

Unannounced Care Inspection Report 14 February 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: 02891475397

Inspector: Aveen Donnelly

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

Positive Futures 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 Portavogie area.

3.0 Service details

Organisation/Registered Provider: Positive Futures Responsible Individuals: Ms Agnes Philomena Lunny	Registered Manager: Anne Magee
Person in charge at the time of inspection: Anne Magee	Date manager registered: 01/04/2015

4.0 Inspection summary

An unannounced inspection took place on 14 February 2018 from 10.30 to 15.20 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 if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found throughout the inspection in relation to recruitment practices, staff development, adult safeguarding and risk management. The care records were well maintained and evidenced a very person-centred approach to care delivery. The culture and ethos of the agency promoted treating the people they supported with dignity and respect and maximising their independence. There was evidence of good governance and management systems in place. A number of areas of good practice were commended by the inspector and are reflected in the main body of the report.

No areas for improvement were identified.

At the request of the people who use Positive Futures services, the organisation has requested that RQIA refer to these individuals as 'the people supported'.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and the experience of the people supported.

4.1 Inspection outcome

	Regulations	Standards
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 the 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 27 March 2017

No further actions were required to be taken following the most recent inspection undertaken on 27 March 2017.

5.0 How we inspect

Prior to the inspection, an assessment had been undertaken of the agency's recruitment records at the organisation's head office, 2b Park Drive, Bangor. RQIA were satisfied that the recruitment processes were robust. The following records were also analysed:

- Previous RQIA inspection report
- Any correspondence received by RQIA since the previous inspection.

During the inspection process the inspector spoke with the operations manager, the manager, the deputy manager and five support workers. None of the people supported by the service were available for consultation. Following the inspection, the inspector spoke with four relatives and two Health and Social Care (HSC) Trust professional, by telephone on 15 February 2018.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Responses are included within the body of the report.

Questionnaires were also provided for distribution to the people supported or their representatives. Any comments from returned questionnaires received after the return date will be shared with the registered manager for their information and action as required.

The following records were examined during the inspection:

- staff induction and training records
- supervision and appraisal records
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- incident records
- the care records of two of the people supported (person centred portfolio)
- HSC Trust risk assessments and care plans
- care review records
- recording/evaluation of care records
- support worker meeting' minutes and minutes of meetings for the people supported by the service
- complaints and compliments records
- a selection of policies and procedures
- monthly quality monitoring reports
- annual quality report (2016/17)
- the Statement of Purpose
- the Service User Guide.

The findings of the inspection were provided to the 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 27 March 2017

There were no areas for improvement identified during the most recent care inspection undertaken on 27 March 2017.

6.2 Review of areas for improvement from the last care inspection dated 27 March 2017

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 service users 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 were suitable for the purposes of the agency.

At the time of the inspection, the agency was being managed by the manager, with the support of three deputy service managers, senior support staff and a team of support staff. The agency's staffing arrangements were discussed and the inspector was advised there were no staff vacancies. Discussion with staff and the people they supported confirmed that the required staffing levels were generally adhered to; however staff informed the inspector that they felt an additional staff member on Sundays, would benefit the people supported. Comments received were relayed to the manager who advised that they were in the process of having the assessments of needs reviewed in relation to this.

The agency's staff recruitment processes were noted to be managed in conjunction with the organisation's human resources department, located at the organisation's head office. Prior to the inspection, RQIA undertook an assessment of the agency's recruitment records and were deemed to be robust.

There was also a robust system in place to monitor the registration status of support workers in accordance with NISCC.

A review of records confirmed that all staff, including agency staff, had received a structured induction programme in line with the timescales outlined within the Regulations. There were systems in place to monitor staff performance and to ensure that they received support and guidance.

This included mentoring through formal supervision meetings, observation of practice and completion of annual appraisals. These areas were monitored by the management team as part of their quality monitoring processes.

Discussion with staff and a review of the training records confirmed that training had been provided in all mandatory areas and records were kept up to date. Additional training in areas such as dementia, dysphagia, autism awareness, diabetes, epilepsy, makkaton signs and forensic training had also been provided. Competency assessments were also undertaken by the staff, subsequent to relevant training events, to ensure that the learning had been embedded into practice.

The inspector was advised that there had been no actual or potential safeguarding referrals made to the HSC Trust or RQIA from the last inspection. Arrangements were in place to embed the new regional operational safeguarding policy and procedure into practice. 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. Discussion with staff confirmed that they were knowledgeable about their specific roles and responsibilities in relation to adult safeguarding and how they should report any concerns that they had.

