



The **Regulation** and
Quality Improvement
Authority

Unannounced Primary Care Inspection

Name of Agency: Mainstay DRP, Rathdree Supported Housing Service
RQIA Number: 10741
Date of Inspection: 16 January 2015
Inspector's Name: Joanne Faulkner
Inspection ID: 20490

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Agency:	Mainstay DRP, Rathdree Supported Housing Service
Address:	31 St Patrick's Drive Downpatrick BT30 6NE
Telephone Number:	02844617184
Email Address:	helen@mainstaydrp.org
Registered Organisation / Registered Provider:	Mainstay DRP Helen Taylor
Registered Manager:	Christine McLean
Person in Charge of the Agency at the Time of Inspection:	Christine McLean
Number of Service Users:	15
Date and Type of Previous Inspection:	2 September 2013 Primary Unannounced Care Inspection
Date and Time of Inspection:	16 January 2015 09:30-17:00
Name of Inspector:	Joanne Faulkner

2.0 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 supported living type domiciliary care agencies. A minimum of one inspection per year is required.

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

3.0 Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations, minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. 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. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

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 (2011)

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

4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service Users	4
Staff	4
Relatives	0
Other Professionals	0

Questionnaires were provided following the inspection, to staff to find out their views regarding the service there was nil return; however the inspector spoke to four staff members during the inspection and their views are included within the report.

Issued To	Number issued	Number returned
Staff	8	0

6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following quality themes:

The following three quality themes were assessed at this inspection:

- **Theme 1 - Service users' finances and property are appropriately managed and safeguarded**
- **Theme 2 – Responding to the needs of service users**
- **Theme 3 - Each service user has a written individual service agreement provided by the agency**

Review of Action Plans/Progress to Address Outcomes from the Previous Inspection

The inspector reviewed the quality improvement plan issued following the previous inspection; two requirements and two recommendations were assessed as being fully met.

The registered provider and the inspector have rated the service's compliance level against each good practice indicator and also against each quality theme.

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.

7.0 Profile of Service

Mainstay DRP, Rathdree Supported Living Service is a supported living type domiciliary care agency, located close to the centre of Downpatrick. The agency provides care and support to enable service users with a learning disability to live in their own home within the local community.

The agency presently provides care and support to 15 service users'; the overall aim is to promote independence of the service users and enhance their quality of life.

Four tenants live in the main house; seven live in an adjacent bungalow and four service users live in individual flats; three of the flats are located in the surrounding area.

The agency operates a key worker system for all service users who are provided with support to maintain their tenancy, to develop independent living skills and to be involved in the local community. Specific services can include assistance with personal care, medication, budgeting, shopping, cleaning, laundry and social activities, dependent upon service users' needs, interests and wishes.

Staff encourage service users to attend their work placements and support them with social inclusion.

8.0 Summary of Inspection

The unannounced primary inspection was undertaken on 16 January 2015 at the registered office located adjacent to the service users' homes. The inspector was supported throughout the inspection by Christine McLean, registered manager.

During the inspection, the inspector had the opportunity to meet with four service users and four staff.

During the inspection the inspector viewed a number of care records which described the care and support provided to individual service users. Staff stated that service users are provided with the necessary support to remain as independent as possible.

The inspector spoke to four staff members on duty during the inspection and has added their comments to this report.

8.1 Staff Comments:

- "Service users are involved in the development of their care and support plans"
- "Service users can spend their money on what they want"
- "Service users can choose what to do and when"
- "I feel supported by the managers; always someone to speak to"
- "Service users are out almost every night at activities"
- "I like working here; the staff team is supportive"
- "Service users have keys to their homes"
- "I receive supervision two monthly or as required"
- "There is a low staff turnover; it's a nice staff team"
- This is the service users homes; we are just working here"
- "Service users go out most evenings; they go on holiday to places they choose"

- “I could never go back to work in residential; I encourage service users to live as independent as possible.

Discussions with staff, service users at the time of inspection identified their involvement in the development of individual care and support plans and the involvement of the relevant HSC trust in the annual review process.

8.2 Service Users’ Comments

During the inspection, the inspector met with four service users who described the care and support they received; they informed the inspector that they were involved in developing their individual care and support plans and supported to live as independent as possible.

Service users could describe any charges paid to the agency for services received. The service users informed the inspector that their rights and wishes were respected at all times and did not feel that any practice presently in place was restrictive.

Comments:

- “I meet with my keyworker”
- “I have my own key”
- “I can buy what I want”
- “I am going to the Motocross tonight”
- “I like living here; this is better than my last place”
- “I do my own cooking”
- “I look after my own money; I can go to the bank and I can buy what I want”
- “Staff help me make food”
- “I went on a cruise; I pay with my own money”
- “I like the staff; they give me choice”
- “I love it here”
- “I can talk to the staff at any time”
- “I tell the staff if I have any worries”
- “I help with the cleaning”
- “Harry is good to us all”
- “I go line dancing”

The inspector would like to thank the service users, the registered manager and staff for their support and co-operation during the inspection process.

8.4 Detail of Inspection Process

8.4.1 Theme 1: Service users’ finances and property are appropriately managed and safeguarded

It was the inspector’s assessment that the agency is “substantially compliant” in this theme.

