to terminate any additional hours they are paying for from their income • Service users/representatives have been informed that cancellation of additional hours they are paying for from their income will not impact upon their rights as a tenant. 	
<p>Provider's Self-Assessment</p> <p>The people supported by Positive Futures and / or their representatives have an understanding of the care and support provided. An Information Handbook and the personalised Support Agreement regarding the support provided is agreed with the person supported and / or their representative. The Person Centred Portfolio further details the support provided. Person Centred Portfolios are reviewed at person centred review meetings (with the person supported, their representative and the HSC Trust as required).</p> <p>The support an individual receives and all associated costs are detailed within the Handbook and the individual's Support Agreement.</p> <p>For people who wish to purchase additional support hours, the hourly rate is £12.50 per hour. High-rate (£81.30) = 6.5 hours, mid-rate (£55.45) = 4.4 hours and low-rate (£21.55) = 1.7 hours per week.</p> <p>If a person no longer wishes to be supported by the Service or if they wish to change tenancy, they are supported to do so (see 'Move on and Termination of Tenancy' Guidance). The Support Agreement details</p>	<p>Compliant</p>

<p>how the people we support can change or terminate their hours of support.</p> <p>Positive Futures is not a housing provider so an increase or cancellation of hours does not impact upon their rights as a tenant.</p>	
<p>Inspection Findings:</p>	
<p>As outlined in Theme 1, the relative of a person supported advised the inspector that they were not aware of the amount of care / support provided to their relative in respect of the payment made by the individual. They also advised the inspector that they were not aware what their relative's DLA payment was for and that that they were of the belief that the HSC Trust were commissioning and funding the entire care provided to their relative.</p> <p>The people supported have been advised within their support agreement of the amount of payment they make for care / support they receive. The information handbook sets out the nature of care / support that a person supported could expect to receive in relation to this payment. However, it is not clear from the support agreement or from the handbook what amount of care / support is provided to each individual in relation to the payment they are making. As the amount of care / support provision is not clear, it is therefore not possible for the individual or their representative to make an informed decision in relation to continuing or declining to purchase these services.</p> <p>RQIA wrote to the registered person on 27 November 2014 to highlight concerns in relation these arrangements and meetings were held at RQIA offices on 18 December 2014 and 11 March 2015.</p> <p>At the meeting at RQIA offices on 18 December 2014, the inspector was advised by a representative of the registered person that it would not be possible to attribute an amount of service provision to payments made by the individuals supported and that to attempt to do so would be meaningless and a paper exercise only. The inspector was also advised that contributions from the people supported were in respect of the services provided to meet needs identified by the HSC Trust and that it would not be possible to separate out the amount of service received for the payment made.</p> <p>Subsequent to the meeting of 11 March 2014, the registered person forwarded to RQIA a copy of correspondence to the HSC Trust seeking engagement in relation to this matter. The registered person is required to forward to RQIA assurances that those people supported who make a financial contribution towards their care have had their support agreements reviewed and approved by the HSC Trust.</p>	<p>Moving towards compliance</p>

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p>Statement 3</p> <p>Evidence inspected confirms that service users’ service agreements, care plans are reviewed at least annually confirming that service users/representatives are in agreement with the care provided and the payment of any fees.</p> <ul style="list-style-type: none"> • Service users/representatives confirm that their service agreement, care plans are reviewed at least annually by the commissioning HSC Trust, and confirm that they are in agreement with the care provided and the payment of any fees. • Records and discussion with staff confirm that the agency contributes to the HSC Trust annual review. • Records and discussion with staff confirm that reviews can be convened as and when required, dependent upon the service user’s needs and preferences. • Records confirm that service users’ service agreements, care plans are updated following reviews. Authorisation from the HSC Trust and consent from the service user/representative is documented in relation to any changes to the care plan or change to the fees paid by the service user. 	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>Positive Futures work closely with HSC Trusts to ensure that Person Centred Portfolios, Restrictive Practice Assessments and Financial Capability Assessments are reviewed at least annually with HSC Trust staff to ensure the support continues to be in line with the care commissioned by the Trust.</p> <p>Both HSC Trust and Positive Futures documentation evidences involvement of Positive Futures’ in the annual review process. The Handbook and personalised Support Agreement outlines that reviews can be convened as and when required, dependent upon people’s individual needs and preferences. Person Centred Portfolios are updated following person centred reviews. Any changes to support provided and charges made are discussed and agreed with the HSC Trust and the person supported and / or their representative.</p>	Compliant