The care records examined included assessments of needs and risk; and a range of personalised plans of care, based on the needs and preferences of the individual. A review of the person centred portfolios also evidenced that the staff took measures to ensure the safety of the people they supported. For example, where one of the people supported was identified as being at risk of choking, an audio monitor was used to alert staff on the sleepover shift, if the identified person was coughing during the night.

A review of the records also identified that 'learning logs' were completed with the people supported, following various activities. This ensured that the people supported were helped to gain insight into possible risks and how they could do things differently in the future.

A review of the accident and incident records confirmed that the relevant risk assessments and care plans were reviewed following each incident and that care management and the representatives of the people supported were notified appropriately. Where risks were identified, it was evident that the staff had made referrals to the multidisciplinary teams, as appropriate, to ensure that any assistive devices required, were put in place to mitigate against the risk. Discussion with the manager and a review of records confirmed that there was good analysis and management oversight of any accidents or incidents which occurred in the service.

Discussion with the staff also evidenced that regular safety checks were undertaken to ensure that the houses where the people supported lived were safe and free from hazards.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified in this domain 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 full nature and range of service provision was detailed in the Statement of Purpose and Service User Guide. The agency's arrangements for appropriately assessing and meeting the needs of the people supported were examined during the inspection.

The people supported had been asked to consent to the inspector examining their care records. Where this was not provided, their wishes were respected by the staff. The inspector reviewed two person centred portfolios and found these to be very detailed, personalised and reflective of the individuals' preferences. A range of person centred tools has been developed by the organisation to support effective communication, appropriate staff matching, and how best to support the person.

Care reviews with the HSC Trusts were noted to be held annually or as required. The inspector also noted that the manager and staff attended additional care reviews in day care settings, where a number of people supported were also being cared for. The review of the records confirmed that care and support plans were updated to reflect changes agreed at the review meetings.

A review of the daily records indicated that the people supported were fully involved in day to day decision-making about their care and the activities they wished to partake in.

The agency had developed and maintained a thorough quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to the people supported. Monthly quality monitoring was undertaken by operations managers who had a good working knowledge of the service. Quality monitoring reports indicated consultation with a range of people supported, relatives, staff and as appropriate HSC Trust professionals.

There was evidence of effective communication with the people supported and their representatives and with relevant HSC Trust professionals, as required. Staff meeting' minutes reflected that there was effective communication between all grades of staff. Relatives spoken with also indicated that there was appropriate communication and that they had good working relationships with the staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the quality of the care records and the agency's engagement with the people supported.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

The inspection sought to assess the agency's ability to treat the people they supported with dignity and respect; and to fully involve the people supported/their representatives in decisions affecting their care and support. The culture and ethos of care was found to promote dignity, respect, independence, rights, equality and diversity. This was reflected through the staff attitudes and the delivery of the service.

A review of the care records identified that any restrictive practices used, were considered and agreed in conjunction with the people supported by the agency and their relevant representatives.

Agency staff had prepared a range of documentation in 'easy read' formats for the people supported and care records were noted to be colourful, pictorial and personalised to meet the needs of the individuals. This is good practice and is commended.

The staff had a good knowledge of the people they supported. For example, they worked collaboratively to identify what was important to them and how best they could provide support. Each person supported had their social history recorded, which provided information on the person's life history. This is good practice.

The people supported were involved in identifying their own personal attributes (gifts) and how these attributes could be developed, to contribute to community life and/or relationships. Other useful tools included in the care portfolio included a relationship/community circles and a hospital passport, for use in the event of emergency hospitalisation.

The people supported had a decision-making profile in place; it included details of how they liked their information presented, how choice should be presented to them, how the staff could help them understand the choices and the best times for them to be asked about decisions.

It was also noted that the preferences of the people supported were matched to those with whom they shared a home and to the staff that supported them.

It was evident from discussion with relatives and staff that the agency promoted the independence, equality and diversity of the people they supported. For example, the support provided was directed by detailed opportunity plans, which identified different activities of daily living the people supported could be encouraged to carry out independently. This evidenced that the people supported were assisted in areas such as drying their own dishes, hanging out the washing, making tea or tidying away toys.

Participation in activities in the local and wider community were encouraged, with appropriate staff support as appropriate. The staff spoken with discussed various activities including farm visits, x-factor, drives, music, walks, meals out and hotel stays. A review of the records identified that the people supported completed an activity with the staff, where their hopes and

dreams were explored. Discussion with the manager and staff evidenced that every reasonable effort was being made to realise the identified hopes and dreams. This was commended by the inspector.