The agency has in place the following documentation for each service user:

- Financial support agreement
- Care and support plans
- Service user agreement

The records viewed detail the terms and conditions in respect of service provision including related charges and methods of payment.

Service users do not pay additional charges for care services provided by the agency; the relevant HSC trust commissions the care provide to the service users.

Service users pay a fixed charge per week for utilities; this is reviewed quarterly and any monies due are refunded to them. Service users pay an agreed amount for food; they are encouraged to participate in the purchasing and preparation of food with the support of staff. The agency maintains a record of all food monies held on behalf of service users.

Service users described to the inspector the process for cancelling any services provided by the agency.

The agency pays for staff members to eat with the service users whilst on duty in the service users' home; it was noted that the service user guide did not detail arrangements in place for staff accessing food whilst on duty in a service users home. A requirement has been made.

The agency's office is located on the same site as a number of service users' homes; the manager stated that service users do not contribute towards the cost of the agency's office and that all utilities for the office are paid by the agency. The service user guide does not detail arrangements for payment of shared costs. A requirement has been made.

The agency's finance policy outlines the procedures for staff involved in supporting service users to manage their money.

The agency provides each service user with the agreed support required to manage their finances; this is recorded in the service users' individual financial support plans. Service users are supported to access their money; the agency maintains a record of all monies held on behalf of service users. Service users' monies are secured in individual cash tins in the agency's safe; service users are provided with a key. Individual cash flow record sheets are maintained in accordance with the agency's finance policy. It was identified that staff were not recording their full signature. A requirement has been made.

The agency has a locked safe facility; it was noted by the inspector that a record of the full contents of the safe was retained by the agency. The agency maintains a list of staff signatures it was viewed by the inspector.

The agency provides a transport service; service users are given the choice to avail of this service or provided with the necessary support to avail of appropriate public transport. Service users who choose to use the transport scheme have a transport agreement in place; it details any charges to be made by the agency.

It was noted by the inspector that the service user agreement did not record the option of service users to opt in or out of the transport scheme. A recommendation has been made.

The agency maintains a record of all journeys in accordance with the transport policy in place; service users are charged for individual usage.

Two requirements and one recommendation have been made in relation to this theme.

8.4.2 Theme 2: Responding to the needs of service users

It was the inspector's assessment that the agency is "moving towards compliance" in this theme.

Prior to admission the agency receive a range of professional assessments from the relevant HSC trust representatives; these are used in the development of care and support plans for each individual service user.

Records viewed by the inspector had in place a range of assessments provided to the agency by the referring HSC trust and care and support plans. Service users stated that they are involved in developing their care and support plans and that their choices and opinions were reflected. Staff record daily the care and support provided to each service user.

Records viewed reflect a range of interventions used in the care and support of individual service users. Relevant human rights of service users are recorded within their care and support plans; it was identified that these are reviewed at least annually following a review involving their HSC trust representative or as required.

It was identified that the agency monitor and maintain a record of service users weight monthly; the inspector discussed the need for this practice with the registered manager who stated that the agency have routinely monitored service users weight monthly. The inspector discussed instances when this practice would be deemed necessary for monitoring individual service users; however it is recommended that the agency reviews this practice and identifies those service users who require regular weight monitoring. A requirement has been made

The inspector identified that the agency did not have in place relevant copies of risk assessments/care and support plans which had been developed in conjunction with the service user, their relatives and relevant HSC trust representatives relating to a practice that could be deemed as restrictive. A requirement has been made.

From records viewed all service users presently in receipt of services from the agency have received at least one review with their commissioning HSC trust representative in the previous year; a copy of the review documentation is retained by the agency.

Staff stated they had received induction training at the commencement of employment covering many area including human rights, safeguarding vulnerable adults, care planning and restrictive practice. Staff informed the inspector that they receive bi-monthly supervision and an annual appraisal.

The agency maintains a record of all staff training; this was viewed by the inspector.

The inspector read the agency's service user guide and statement of purpose; they clearly outline the nature and range of services provided; it was noted that the service user guide does not make reference to restrictive practice. A requirement has been made.

Staff were aware of the agency's whistleblowing policy and could describe the content.

Three requirements have been made in relation to this theme.

8.4.3 Theme 3: Each service user has a written individual service agreement provided by the Agency

It was the inspector's assessment that the agency is 'compliant' in this theme.

The agency has in place individual service user agreements, care and support plans and finance agreements for service users; they detail the amount and type of care provided by the agency to each individual service user. The service user agreement details the amount of care commissioned by the relevant HSC trust, for individual service users.

The agency has in place referral information provided by the relevant referring HSC trust; it forms part of the initial assessment of need and care planning.

Service users could describe the amount and types of care provided by the agency and were aware of charges for services received. Service users described a range of activities that they participate in, with the support of the agency's staff. The manager stated that none of the service users are paying additional charges to the agency for personal care and that all service users are in receipt of care funded by an HSC trust.

Staff could describe the amount and type of care provided to individual service users; they described practices which were individualised to the needs of service users.