Inspection Findings:	
<p>The service manager completed and returned to RQIA a questionnaire which sought information about the role of the HSC Trust in reviewing the needs and care plans of the people supported during the period 1 April 2013 – 31 March 2014 (in accordance with the DHSSPS Circular HSC (ECCPU)1/2010 “Care management, provision of services and charging guidance”).</p> <p>The review of the needs of people supported were discussed and all of those who were entitled to a review had received this. The service manager advised that Trust staff are regularly in contact with the service and that there are good working relationships between agency and HSC Trust staff. Relatives who participated in the inspection confirmed that they are encouraged to attend review meetings and that their views are sought regularly.</p>	<p>Compliant</p>

PROVIDER’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	<p>Compliant</p>

INSPECTOR’S OVERALL ASSESSMENT OF THE AGENCY’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	<p>Moving towards compliance</p>

Any other areas examined

Complaints

Prior to the inspection the agency returned a completed complaints questionnaire to RQIA for the period 1 January 2013 to 31 December 2013.

One complaint had been received during this period and this had been resolved locally and in accordance with the agency's procedures.

The agency had received no complaints in 2014.

Quality improvement plan

The details of the Quality Improvement Plan appended to this report were not discussed with agency staff during the inspection.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

Audrey Murphy
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Announced Primary Inspection

Positive Futures Ards Peninsula Supported Living Service

19 November 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

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 (NI) 2007					
No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	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—</p> <p>(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>	One	The Registered Person has provided written assurance to RQIA about the arrangements for any person we support who makes a financial contribution towards their support. We will ensure that a review of the Support Agreement for any person we support who makes such financial contributions is taken forward within the relevant HSC Trust's normal review process.	7 July 2015

Recommendations

These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	2.2	<p>It is recommended that the agency's service user guide is revised in relation to the general terms and conditions for receipt of the agency's services.</p> <p>This recommendation refers to the arrangements for agency staff to avail of a meal in the home of the people supported and for reimbursements made the people supported in respect of costs incurred by agency staff.</p> <p>The people supported should be made aware of their right to opt out of these arrangements and if opting in, should be advised of the amounts paid to them in respect of staff costs.</p>	Two	<p>The Handbook and associated Support Agreement have been updated (and reissued) to clarify and confirm that the people we support have the right to opt out of any specific arrangements.</p> <p>In addition, the Service Manager or a Deputy Service Manager will meet with family representatives (where appropriate) to explain arrangements for staff meal provision in the home of each person supported, offering the option to opt out. The financial arrangements (including staff costs) will be clearly outlined to the person supported where possible and also to the family representative</p>	7 July 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Anne Magee
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Agnes Lunny

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	Audrey Murphy	18/06/15
Further information requested from provider			



5 August 2015

Mr John Black
Head of Programme
RQIA
9th Floor, Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Dear John

Re: Positive Futures' Ards Peninsula Supported Living Service: Report on Inspection of 19 November 2014

Thank you for the finalised report from the inspection of 19 November 2014.

I am disappointed that RQIA has refused to replace the phrase "service user" on page 15 of the report when describing this Service's handbook. We have repeatedly advised RQIA that, at the request of people who access our Services, they be referred to as "the people we support". I consider RQIA's insistence on using the phrase "service user" as being contrary to the wishes of the people we support.

Positive Futures recognises the increased accuracy within this inspection report, although we still note the negativity of comments that are not supported by evidence. In particular, I refer to the phrase "The inspector was concerned that..." on page 18 of the report. This phrase is used to describe practice that has been assessed by your inspector as compliant.

RQIA's guidance about a finding of compliance states "In most situations this will result in an area of good practice being identified and comment being made within the inspection report." This report does not reflect positive comments against the 10 areas where the Service was assessed as compliant.

Please attach this letter to the inspection report as comments made by the provider.

Yours sincerely

Paul Roberts
Managing Director