



The Regulation and
Quality Improvement
Authority

Positive Futures
RQIA ID: 11049
22 Hamilton Road
Bangor
BT20 4LE

Inspector: Priscilla Clayton
Inspection ID: IN23119

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**Unannounced Care Inspection
of
Positive Futures

07 January 2016**

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 07 January 2016 from 09.10 to 14.30. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Positive Futures/Ms Agnes Philomena Lunny	Registered Manager: Ms Helen Mary McLaughlin
Person in charge of the agency at the time of Inspection: Mrs Helen McLaughlin	Date Manager Registered: 2009
Number of service users in receipt of a service on the day of Inspection: 14	

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'.

3. Inspection Focus

The inspection sought to if the following standards and theme have been met.

Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

Theme 2: Service User Involvement - service users are involved in the care they receive**4. Methods/Process**

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

Prior to inspection the following records were analysed:

- Records of notification reports submitted to RQIA since the previous inspection
- Inspection report of 18 March 2015.

During the inspection the inspector met with the registered manager, three agency staff, and two of the people supported.

Fourteen staff questionnaires and four questionnaires from people supported were completed and returned to RQIA.

The following records were examined during the inspection:

- Validation registration check
- Recruitment policy/procedure
- Recruitment records
- Alphabetical index of staff
- Staff duty rotas
- Staff training
- Staff induction
- Staff handbook
- Supervision policy/procedure
- Supervision and appraisal matrix
- Staff meetings/minutes
- Disciplinary procedure
- Monthly quality monitoring records
- Minutes of meetings held with people supported
- Care records of four people supported
- Whistleblowing policy
- Human Rights Information
- Two complaints records
- Accident/incident records.

5. The Inspection**5.1 Review of Requirements and Recommendations from Previous Inspection**

The previous inspection of the agency was an unannounced care inspection dated 18 March 2015. No requirements or recommendations were made following the inspection.

5.2 Theme 1: Staffing Arrangements - suitable staff are supplied to meet the assessed needs of service users

Is Care Safe?

The agency had a robust recruitment policy, dated 26 June 2014 and a mechanism in place to ensure that appropriate pre-employment checks are completed and satisfactory, and that staff are fit mentally and physically for the purposes of work. An alphabetical index of all domiciliary care workers supplied or available to work for the agency was being maintained.

The agency had a structured induction programme lasting approximately two weeks with three days induction training; the programme was seen and discussed with the registered manager. One new employee confirmed that their induction was closely monitored with good support provided by the mentor and that records are retained. The registered manager stated that all new staff is supernumerary and shadowed by experienced staff throughout the induction period.

Staff confirmed they are provided with a handbook, and have access to all policies, procedures, and guidance documents.

The registered manager confirmed that in the main the agency covers shifts at short notice if needed by using the staff currently employed. However, on occasions staff is commissioned from a domiciliary agency when permanent staff is unable to work additional hours. The commissioned staff would always work alongside a permanent member of staff.

The agency has a policy and procedure in place for staff supervision and appraisal which detailed frequency of individual supervision per year.

The inspector was shown records of supervision which confirmed that staff had received supervision in accordance with the policy.

Is Care Effective?

Discussions with the registered manager and staff indicated that an appropriate number of skilled and experienced persons are available to meet the assessed needs of people supported at all times. Examination of staff rotas reflected staffing levels described by the registered manager and staff. Appropriately trained staff is included on each shift, with waking staff provided at night as commissioned by the HSC Trust. Staff and people supported provided positive feedback regarding the availability of staff. No issues or concerns were raised in this regard.

Staff who participated in the inspection were clear regarding their roles and responsibilities and described having knowledge of people supported gained over long periods of service. Staff receive a verbal handover at the commencement of each shift and can access written records to update their knowledge of the person supported and receive notification of tasks to be completed.

Documentation and staff feedback indicated that effective induction is provided prior to staff giving care and support to the people supported. The registered manager discussed the agency's process of evaluating the effectiveness of staff induction through an induction meeting, close supervision and observation.

Staff confirmed that the agency has a process in place to identify and respond to training needs. Staff described how they have been facilitated to access training relevant to the specific needs of service users. Training records and matrix examined reflected that mandatory and other professional development training was provided.

Supervision and appraisal are provided by appropriate staff who have been trained to carry out the role. Staff described receiving supervision in line with the agency's policy, having access to informal supervision from a manager on shift, or an "on call manager" out of hours.

Staff demonstrated knowledge and understanding of safeguarding vulnerable adults and whistleblowing and was aware of how to raise issues regarding poor practice and abuse. Staff were aware of the vulnerable adult policy and whistleblowing policies and how to access same.

The registered manager confirmed that staff meetings were held weekly with minutes distributed. Copies of minutes were retained in a central file.

Is Care Compassionate?