From the documentation in place and discussion with service users, the inspector identified that care and support plans are reviewed at least annually, in conjunction with the service user and their allocated keyworker within the service or more frequently if required. A copy of review documentation is retained by the agency and is signed by attendees.

Service users stated that they are encouraged to participate in the review process and are given the opportunity to express their views.

8.5 Additional Matters Examined

8.5.1 Charging Survey

Prior to the inspection the agency were requested to return a charging survey to RQIA, outlining the agency's charging arrangements in place and any charges incurred by service users in a supported living service. During the inspection the registered manager informed the inspector that the relevant HSC trust commissions the care provided by the agency to the service users and that service users are not paying additional charges for care to the agency.

8.5.2 Statement of Purpose

The agency's statement of purpose was read by the inspector; it outlined the nature and range of services provided by the agency at the time of inspection.

8.5.3 Monthly Quality Monitoring Visits by the Registered Provider

The inspector viewed the agency's quality monitoring documentation; it was identified that the monthly quality monitoring visits were completed by the Chief Executive Officer. Records viewed by the inspector detail comments from service users, their representatives and professionals. Areas examined include staff training, support plans, complaints and restrictive practice. It was noted by the inspector that the person completing the visit did not record the name of the representatives contacted. A requirement has been made.

8.5.4 Annual Review of Service Users' Needs by HSC Trusts

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 In accordance with the DHSSPS Circular HSC (ECCU) 1/2010 "Care Management, Provision of Services and Charging Guidance").

Records viewed by the inspector identified that all services users have received an annual review involving the commissioning HSC trust. Service users informed the inspector that they are encouraged to participate fully in the review of their needs. The manager stated that review documentation is retained by the agency for each service user; the inspector viewed the review documentation for two service users.

9.0 Follow Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - as Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1.	16 (2) (a)	The registered person must ensure that staff receive awareness training on the safeguarding of children and young people at least every two years.	<p>The manager stated that staff have received safeguarding of children and young people as part of the safeguarding vulnerable adults training; the inspector viewed the agency's staff training records and noted that staff have received training.</p> <p>Staff who spoke to the inspector confirmed that they had received the awareness training as part of the safeguarding vulnerable adults training.</p> <p>This requirement has been assessed as being fully met.</p>	Twice	Fully met.
2.	23 (2) (c)	The registered person must ensure that monthly quality monitoring visits confirm that requirements and recommendations made by RQIA are met by the timescale specified in the quality improvement plan.	<p>The inspector viewed the agency's monthly quality monitoring records and noted that it details progress in relation to the recommendations and requirements contained within the RQIA quality improvement plan.</p> <p>This requirement has been assessed as being fully met.</p>	Once	Fully met.

No.	Minimum Standard Ref.	Recommendations	Action Taken - as Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1.	2.2	It is recommended that the registered person ensures that the agency's organisational policies and service user guide clearly show how they underpin the principles of tenants choosing who supports them. The revised service user guide should be forwarded to RQIA by the 5 November 2013.	<p>The inspector viewed the agency's service user guide; it details that service users can choose who provides the support they require.</p> <p>This recommendation has been assessed as being fully met.</p>	Twice	Fully met.
2.	1.1	It is recommended that the registered person ensures that service users are provided with information in an accessible format in relation to their human rights.	<p>The manager stated that human rights are discussed at tenants meetings.</p> <p>Service users informed the inspector that staff provided information in the form of leaflets relating to human rights; they stated that they discuss human rights when completing their individual care and support plans.</p> <p>This recommendation has been assessed as being fully met.</p>	Once	Fully met.

10.0 Inspection Findings

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<p>Statement 1:</p> <p>The agency maintains complete and up to date records in respect of the terms and conditions of the provision of personal care</p> <ul style="list-style-type: none"> • The agency provides to each service user a written guide, including a personalised written agreement detailing the specific terms and conditions in respect of any specified service to be delivered, including the amount and method of payment of any charges to the service user; • The individual agreement details all charges payable by the service user to the agency, the services to be delivered in respect of these charges and the method of payment; • Where service users pay for additional personal care services which do not form part of the HSC trust's care assessment, documentation exists confirming that the HSC trust are aware of any arrangements in place between the agency and the service user; • The individual agreement clarifies what arrangements are in place to apportion shared costs between the agency and the service user(s). This includes those costs associated with any accommodation used in connection with agency business, where this is conducted from the service users' home; • There are arrangements in place to quantify the costs associated with maintaining any unused areas within the service users' home which they do not have exclusive possession of; • The service user guide/ individual agreement clarifies what the arrangements are for staff meals while on duty in the service users' home; • Where the agency is involved in supporting a service user with their finances or undertaking financial transactions on the service user's behalf, the arrangements and records to be kept are specified in the service user's individual agreement; • The agency has a policy and procedure in place to detail the arrangements where support is provided by agency staff to enable the service users to manage their finances and property; • The agency notifies each service user in writing, of any increase in the charges payable by the service user at least 4 weeks in advance of the increase and the arrangements for these written notifications are included in each service user's agreement 	<p>COMPLIANCE LEVEL</p>

