



The Regulation and
Quality Improvement
Authority

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

SECONDARY INSPECTION

Inspection No:	IN020098
Establishment ID No:	11049
Name of Establishment:	Positive Futures (Bangor)
Date of Inspection:	18 March 2015
Inspector's Name:	Rhonda Simms

GENERAL INFORMATION

Name of agency:	Positive Futures (Bangor)
Address:	22 Hamilton Road Bangor BT20 4LE
Telephone Number:	028 91475390
E mail Address:	helen.mclaughlin@positive-futures.net
Registered Organisation / Registered Provider:	Positive Futures Ms Agnes Philomena Lunny
Registered Manager:	Ms Helen Mary McLaughlin
Person in charge of the agency at the time of inspection:	Avril Marshall
Number of service users:	14
Date and type of previous inspection:	3 June 2013 Primary Announced Inspection
Date and time of inspection:	18 March 2015 9.40am-2.00pm
Name of inspector:	Rhonda Simms

1.0 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 domiciliary care agencies. A minimum of one inspection per year is required.

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

1.1 PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service provided to service users was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. 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.

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 (2008).

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

1.2 METHODS/PROCESS

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

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Evaluation and feedback.

1.3 INSPECTION FOCUS

The inspection sought to assess progress with the issues raised during and since the previous inspection and to consider the following areas:

- Review of action plans/progress to address outcomes from the previous inspection
- Charging survey
- Care reviews
- Monthly quality monitoring reports
- Complaints.

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

The agency provides a supported living type domiciliary care service to fourteen individuals who live within the Bangor area of the local Trust. Service users have their care commissioned by the SEHSCT, NHSCT and BHSCT. Several service users have been in receipt of a service for many years.

The inspector has been advised that persons in receipt of services prefer to be referred as 'the person supported'. Throughout this report 'the person supported' will be used in place of 'service user'.

The aims of the service are to:

- enable adults with a learning disability to lead fuller, more valued lives, and participate meaningfully as part of the wider community;
- enable individuals with a learning disability to establish and maintain a home they have chosen within the community;
- promote the rights of the people we support and support them to exercise these rights as citizens, and enable them to understand the balance between rights and responsibilities;
- provide a secure environment which recognises and responds to individual need; and
- promote a culture of risk enablement by assessing risk and facilitating positive risk taking.

Each individual person supported is provided with a comprehensive person centred plan unique to their needs and aspirations. Each person supported also has in place a personal and housing support assessment.

There are 60 staff in the team which is comprised of the manager, deputy managers, senior support workers and support staff.

SUMMARY

The secondary inspection took place at the agency's registered office, 22 Hamilton Road, Bangor on 18 March 2015. During the course of inspection the inspector met with the Operations Director (acting), the Deputy Service Manager, six members of support staff and senior support staff, and one person supported. The inspector spoke with three relatives and one community professional. Seven agency staff completed and returned questionnaires to RQIA.

Staff who provided feedback to the inspector reported that they had received training appropriate to their role and responsibilities, and that the agency responds effectively when staff identify a need for additional training. Staff reported an effective supervision system in line with policy, including formal and informal supervision and support. Staff could clearly identify how to contact a manager outside of office hours.

The inspector noted that staff understand the supported living ethos and were able to discuss the promotion of independence and human rights within this context. In relation to restrictive practices, staff discussed an ongoing process of review with people supported their relatives, and HSC Trust professionals with the overall aim of minimising restriction where possible.

Staff described person centred plans as 'relevant', 'a live document', 'the person supported takes pride in it'. New members of staff found person centred plans to be up to date and effective in describing the person's needs and how these are to be met. Staff described an ongoing process of reviewing and updating plans in accordance with the changing needs of persons supported.

In the course of discussion, staff described the improvements they had witnessed in the quality of life and mental health of people supported by the agency.

The views of relatives

The inspector spoke with three relatives who provided positive feedback regarding the standard of service provided to their relative and the quality of life they experienced whilst receiving care and support from the agency. Comments included:

'They know (the person supported) well'

'The service is absolutely brilliant'

'The welfare of (the person support) is top of the agenda'

'They are good at alleviating any stress (the person supported) is under'.

Relatives described effective communication between the agency and the family, with a willingness on the part of the agency to resolve any issues arising which could affect the person supported. Relatives described staff as well trained and having a good knowledge of the needs of the person supported and how to communicate effectively with them.