The registered manager explained the methods in place to seek the views of people supported and representatives on the service provided. These included:

- Monthly group participation meetings entitled "Our Future and our Choice"
- Annual satisfaction questionnaires
- Three to nine monthly reviews held by the commissioning HSC Trust
- On – going person centred meetings with staff
- Monthly monitoring visit report.

Responses are analysed, shared with people supported and records retained.

People supported who participated in the inspection were aware of which staff were on duty and knew who could provide care to them.

Examination of induction documents and discussion with the registered manager and staff indicated that induction is specific to the needs of people supported. Agency staff described how the induction process involves meeting people supported and learning about their person centred care accompanied by an experienced member of staff. The agency's induction process is implemented in a manner which takes into account the consent, privacy and dignity of people supported.

Agency staff who took part in the inspection confirmed that they have the knowledge and skills to carry out their roles and responsibilities. The inspector noted that a number of staff have professional qualifications and/or have extensive experience working with the people supported who have mental health problems. People supported and professionals provided feedback which indicated that staff knows the people supported well and understand how to meet their needs effectively.

One of the people supported explained that they and another person had received training in interviewing skills and sat on the interview panel for the appointment of new staff.

The agency is to be commended on the development of the people supported group meetings entitled “Our future our choice” and participation of people supported in new staff appointments

Areas for improvement

There were no areas for improvement identified within this theme.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Theme 2: Service User Involvement - service users are involved in the care they receive

Is Care Safe?

The manager provided three care records, with consent, from people supported. Needs assessments which were complemented with risk assessments, HSC Trust care plans and support care plans were examined and discussed. Care plans were noted to be person centred reflecting the views of people supported and/or representatives.

Staff who participated in the inspection described a range of services provided to people supported in accordance with their assessed needs and risk assessments.

Staff demonstrated understanding of the role and function of the commissioning HSC Trust in supporting individuals when there was positive risk taking. Staff were also able to provide examples of individuals achieving further independence as a result of effective positive risk taking.

Is Care Effective?

The inspector viewed records of care reviews undertaken with HSC Trust professionals which reflected involvement of people supported and their relatives/representatives. Staff described completing three monthly reviews of care and support plans with people supported/representative.

The inspector viewed a range of care and support plans which showed evidence of review, were written in a person centred manner which included choice and preference.

Feedback on the provision of care from people supported and staff interactions with them on the day of inspection indicated that the agency responds to the views of people supported in an appropriate professional manner. One person supported discussed their involvement in the agency’s recruitment process, which included interviewing applicants. This is to be commended.

People supported confirmed they had been provided with information relating to human rights and advocacy in a suitable format.

Is Care Compassionate?

Feedback from people supported indicated that they receive care in an individualised manner; which was evidenced within care records examined. Two people supported were able to describe the choices they had made in regard to the provision of interests and activities of their choice.

Staff demonstrated good knowledge and understanding of people's actual and potential needs and described how these were being met. Staff were observed within the agency office interacting with people supported in a dignified, respectful and professional manner.

It was evident from discussion with people supported that they are aware of their rights to be consulted and have their views considered in relation to the provision of their care. They commented that they could speak to either a member of staff or the registered manager if they needed to.

The registered manager and staff were able to demonstrate that the capacity and consent of people supported had been taken into account in service delivery; this was particularly noted with regard to communication needs. The agency staff were able to demonstrate ongoing promotion of human rights and the values underpinning the Minimum Standards.

Areas for Improvement

There were no areas identified for improvement within this theme.

Number of Requirements:	0	Number of Recommendations:	0
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5.2 Additional Areas Examined.

People supported – comments:

- “I have a really nice home and the staff are very good”
- “I can decide what to do every day”
- “The staff asks me what I would like”
- “The staff who help me always come on time”
- “I have no complaints”
- “Best organisation, help people get work”
- “If unhappy I would tell the manager”
- “Always plenty to do – organised trips, love my home”.

Four people supported returned completed satisfaction questionnaires to RQIA. Analysis evidenced satisfaction in all areas.

Staff questionnaires

Fourteen staff questionnaires were completed and returned to RQIA. Analysis evidenced satisfaction in all areas from 12 respondents. One respondent made comment regarding induction training and the second respondent commented on the use of agency staff. Feedback, including comments from respondents was shared with the registered manager following the inspection.

Complaints records

Examination of records showed two complaints had been received from 01 January 2014. Complaints records evidenced that these had been appropriately managed and resolved satisfactorily.

Monthly Quality Monitoring

Electronic held monitoring records were viewed and discussed with the registered manager. Records were noted to be comprehensive with positive feedback recorded from staff and people supported.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager	Helen McLaughlin	Date Completed	21.01.2016
Registered Person	Agnes Lunny	Date Approved	21.01.2016
RQIA Inspector Assessing Response	Priscilla Clayton	Date Approved	26/.01/16

Please provide any additional comments or observations you may wish to make below:

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