<p>Provider's Self-Assessment</p>	
<p>The individual financial agreement covers any charges that are payable to the service by a service user. The agreement also covers any arrangement between the service user, their representative, and the trust with regards appointeeship and the permissions for spending of monies on the service users behalf. Payments towards the cost of the care made by the local HSC trust and Supporting People can be requested, as stated in the service user guide. Quarterly balances are provided to the service users detailing the transfer of their benefits into their credit union accounts and any utility and transport costs paid on their behalf. Service users do not pay for any additional care costs. These individual agreements are provided in conjunction with the service user guide. The individual agreement covers arrangements for the undertaking of appointeeship, financial transactions, and dealings with the credit union. These are recorded on cashflow sheets along with authorisation forms for the withdrawal of finances. A specific finance policy and procedure is in place for supported living. The service users are given four weeks notice in any changes in the agreement. On a yearly basis they receive a new benefits/rates forms that detail the benefits they receive and how much they are likely to be charged for utility bills and transport costs per week. Any electricity used by external buildings is paid by Mainstay DRP and therefore the service users do not get charged for any business expense. MainstayDRP currently pay for all phone and broadband bills.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The inspector discussed the theme with the registered manager who stated that none of the service users are paying additional charges for care provided by the agency; they stated that the relevant HSC trust commissions the care provided by the agency for individual service users.</p> <p>The agency has in place individual service user agreements; the inspector viewed a number of service user agreements; it was noted that the service users are not paying additional charges to the agency for personal care.</p> <p>From the records viewed, service users have in place a service user guide and a service user agreement which detail services provided and any related charges.</p> <p>Service users informed the inspector that they pay a fixed charge per week for utilities; this is reviewed quarterly and any monies due are refunded to them. The inspector viewed the invoice for one service user and noted that a refund of monies had been paid to the service user.</p>	<p>Moving towards compliance</p>

Service users stated that they pay an agreed amount for food; they described to the inspector the process in place for developing a menu and subsequently shopping for food. All service users are encouraged to participate in the preparation of food with the support of staff; this was reflected in the individual care and support plans viewed by the inspector. Service users who met with the inspector stated that they have full access to the kitchen at all times and are provided with the necessary support to prepare food.

The inspector viewed a ledger in place for the food monies and noted that it detailed all transactions in or out and the available balances are recorded; receipts are retained by the agency for each purchase made and are numbered.

The manager informed the inspector that the agency pays for staff members to eat with the service users whilst on duty in the service users' home; this was confirmed by staff who spoke to the inspector. It was noted that the service user guide did not detail arrangements for staff accessing food whilst on duty. A requirement has been made.

The agency's office is located on the same site as a number of the service users' homes; the manager stated that service users do not contribute towards the cost of the agency's office and that all utilities for the office are paid by the agency.

The inspector viewed the agency's finance policy; it outlines the procedures for staff involved in supporting service users to manage their money.

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED

Statement 2:

COMPLIANCE LEVEL

Arrangements for receiving and spending service users' monies on their behalf are transparent, have been authorised and the appropriate records are maintained:

- The HSC trust's assessment of need describes the individual needs and capabilities of the service user and the appropriate level of support which the agency should provide in supporting the service user to manage their finances;
- The agency maintains a record of the amounts paid by/in respect of each service user for all agreed itemised services and facilities, as specified in the service user's agreement;
- The agency maintains a record of all allowances/ income received on behalf of the service user and of the distribution of this money to the service user/their representative. Each transaction is signed and dated by the service user/their representative and a member of staff. If a service user/their representative are unable to sign or choose not to sign for receipt of the money, two members of staff witness the handover of the money and sign and date the record;
- Where items or services are purchased on behalf of service users, written authorisation is place from the service user/their representative to spend the service user's money on identified items or services;
- There are contingency arrangements in place to ensure that the agency can respond to the requests of service users for access to their money and property at short notice e.g.: to purchase goods or services not detailed on their personal expenditure authorisation document(s);
- The agency ensures that records and receipts of all transactions undertaken by the staff on each service user's behalf; are maintained and kept up-to-date;
- A reconciliation of the money/possessions held by the agency on behalf of service users is carried out, evidenced and recorded, at least quarterly;
- If a person associated with the agency acts as nominated appointee for a service user, the arrangements for this are discussed and agreed in writing with the service user/ their representative, and if involved, the representative from the referring Trust. These arrangements are noted in the service user's agreement and a record is kept of the name of the nominated appointee, the service user on whose behalf they act and the date they were approved by the Social Security Agency to act as nominated appointee;