The views of people supported

The inspector met one person who is supported by the agency in their own home who provided positive feedback regarding the quality of their life. The person supported by the agency is provided with a staff rota and knows in advance who will be supporting them. They described staff as advocating on behalf of people supported; 'there are no bad points about the staff'. The inspector was advised by the person supported of their involvement in daily decisions regarding their routine and activities, and how their views are taken into account. The agency has facilitated a group to enable people supported to contribute their views, and has provided human rights training and information in a suitable format.

The views of professionals

The inspector spoke with an HSC Trust professional who provided positive feedback regarding communication with the agency, the agency's ability to meet the needs of service users, and the quality of support provided.

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

The agency's compliance with four requirements and one recommendation stated at the inspection of 3 June 2013 were assessed. The agency has achieved compliance with all four requirements and has reached the minimum standards in relation to the one recommendation previously stated.

FOLLOW-UP ON PREVIOUS ISSUES

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	15 (6) (d)	<p>The registered person shall, for the purpose of providing prescribed services to service users, so far as is practicable –</p> <p>(d) specify the procedure to be followed where a domiciliary care worker acts for, or receives money from, a service user.</p> <p>This requirement refers to the agency's charges for transport including the use of staff cars. Transport agreements to reflect charges and to be signed by the service user, their representatives and HSC Trust.</p>	<p>The inspector was advised that the service does not have a car available for the use of people supported. The inspector viewed policy relating to the use of vehicles and saw procedural guidance issued in September 2013 in relation to the use of the cars of staff and volunteers by people supported by the agency.</p> <p>The updated handbook for people supported and support agreement states the cost per mile, with the arrangements for invoicing and paying for journeys. Support agreements seen by the inspector were signed by the person supported, their representative, and the agency.</p>	Fully met
2.	15 (5) (a) (b) (c)	<p>The registered person shall, for the purpose of providing prescribed services to service users, so far as is practicable –</p> <p>(a) Ascertain and take into account the service user's and where appropriate their carer's, wishes and feelings;</p> <p>(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</p>	<p>The inspector reviewed agency documentation which recorded and took into account the views of people supported and their representatives.</p> <p>The inspector saw the agency's policy relating to human rights and restrictive practice which includes the issue of capacity to consent. The agency's procedures include the process of implementing and reviewing any practices which could be restrictive.</p>	Fully met

		<p>(c) Encourage and enable the service user, and where appropriate their carer, to make informed decisions with respect to such prescribed services.</p>	<p>Agreements of restrictive practice seen by the inspector indicated the capacity to consent of the person supported, and if relevant how this was assessed and reference to best interests discussion.</p> <p>The involvement of the person supported and/or their representative, the agency and the trust are recorded on agreements.</p>	
3.	15 (12) (b)	<p>The procedure referred to in paragraph (6) (a) shall in particular provide for – (b) the Regulation and Improvement Authority to be notified of any incident reported to the police, not later than 24 hours after the registered person - (i) has reported the matter to the police; or (ii) is informed that the matter has been reported to the police.</p>	<p>The inspector viewed the agency’s incident management policy, which states the definition and procedure for reporting notifiable incidents. The inspector saw a record which referred to discussion of reportable incidents with staff.</p> <p>Since the previous RQIA inspection no incident requiring report to the PSNI has occurred.</p>	Fully met
4.	16 (2) (a)	<p>The registered person shall ensure that each employee of the agency – (a) Receives training and appraisal which are appropriate to the work he is to perform.</p> <p>This requirement refers to mandatory training in handling service users’ money.</p>	<p>The inspector discussed with the operations director and viewed a range of documentation which indicated that staff receive training in relation to handling the money of people supported. This included: policy relating to supporting service users with finances; records of finance training; discussion regarding training developed for new staff; records used to report and follow up finance errors.</p> <p>The records of team meetings and senior support staff meetings reviewed by the inspector</p>	Fully met

			<p>included areas of good practice and areas for improvement in relation to handling the money of people supported.</p>	
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FOLLOW-UP ON PREVIOUS ISSUES

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	8.11	<p>It is recommended that the registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis. This report summarises any views of service users and / or their carers / representatives ascertained about the quality of services provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p> <p>This recommendation refers specifically to the views of service users' relatives and professionals involved with the service to be sought and included within the monthly quality monitoring reports.</p>	<p>The inspector viewed reports of monthly quality monitoring which included the views of people supported, their relatives, and professionals. The reports showed identification of and progress with areas of improvement.</p>	<p>Fully met</p>

Inspection Focus

Charging Survey

At the request of RQIA, the acting registered manager submitted a completed survey of charging arrangements to RQIA in advance of the inspection. The manager confirmed that ten people supported lack financial capacity. The inspector noted that the appointee arrangements were stated in the person's care and support documentation.

