

Unannounced Care Inspection Report 12 June 2018



Positive Futures Ards Peninsula Supported Living Service

Type of Service: Domiciliary Care Agency

Address: 2 Coastguard Cottages, Harbour Road, Portavogie, BT22 1EA

Tel No: 02891475398

Inspector: Michele Kelly

www.rqia.org.uk

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Positive Futures Ards Peninsula Supported Living Service is a domiciliary care agency (supported living type) which provides a range of supported living services, housing support and personal care services to individuals living in the Ards Peninsula area.

3.0 Service details

<p>Organisation/Registered Provider: Positive Futures</p>	<p>Registered Manager: Anne Magee</p>
<p>Responsible Individual: Ms Agnes Philomena Lunny</p>	

Person in charge at the time of inspection: Anne Magee	Date manager registered: 1 April 2015
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4.0 Inspection summary

An announced inspection took place on 12 June 2018 from 10.00 to 15.00 hours.

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

The inspection assessed progress with any areas for improvement identified since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to governance and management systems, person-centred care records, collaboration with stakeholders and staff recruitment, training and induction. This was supported through review of records at inspection and during feedback from staff on inspection.

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'.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and the experience of the people supported. The inspector would like to thank the people supported and agency staff for their warm welcome and full cooperation throughout the inspection process.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Anne Magee, registered manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 14 February 2018

No further actions were required to be taken following the most recent inspection on 14 February 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

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

During the inspection the inspector met with the manager, four staff members and one person supported. Following the inspection the inspector spoke on the telephone with a relative and had email communication from a Health and Social Care Trust (HSCT) professional.

The following records were examined during the inspection:

- Statement of Purpose
- Information Handbook Positive Futures Supported Living Services
- Two care records (person centred portfolio)
- Person Centred Supervision Policy and Procedure
- Staff training matrix
- Supervision matrix
- Records confirming registration with the Northern Ireland Social Care Council (NISCC)
- Recruitment and Selection Policy
- Adult Safeguarding Procedure
- Person Centred Review and Planning Policy
- Monthly quality monitoring reports
- A selection of staff meeting minutes and minutes for meetings with the people supported
- Making a complaint (easy read version)
- Challenging Bad Practice at Work (Whistleblowing) Policy

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Four responses were received.

The inspector requested that the person in charge place a 'Have we missed you' card in a prominent position in the agency to allow people supported and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. Two responses were received.

Feedback from relatives, staff and professionals contacted during the course of the inspection was mainly positive. However the inspector contacted the manager following the inspection in respect of issues raised in one relative's questionnaire and feedback from two staff members via survey monkey. The manager agreed to address these matters which are reflected in the main body of the report.

The findings of the inspection were provided to Anne Magee, the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 14 February 2018.

The most recent inspection of the agency was an unannounced care inspection.

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

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to people supported from the care, treatment and support that is intended to help them.

The agency's registered premises are located at 2 Coastguard Cottages, Harbour Road, Portavogie and are suitable for the purposes of the agency.

The agency is managed by the manager and deputy service managers who lead a team of senior support staff and support staff. The agency's staffing arrangements were discussed and it was noted that there had been recent recruitment at senior support worker level. The manager confirmed that recruitment is ongoing. The inspector met with two newly recruited staff members who were on the second day of induction. They spoke enthusiastically about choosing to work for Positive Futures because of the culture and ethos of care within the organisation and outlined elements of the robust induction programme they were participating in.

The agency's staff recruitment process is managed in conjunction with the organisation's human resources department. Prior to last year's inspection an inspector visited the organisation's head office and met with human resources staff and examined a variety of records. The inspector was assured that there were suitable arrangements in place to ensure the supply of suitably experienced staff to work in the homes of the people supported.

The provision of induction and training was discussed with staff and records examined during inspection. Staff indicated that in addition to areas of training considered to be mandatory, they could access additional areas of training and guidance. There were arrangements in place for monitoring the uptake of all training and ensuring that updates are provided in a timely manner.

The inspector noted that the provision of supervision, annual appraisal, training and induction are monitored on a regular basis by the manager and by the operations manager responsible for overseeing the quality of service provision.

The agency's adult safeguarding procedures have been updated in accordance with the regional policy and procedures. The role of the adult safeguarding champion (ASC) was discussed during the inspection and the inspector was advised that the organisation's operations director holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures.