<ul style="list-style-type: none"> • If a member of staff acts as an agent, a record is kept of the name of the member of staff, the date they acted in this capacity and the service user on whose behalf they act as agent; • If the agency operates a bank account on behalf of a service user, written authorisation from the service user/their representative/The Office of Care and Protection is in place to open and operate the bank account, • Where there is evidence of a service user becoming incapable of managing their finances and property, the registered person reports the matter in writing to the local or referring Trust, without delay; <p>If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the agency on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user's agreement.</p>	
<p>Provider's Self-Assessment</p>	
<p>Written authorisation is in place for the spending of service user's money. All money received and spent can be followed via a paper trail including receipts with 1 signature the tenant and 1 from staff. Weekly autorisation sheets are completed for the weekly spending of service user money as well as the option of contacting the apointee should further monies need accessed by the service user. A money audit is completed every week to check for deficits and calculation errors. The individual finance agreement states who is apointee and who acts as agents on the service users behalf and that they can operate their credit union accounts. The agents are the senior support workers and manager who support the service users. The ammount of money held in the service user's accounts is reported to the HSC trust once a year in their review.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The agency has in place individual service user agreements, finance agreements and care and support plans detailing the support required by service users to manage their monies; these were viewed by the inspector.</p> <p>Service users stated that they are involved in discussions and agreements in place in relation to their monies and could describe to the inspector the support required to manage their monies. They stated that they can access their money at any time and choose how to spend their money. Service users described how they are supported to access their monies from the bank in accordance with their care and support plans.</p>	<p>Compliant.</p>

The agency has in place cash flow sheets for individual service user's monies; these were viewed by the inspector. They detail any transactions and are signed by the service user where applicable and two members of staff. Reconciliation of monies held on behalf of service users is carried out daily. The agency has in place a finance policy which details the procedure for staff handling service users monies.

The agency retains receipts for all transactions made on behalf of service users. The manager stated that the agency has a procedure in place relating to holidays. Staff are required to complete a detailed costing and forward this to the trust representative for authorisation.

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<p>Statement 3:</p> <p>Where a safe place is provided within the agency premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained:</p> <ul style="list-style-type: none"> • Where the agency provides an appropriate place for the storage of money and valuables deposited for safekeeping, robust controls exist around the persons who have access to the safe place; • Where money or valuables are deposited by service users with the agency for safekeeping and returned, a record is signed and dated by the service user/their representative, and the member of staff receiving or returning the possessions; • Where a service user has assessed needs in respect of the safety and security of their property, there are individualised arrangements in place to safeguard the service user's property; • Service users are aware of the arrangements for the safe storage of these items and have access to their individual financial records; • Where service users experience restrictions in access to their money or valuables, this is reflected in the service user's HSC trust needs/risk assessment and care plan; <p>A reconciliation of the money and valuables held for safekeeping by the agency is carried out at regular intervals, but least quarterly. Errors or deficits are handled in accordance with the agency's SVA procedures.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p> <p>Each of the service users homes has a safe and a record of its contents. This safe is only accessible by the specific support workers in each house and their managers. Service users are aware of the storage of their money within the home and have access to them and their records when requested, as assessed and agreed with the individual agreement. Support workers complete a weekly finance audit and report deficits when identified. Senior staff audit finances on a monthly basis. All money transactions have receipts when possible and our signed by tenant and staff.</p>	Compliant

Inspection Findings:	
<p>The registered manager stated that the agency has a safe facility located in the agency’s office to enable service users to safely store their monies and valuables. Service users’ monies are held in individual money tins; service users are provided with a key for their individual tin; the shift leader retains the safe keys.</p> <p>The agency keeps an inventory of safe contents; this was viewed by the inspector it was noted that it is audited weekly.</p> <p>The agency maintains individual cash flow sheets for each service user; these were viewed by the inspector. It was noted that they detailed all transactions, available balance and are signed by the service user if appropriate and two staff members; receipts are retained and are numbered. The agency has in place a list of staff signatures; this was viewed by the inspector. It was noted that staff did not sign their full signature on service user cash flow sheets. A requirement has been made.</p> <p>Service users stated that they can access their money at any time. Staff informed the inspector that service users are encouraged to keep their valuables safe and are provided with the necessary support to safely manage their monies.</p> <p>The agency’s finance policy details the procedure for the management of service user’s monies, and management of safe contents. Staff who met with the inspector could describe the content of the policy.</p> <p>Staff informed the inspector that the contents of the agency’s safes are reconciled daily by the shift leader and could describe the necessary steps if a discrepancy was identified.</p> <p>The agency has in place documentation which clearly records the level of support individual service users require to manage their finances and service users have a financial support agreement.</p>	<p>Substantially compliant</p>

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED

Statement 4:

Arrangements for providing transport to service users are transparent and agreed in writing with the service user/their representative:

- The needs and resources of the individual service user are considered in conjunction with the HSC trust assessment;
- The charges for transport provision for an individual service user are based on individual usage and are not based on a flat-rate charge;
- Service users have the opportunity to opt out of the transport scheme and the arrangements for opting out are detailed within the agency's policies and procedures;
- Written agreement between the service user and the agency is in place, detailing the terms and conditions of the transport scheme. The agreement includes the charges to be applied and the method and frequency of payments. The agreement is signed by the service user/ their representative/HSC trust where relevant and a representative of the service;
- Written policies and procedures are in place detailing the terms and conditions of the scheme and the records to be kept;
- Records are maintained of any agreements between individual service users in relation to the shared use of an individual's Motability vehicle;
- Where relevant, records are maintained of the amounts of benefits received on behalf of the service user (including the mobility element of Disability Living Allowance);
- Records detail the amount charged to the service user for individual use of the vehicle(s) and the remaining amount of Social Security benefits forwarded to the service user or their representative;
- Records are maintained of each journey undertaken by/on behalf of the service user. The record includes: the name of the person making the journey; the miles travelled; and the amount to be charged to the service user for each journey, including any amount in respect of staff supervision charges;
- Where relevant, records are maintained of the annual running costs of any vehicle(s) used for the transport scheme;