The management team described how the people supported attended meetings every other month, called 'One Voice' meetings; these meetings were a forum for the people supported to discuss different social activities they wanted to attend/participate in. The manager was also knowledgeable regarding how to access advocacy services for the people supported, if required.

The agency maintained a range of quality monitoring systems to evaluate the quality of services provided, including monthly quality monitoring reports which specifically ascertained and included the views of the people supported and their representatives. This included a system called 'what our people think', where the people supported were asked for their views on the care and support on a monthly basis. It was noted that support workers were also encouraged to contribute, as appropriate.

During the inspection, the inspector also spoke with five support workers. Following the inspection, the inspector also spoke to two HSC Trust professionals and four relatives, by telephone, regarding the quality of service provision. Some comments received are detailed below:

Staff

- "It is grand."
- "It is a homely environment, if I knew someone who needed care, I would use Positive Futures."
- "I couldn't say a bad word about them."
- "The care is excellent."
- "I would say everything is 100 percent, our house runs very smoothly".

Representatives

- "I have no concerns, I am quite happy."
- "It is just tremendous, we are so lucky to have (our relative) getting the care she gets."
- "The care is second to none, it is unbelievable".

One of the relatives spoken with described how the staff went above and beyond the call of duty. Examples were given of how a staff member painted the bedroom as a surprise for one of the people supported. Another example was given, describing how the staff had written to Manchester United Football Club, on the behalf of the person supported. The written response received made an 'enormous' difference to the life of the person supported. This is commended.

HSC Trust Professional

- "I am very happy with the service, they are more than good to the (people they support). It is excellent."
- "I have no concerns about the support provided, they are always helpful and there is good communication between them and care management."

At the request of the inspector, the manager was asked to issue ten questionnaires to the people supported by the agency and their representatives. Three of the people supported and one relative responded within the timeframe for inclusion in the report. All respondents indicated that were 'very satisfied' that the care was safe, effective and compassionate; and that the service was well led. One written comment included 'the management team have been super, they have supported us and our (relative) with care and attention'.

Two staff provided electronic feedback to RQIA regarding the quality of service provision. Both respondents indicated that they were either 'satisfied' or 'very satisfied' that they felt the care provided was safe, effective and compassionate and that the service was well led. No written comments were received.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of care, promoting dignity and respect, listening to and valuing the people supported and their representatives.

Areas for improvement

No areas for improvement were identified in this domain 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 service users in order to deliver safe, effective and compassionate care.

The inspector reviewed the 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 organisational structure of the service was clearly reflected in the service user guide and was well understood by staff. The day to day operation of the agency was overseen by the manager, deputy manager, senior support workers and a team of support workers. In addition the agency's on call system ensured that staff could avail of management support 24 hours a day.

Staff spoken with confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. All those consulted with described the management team in positive terms; comments included "(the manager) is approachable' and 'she is incredible, dedicated and fantastic'.

There was a policy in place relating to the management of complaints. Although the review of the records confirmed that there had been no complaints received from the last care inspection, there were procedures in place to ensure that any complaints received would be managed in

accordance with regulation, standards and the agency's own policies and procedures. All those consulted with were confident that staff/management would manage any concern raised by them appropriately.

There was a process in place whereby the complaints procedure was routinely discussed at monthly 'house meetings'. Leaflets on how to make complaints were also available in easy-read formats.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. An action plan was generated to address any identified areas for improvement; discussion with the management team and a review of relevant records evidenced that all areas identified in the action plan had been addressed.

Policies and procedures were maintained on an electronic system accessible to all staff, and paper policies were retained in the office used by staff daily. There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years. However, a review of the policy on vehicles identified that it did not include reference to the procedure for purchasing motability vehicles.

This was deemed to be important, given that specialist assessment was an integral part of the process. The manager was knowledgeable regarding the procedures to follow; therefore, following the inspection, the operations manager was advised to update the policy in this regard. It was agreed that this policy would be forwarded to RQIA, when complete.

Review of records pertaining to accidents and incidents confirmed that these were appropriately managed. There were no incidents which required to be notified to RQIA.

The review of the annual quality review report reflected a high level of satisfaction regarding the care and assistance provided to the people supported by the agency. This report was confirmed as appropriately detailed and had been shared with the people supported and their representatives. Actions had been taken in response to suggestions received.

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

On the date of inspection the registration certificate was up to date and displayed appropriately.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified in this domain during this 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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