The manager discussed the referral of a potential safeguarding matter which had been screened out by the Health and Social Care Trust (HSCT). The inspector was advised of the organisation's response to the matter and was satisfied that appropriate action had been taken.

Two of the people supported provided consent for the inspector to access their person centred portfolio. This included assessments of needs and risk and a range of personalised plans of care, based on the needs and preferences of the individual. They also reflected the involvement of the person supported and their representatives.

Most of the staff who provided feedback via survey monkey to RQIA provided some response in relation to 'Is Care Safe'. One respondent was undecided about levels of satisfaction with this area of service provision. One relative's comments also indicated some dissatisfaction; these comments were discussed with the manager following the inspection. The manager advised the inspector that she would work with senior staff to address the matters raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training and supervision and appraisal.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

The agency's systems to promote effective communication between people supported, staff and other key stakeholders were assessed during the inspection. Records confirmed that the HSC Trust multidisciplinary team collaborate with the staff team to ensure individuals achieve appropriate care and support. Discussions with representatives and staff, and observations of staff interaction during the inspection indicated that staff communicate sensitively with the people supported.

The inspector noted that records viewed during the inspection were maintained in accordance with legislation, standards and the organisational policy. The inspector observed that staff had received training relating to record keeping and confidentiality.

The inspector discussed with agency staff the methods used to seek and obtain the views of the people supported, their representatives and agency staff. It was noted that while some of the people supported do not use verbal communication, agency staff use a variety of methods to support effective communication with the people supported; these include observations, learning logs and the supply of experienced staff who have been 'matched' to work with individuals. Person centred portfolios are also used to provide detailed information in relation to the communication needs of individuals.

A HSC Trust professional who communicated with the inspector following the inspection commented;

"Positive Futures provide very good care and I have no concerns."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, communication between people supported and agency staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

People supported are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

During the inspection the inspector sought to assess the agency's ability to treat people supported with dignity, respect and equality and to fully involve them and/or their representatives in decisions affecting their care and support.

Staff spoken with during the inspection described aspects of care provision which reflected their understanding of choice, dignity, and respect. The manager described examples of how staff engage with the people supported to enable them to live a more fulfilling life in the community. Staff also demonstrated a clear understanding regarding confidentiality in line with policy.

The inspector commends the emphasis placed on personalisation by the agency as evidenced by the records within the personal portfolio which contains a range of tools to ensure staff had the information required to best support the individuals.

Observations made during the inspection indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the organisation. The manager described how a team of staff facilitated care for an individual with complex health needs to enable this person to continue to live as independently as possible.

The inspector noted a compliment made by a relative about the quality of life of a person supported since their move to Positive Futures:

“XXXX is so settled and getting places XXXX never got before”

A relative spoken with following the inspection said they were “absolutely happy” with Positive Futures and described how the agency contact them regularly to provide updates.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of personalised compassionate care and the involvement of people supported and their relatives.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

The inspector reviewed management and governance systems in place within the agency to meet the needs of the people supported; it was identified that the agency has effective systems of management and governance in place. The agency is managed by the registered manager who is supported by deputy managers, senior support workers and support workers.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with relevant stakeholders, including HSC Trust representatives.

Quality monitoring activity includes an assessment of a range of ‘metrics’ submitted by the manager on a monthly basis. A visit to the agency’s registered premises is also undertaken and includes discussion with staff and the people supported. The reports of the quality monitoring undertaken were examined; these were suitably detailed and included references to recruitment activity, deployment of staff and to good practice identified. Any areas for improvement were also clearly noted alongside actions to be taken and timescales.

A review of incidents confirmed that these were appropriately managed and there were procedures in place to ensure that any complaints received would be responded to in accordance with policy.

The manager described staff participation in team meetings and weekly house meetings. The inspector viewed minutes of such meetings which evidenced they were an effective method of sharing information and obtaining guidance on a range of matters.

Staff who met with the inspector advised that the manager is very supportive and approachable; staff were also able to describe the process for obtaining support and guidance including the arrangements for out of hours. Two staff who provided electronic feedback to RQIA indicated that they were not satisfied that the care is well led. This matter was discussed on the telephone with the manager who agreed to work with the management team to address this issue.

The inspector discussed arrangements in place that relate to the equality of opportunity for people supported and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of people supported. The registered manager was able to discuss the ways in which staff development and training enables staff to engage with a diverse range of people supported.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- the involvement of people supported
- advocacy
- equal care and support
- individual person centred care
- individual risk assessment

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of incidents and quality improvement

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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