COMPLIANCE LEVEL

<ul style="list-style-type: none"> • The agency ensures that the vehicle(s) used for providing transport to service users, including private (staff) vehicles, meet the relevant legal requirements regarding insurance and road worthiness. Where the agency facilitates service users to have access to a vehicle leased on the Motability scheme by a service user, the agency ensures that the above legal documents are in place; • Ownership details of any vehicles used by the agency to provide transport services are clarified. 	
Provider's Self-Assessment	
<p>The agency has a very transparent transport policy, and is covered within the individual agreements, and provides quarterly statements to the service users. Each house has its own form of transport that has been designed to suit the individual service users. Service users are charged for their exact usage of the vehicles. The individual agreement and policy identifies the service users choice to opt out of the scheme. Records of the individual agreements, vehicle mileage logs, and quarterly charge statements are retained by the agency as requested in the above statement. The agency does not use any mobility vehicles.</p>	Compliant
Inspection Findings:	
<p>The inspector discussed this theme with the manager, who stated that the agency provides a transport scheme for service users.</p> <p>The manager stated that the vehicle is owned and maintained by the agency; service users pay an agreed amount to the agency monthly and additionally for their individual usage of the transport scheme. The charges are calculated quarterly and any refunds due to service users are refunded by the agency.</p> <p>The agency maintains a record of all journeys; this was viewed by the inspector. It was noted that staff record the date, time, purpose of journey, mileage and the names of the service users availing of the service.</p> <p>Service users are provided with the necessary support to avail of appropriate public transport if required, and are supported to obtain appropriate benefits.</p> <p>The inspector viewed the service user guide and the service user agreement; it was noted that they did not detail the option of service users to opt in or out of the transport scheme. A requirement has been made.</p>	Substantially compliant

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Moving towards compliance

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
Statement 1:	COMPLIANCE LEVEL
<p>The agency responds appropriately to the assessed needs of service users</p> <ul style="list-style-type: none"> • The agency maintains a clear statement of the service users’ current needs and risks. • Needs and risk assessments reflect the input of the HSC trust and contain the views of service users and their representatives. • Agency staff record on a regular basis their outcome of the service provided to the individual • Service users’ care plans reflect a range of interventions to be used in relation to the assessed needs of service users • Service users’ care plans have been prepared in conjunction with the service user and their HSC trust representative(s) and reflect appropriate consideration of human rights. 	
Provider’s Self-Assessment	
<p>The agency maintains a clear statement of the service users needs that can be found in the admission information as well as the care plan, support plan, and risk assessment that are created on admission. All these records are signed by the service user or representative and the HSC trust. Yearly reviews are held for each service user with the multi-disciplinary team and assessed care/support needs provided are adapted. All support plans and risk assessment reflect Human Rights.</p>	Compliant
Inspection Findings:	
<p>The inspector viewed the care records of two service users; it was identified that prior to admission the agency receives a range of multi-disciplinary assessments from the referring HSC trust. The manager stated that assessments provided assist to identify the needs of service users and identify risks.</p> <p>The manager stated that in most instances a multi-disciplinary meeting which involves the service user will take place.</p> <p>Prospective service users are encouraged to visit the home and meet the current tenants; service users who spoke to the inspector stated that agency staff consult with them if a new tenant is considering living in the</p>	Moving towards compliance.

house and that their opinions are sought.

From care plans viewed it was noted that the information outlined a range of interventions and reference was made to the consideration of the individual service user's human rights.

Staff could describe the process for compiling care and support plans in conjunction with the service users and their representatives and stated that they record the care and support provided to individual service users on a daily basis.

Service users stated that they are involved in developing their care and support plans and that their views and choices are reflected. The inspector observed that care plans were signed by the service users and are reviewed annually or as required. The agency's staff complete a monthly summary for individual service users.

Service users could identify their individual keyworker in the service; they informed the inspector that they meet regularly with their keyworker to discuss their care and support needs. Service users informed the inspector that their care needs are discussed at the trust review meeting.

From documentation viewed it was identified that the agency monitor and maintain a record of service users weight monthly; the inspector discussed the rationale for this practice with the registered manager who stated that the agency have routinely monitored service users weight monthly. The inspector discussed instances when this practice would be deemed necessary for individual service users; however it is recommended that the agency review this practice and identifies those service users who require regular weight monitoring. A requirement has been made.