The inspector was informed that of the 14 people supported, all but two people supported contribute the care component of their Disability Living Allowance (DLA) towards the cost of their care. 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 handbook for people supported states that people can choose to contribute their DLA, that if they choose not to do so the agency will speak to the HSC Trust and will try to change arrangements.

RQIA has examined evidence provided by the agency 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.

RQIA has examined evidence provided by the agency 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 service users during the period 1 April 2013 – 31 March 2014 (in accordance with the DHSSPS Circular HSC (ECCU) 1/2010 "Care Management, provision of services and charging guidance").

The operations director confirmed that all service users had reviews involving the agency and the HSC Trusts within the review period. The involvement of the Trusts in the ongoing review of people supported was evident through records seen by the inspector and through feedback from agency staff.

Statement of Purpose

The Statement of Purpose examined provided information as outlined in Regulation 5, Schedule 1 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

Information was provided regarding the mission statement, values and philosophy of the organization, aims and objectives, nature and range of services provided. The name of the registered person and registered manager was provided, with their qualifications and those of staff. The complaints procedure was outlined. Standards and quality of service that service users can expect are described.

Monthly Quality Monitoring Visits by the Registered Provider

The inspector read a number of monthly monitoring reports completed on behalf of the registered person. The reports had been regularly completed, and included consultation with service users, relatives, staff and professionals. The reports reflected areas of quality improvement including quality improvement plan actions.

Complaints

The inspector was advised that ten complaints were received in the period 1 January 2013 – 31 December 2013, and two complaints received from 1 January 2014 – 31 December 2014. The records of complaints were reviewed by the inspector and showed satisfactory resolution.

Management of Service Users' Finances

The inspector viewed a range of documentation which detail charges payable, the abilities and needs of the person supported. Tenancy agreements seen by the inspector stated the charges payable by the person supported. The referral and assessment documentation completed by the HSC Trust includes the person's needs and abilities, including financial capacity. This information is collated in a person centred support plan which details the support needs including the preferences of the person supported. Personal finance plans reviewed by the inspector include the support needed by the person supported including the arrangements for storage of their money and budgeting plan if required.

The operations director showed the inspector documentation relating to the handling of money belonging to the person supported, in accordance with the agency's finance policy. The inspector saw transactions sheets which were maintained, up to date, and signed appropriately by staff and the person supported if they wish to do so. There was evidence of a range of reconciliation mechanisms including weekly checks by senior staff, and monthly checks by the service or deputy service manager. The operations director discussed how checks are undertaken to evaluate if spending patterns correspond with the financial support plan.

Responding to the Needs of Service Users

The inspector saw a range of care and support plans which maintained a current statement of the needs of people supported. Records showed involvement of the person supported, their relative and the relevant HSC Trust professionals. Human rights were appropriately considered in the person centred portfolio, and the views of the person supported and or their representative were included. Records included evidence of best interests meetings involving the HSC Trust where the person supported does not have capacity to consent to practices or make informed decisions.

Feedback from relatives, professionals and agency staff indicated that the agency maintains a current statement of the person's needs and is able to respond to changing and fluctuating needs.

QUALITY IMPROVEMENT PLAN

There was no Quality Improvement Plan as a result of this inspection.

Where the inspection resulted in no recommendations or requirements being made the provider / manger is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

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:

**Rhonda Simms
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT**



No requirements or recommendations resulted from the **secondary announced** inspection of **Positive Futures** which was undertaken on **18 March 2015** and I agree with the content of the report.

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

SIGNED: Agnes Lunny

SIGNED: Helen McLaughlin

NAME: AGNES LUNNY_____

NAME: HELEN MCLAUGHLIN

Registered Provider

Registered Manager

DATE _29.07.15_____

DATE 29.07.15_____

Approved by:	Date
Rhonda Simms	11/08/2015