

Unannounced Care Inspection Report 19 June 2018



East Coast Supported Living Service

Type of Service: Domiciliary Care Agency
Address: 65-67 High Street, Bangor, BT20 5BE
Tel No: 02891475390
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

East Coast Supported Living Service is a domiciliary care agency (supported living type) which provides a range of personal care services to 13 people living in their own homes. The people supported have a range of needs and require support to live as independently as possible in a range of accommodation types.

3.0 Service details

| | |
|---|---|
| Organisation/Registered Provider: Positive Futures Responsible Individual Ms Agnes Philomena Lunny | Registered Manager: Mrs Julie Elizabeth Dickenson |
| Person in charge at the time of inspection: Mrs Julie Elizabeth Dickenson | Date manager registered: 23 November 2017 |

4.0 Inspection summary

An announced inspection took place on 19 June 2018 from 010.00 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 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 Julie Dickenson, 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 26 February 2018

No further actions were required to be taken following the most recent inspection on 26 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, three staff members and three people 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
- Induction records
- Complaints policy and procedure
- 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. Two 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. Four responses were received.

Feedback from a relative, staff and a professional contacted during the course of the inspection was very positive.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 26 February 2018

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

6.2 Review of areas for improvement from the last care inspection dated 26 February 2018

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 65-67 High Street, Bangor and were suitable for the purposes of the agency.

The agency has a recruitment policy in place which is currently being reviewed. A dedicated human resources department oversees the recruitment process, including the completion of appropriate pre-employment checks.

During the inspection staffing arrangements were reviewed by the inspector. The manager said that while recruitment is ongoing it continued to be a challenge. There were some comments relating to staffing provision and turnover of staff in the monthly monitoring reports for March and April 2018. The manager advised the inspector of a range of short and medium term arrangements to secure suitable staffing and these included the use of agency staff.

It was noted that the agency has an induction policy and programme which includes an initial two week induction programme within the six month induction period. This Positive Futures Foundation Programme is linked to the Northern Ireland Social Care Council (NISCC) induction standards for social care staff. Staff who provided feedback to the inspector commented that the induction was very beneficial. The inspector noted that there was a specific induction procedure for agency staff.

Records of training and staff feedback indicated that staff attend a range of training in accordance with regulations, minimum standards and the agency's assessment of training needs. There was evidence that staff have attended training additional to that stated in the minimum Standards, including Positive Behaviour Training, Challenging Bad Practice, Capacity and Consent. Staff spoken to talked enthusiastically about the benefits of having access to Positive Behaviour Support staff for advice and guidance.

Examination of records indicated that a system is in use to ensure that staff supervision and appraisals are planned and completed in accordance with organisational policy for Positive Futures staff. The supply of staff from another agency was discussed during the inspection and the inspector was advised that members of staff from another agency had consistently been supplied to work in the homes of the people supported following a matching process. The manager described systems of informal supervision, spot checks and observation for those staff supplied by another agency. This was discussed with the manager and Managing Director who agreed that formal records of supervision for all staff should be kept. This matter will be reviewed at the next inspection.

An effective on call system ensures that staff can avail of support twenty four hours a day. The inspector received staff feedback which indicated that staff are aware of their obligations in relation to raising concerns about poor practice, and are confident of an appropriate management response.

The agency's adult safeguarding procedures are 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. Staff who met with the inspector advised that safeguarding training is provided regularly and that safeguarding is discussed during staff meetings. The manager discussed two incidents which had been reported as potential safeguarding incidents. It was noted that these had been managed appropriately and measures had been taken to ensure the safety of the people supported.

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.

Discussion with the management team also evidenced that Positive Futures undertakes a programme of health and safety checks between April and June each year on all houses where people supported live.

At the request of the inspector, the manager was asked to issue ten questionnaires to the people supported and their representatives. Four questionnaires were received and all indicated satisfaction with safe care.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to induction, training, and adult safeguarding.

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 full nature and range of service provision was detailed in the Statement of Purpose. The agency's arrangements for appropriately assessing and meeting the needs of the people supported were examined during the inspection.

The inspector examined two care records and found these to be very detailed and reflective of the individuals' specific preferences.

The manager advised that care reviews with the HSC Trust representatives were held annually or as required and that care and support plans were updated to reflect changes agreed at the review meetings.

The agency had quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the people supported. Quality monitoring reports indicated consultation with a range of people supported, relatives, and staff and as appropriate HSC Trust representatives.

It was clear from discussions with the people supported and a relative that the staff had a good knowledge of their needs and preferences.

A relative commented;

"I am so relieved; I cannot say enough about Positive Futures, they are terrific"

There was evidence of effective communication with the people supported, their representatives and with relevant HSC Trust representatives, as required. 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. The inspector observed staff interacting with sensitivity and ease during the inspection. Person centred portfolios are also used to provide detailed information in relation to the communication needs of individuals. Staff meeting' minutes reflected that there was effective communication between all grades of staff.

Four questionnaires received from people supported and/or their representatives indicated satisfaction with effective care.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, 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?

The people supported 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 individuals with dignity and respect; and to fully involve them/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 care records, monthly monitoring reports and consultation with the people supported and their representatives.

The review of the care records identified that the people supported had information within their records that outlined what was important to them and what they wanted people to know about them. Where the consent of a person supported was not given in relation to photography or access to care records this was respected by the staff.

Participation in activities in the local and wider community were encouraged, with appropriate staff support.

The agency maintained a range of quality monitoring systems to evaluate the quality of services provided, including monthly quality monitoring visits and reports which specifically ascertained and included the views of the people supported and their representatives.

During the inspection, the inspector spoke with three people supported, who appeared relaxed and happy with the staff members who accompanied them. They told the inspector they were happy with the life they were living. The inspector also spoke with, two staff members and one relative. Some comments received are detailed below:

People Supported

- “We always say what we want first.”
- “I am fully involved in all decisions.”
- “I am happy with everyone who supports me.”

Staff

- “It’s all about the individuals we support.”
- “I just love supporting our people.”

Representatives

- “The staff are so caring, it is from the heart.”

Four questionnaires received from people supported and/or their representatives indicated satisfaction with compassionate care.

Areas of good practice

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

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.

Staff and the people supported were aware of the organisational structure of the service and knew who to contact should they have any concerns.

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 monthly team meetings and workshops. 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.

Comments from staff included;

- “The organisation supports me; the manager and deputy manager are very good. They go above and beyond.”
- “There is good training, supervision is very supportive.”
- “Management is very supportive, flexible and accommodating.”

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

Four questionnaires received from people supported and/or their representatives indicated satisfaction with the domain “Is the service well-led”.

Areas of good practice

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

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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