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 2:</p> <p>Agency staff have the appropriate level of knowledge and skill to respond to the needs of service users</p> <ul style="list-style-type: none"> • Agency staff have received training and on-going guidance in the implementation of care practices • The effectiveness of training and guidance on the implementation of specific interventions is evaluated. • Agency staff can identify any practices which are restrictive and can describe the potential human rights implications of such practices. • The agency maintains policy and procedural guidance for staff in responding to the needs of service users • The agency evaluates the impact of care practices and reports to the relevant parties any significant changes in the service user’s needs. • Agency staff are aware of their obligations in relation to raising concerns about poor practice 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p> <p>Agency staff are provided with the exact training they require based on assessment for each individual. The manager keeps a record of this training on a database and is responsible for the provision and updating of any training. Support plans highlight how human rights are promoted for the individual service users. Risk assessments identify breaches of human rights or restrictive practices and are balanced and justified against health and safety issues or needs. Policy and procedures are available in each house and provide guidance for responding to the service users needs. A monthly links meeting with the HSC trust discusses any changes in the service user needs and the relevant actions are agreed. All staff receive yearly vulnerable adult training and are made aware of the whistle blowing policy and their responsibilities.</p>	Compliant

Inspection Findings:	
<p>The inspector viewed the agency's staff training records for two staff it was identified that staff have received training in human rights, safeguarding of vulnerable adults, manual handling, epilepsy awareness, food hygiene and management of medication. Staff stated they had received training on managing challenging behaviours and informed the inspector that restrictive practice was included in this training.</p> <p>The manager informed the inspector that the agency has had no new staff members in past eight years.</p> <p>Staff who met with the inspector stated that they had received induction training at the commencement of their employment. Staff stated that they had a probationary period during which they received regular supervision, training and support. Staff stated that they receive two monthly supervision and annual appraisal; they informed the inspector that they have the necessary skills to carry out the requirements of their role and feel supported by the management.</p> <p>The agency has in place the following policies: Protection of Vulnerable Adults and Whistleblowing Policy.</p> <p>Staff who met with the inspector could describe practices which could be viewed as restrictive and the impact that they could have on the service users. They described the process for highlighting any changes to service users' needs and described instances when they are in regular contact with the service users trust representatives.</p> <p>Staff could describe the necessary actions in relation to whistleblowing and had knowledge of the agency's policy.</p>	<p>Compliant</p>

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 3:</p> <p>The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency</p> <ul style="list-style-type: none"> • Service users and their relatives and potential referral agents are advised of any care practices that are restrictive or impact on the service users’ control, choice and independence in their own home. • The agency’s Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions • Service users are advised of their right to decline aspects of their care provision. Service users who lack capacity to consent to care practices have this documented within their care records. • Service users are provided with a copy of their care plan (in a format that is appropriate to their needs and level of understanding) and receive information in relation to potential sources of (external) support to discuss their needs and care plan. • The impact of restrictive practices on those service users who do not require any such restrictions. 	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>The local HSC trust is fully aware of the service provided and this is also covered in the service user guide and statement of purpose. Any restrictions in control, choice, and independence are highlighted in individual service users care plan and risk assessments. Service users have access to independent advocacy should they require this service. Service users are advised of their right to decline care but no one has done so and they all have the capacity to consent to their care package. Service users and their co-tenants tend to live in a homely environments where they have similar needs and require similar health and safety precautions. Support plans currently only exist in a written format, but we can adapt them if required eg. pictorial form</p>	Compliant
Inspection Findings:	
<p>The inspector read the agency’s service user guide and statement of purpose; the statement of purpose outlines the nature and range of services provided and makes reference to restrictive practices. It was noted that the service user guide does not make reference to restrictive practice. A requirement has been made.</p>	Moving towards compliance

Service users stated that they are encouraged to make their own decisions and that their views and wishes are respected; they stated that they are involved in the completion of their individual care and support plans and are provided with a copy. Service users stated that agency staff support them in understanding the content of their care and support plans and that they have discussed human rights during tenants meetings.

The registered manager and senior support worker informed the inspector that any restrictive practices in place are recorded and reviewed regularly in conjunction with the relevant HSC trust representatives.

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 4</p> <p>The registered person ensures that there are robust governance arrangements in place with regard to any restrictive care practices undertaken by agency staff.</p> <ul style="list-style-type: none"> • Care practices which are restrictive are undertaken only when there are clearly identified and documented risks and needs. • Care practices which are restrictive can be justified, are proportionate and are the least restrictive measure to secure the safety or welfare of the service user. • Care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance. • The agency evaluates the impact of restrictive care practices and reports to the relevant parties any significant changes in the service user’s needs. • The agency maintains records of each occasion restraint is used and can demonstrate that this was the only way of securing the welfare of the service user (s) and was used as a last resort. • Restraint records are completed in accordance with DHSSPS (2005) Human Rights Working Group on Restraint and Seclusion: Guidance on Restraint and Seclusion in Health and Personal Social Services. • The agency forwards to RQIA and other relevant agencies notification of each occasion restraint is used • The registered person monitors the implementation of care practices which are restrictive in nature and includes their on-going assessment of these practices within the monthly quality monitoring report 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p> <p>Support plans and risk assessments clearly highlight any human rights considerations. Service users are given full access to their home, families, friends, and community whenever requested without exception but may require someone from the agency to support them. Any changes of need for a service user are discussed with the HSC host Trust on at monthly links meeting. All occurrences of verbal or physical behaviours are reported to RQIA via notifiable incident and to the Designated Officer in the Trust via VA1.</p>	Compliant

<p>Inspection Findings:</p>	
<p>The inspector discussed this theme with the registered manager, who stated that care practices are reviewed regularly to ensure that practices which are may be deemed as restrictive are identified. Staff who met with the inspector could describe practices which could be deemed as restrictive.</p> <p>The manager stated that the agency meets with HSC trust representatives to review current restrictive practices in place.</p> <p>The inspector discussed with the manager a current practice which could be deemed as restrictive; they stated that this practice had been agreed at a multi-disciplinary meeting relating to one service user. The inspector identified that the agency did not have in place relevant copies of risk assessments/care and support plans which had been developed in conjunction with the service user, their relative and relevant HSC trust representatives. A requirement has been made.</p> <p>From the training records viewed and discussion with staff the inspector noted that staff have received training in human rights, management of challenging behaviours, and protection of vulnerable adults.</p>	<p>Moving towards compliance</p>

<p>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>

<p>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Moving towards compliance</p>

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
Statement 1	COMPLIANCE LEVEL
<p>Evidence inspected confirms that service users/representatives have written information and/or had explained to them the amount and type of care provided by the agency</p> <ul style="list-style-type: none"> • Service users/representatives can describe the amount and type of care provided by the agency • Staff have an understanding of the amount and type of care provided to service users • The agency’s policy on assessment and care planning and the statement of purpose/service user guide describe how individual service user agreements are devised. • The agency’s service user agreement is consistent with the care commissioned by the HSC trust. The agency’s care plan accurately details the amount and type of care provided by the agency in an accessible format. 	
Provider’s Self-Assessment	
<p>Service users/ representatives, and staff can describe a 24\7 service that is provided by the agency and paid for by the HSC trust and Supporting People. This is outlined in the service user guide. The agency's care plan, support plan, and risk assessment for each individual accurately details the care and support provided. These currently only exist in a written format that is agreed with a representative who understands the current format if the service user lacks capacity. An accessible format can be devised</p>	Compliant
Inspection Findings:	
<p>Service users could describe the type and amount of care and support received from the agency. Staff could describe the care and support provided to each service user; they described practices which are specific to the needs and choices of each individual service user.</p> <p>The inspector viewed three care and support plans and service user agreements; it was noted that they detailed the amount of care commissioned by the relevant HSC trust. Care plans viewed record the care and support provided by the agency to service users.</p> <p>Service users informed the inspector that they were involved in the development of their individual care and</p>	Compliant

support plans. The manager stated that the relevant HSC trust commissions the care provided to service users.

Staff who spoke to the inspector demonstrated their awareness of the need to ensure that service users were consulted in relation to all aspects of their care and support; they described the need to provide the agreed support whilst promoting the independence of the service users'.

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p>Statement 2</p> <p>Evidence inspected confirms that service users/representatives understand the amounts and method of payment of fees for services they receive as detailed in their individual service agreement.</p> <ul style="list-style-type: none"> • Service users/representatives can demonstrate an understanding of the care they receive which is funded by the HSC trust • Service users/representatives can demonstrate an understanding of the care which they pay for from their income. • Service users/representatives have an understanding of how many hours they are paying for from their income, what services they are entitled to and the hourly rate. • Service users/representatives have an understanding of how to terminate any additional hours they are paying for from their income • Service users/representatives have been informed that cancellation of additional hours they are paying for from their income will not impact upon their rights as a tenant. 	COMPLIANCE LEVEL
Provider's Self-Assessment	
Service users or their representatives can describe a 24\7 service that is provided to them from the HSC trust and Supporting People. No service user pays this agency for any additional care costs. A full breakdown of care and support costs is available on request..	Compliant
Inspection Findings:	
<p>The inspector viewed two service user agreements; they detail service users' income and any charges made to the service user by the agency. The documentation details the amount of care funded by the commissioning trust and support funded by NIHE supporting people.</p> <p>Service users could describe the services which they received from the agency and the cost incurred for such; they were aware that the care provided by the agency was funded by trust. The manager stated that service users do not pay additional charges for care provided by the agency.</p>	Compliant

Service users could describe the process for cancelling any services provided by the agency which they no longer required; records viewed by the inspector identified that service users have in place a signed service user agreement.

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
Statement 3	COMPLIANCE LEVEL
<p>Evidence inspected confirms that service users’ service agreements, care plans are reviewed at least annually confirming that service users/representatives are in agreement with the care provided and the payment of any fees.</p> <ul style="list-style-type: none"> • Service users/representatives confirm that their service agreement, care plans are reviewed at least annually by the commissioning HSC trust, and confirm that they are in agreement with the care provided and the payment of any fees. • Records and discussion with staff confirm that the agency contributes to the HSC trust annual review. • Records and discussion with staff confirm that reviews can be convened as and when required, dependent upon the service user’s needs and preferences. • Records confirm that service users’ service agreements, care plans are updated following reviews. Authorisation from the HSC trust and consent from the service user/representative is documented in relation to any changes to the care plan or change to the fees paid by the service user. 	<p>Compliant</p>
<p>Provider’s Self-Assessment</p> <p>All care plans, risk assessments, and support plans are reviewed yearly. The agency creates a yearly review document for the service user and HSC trust once a year. Reviews can be organised earlier if required and in a location of their liking, this is generally their own home. Care plans and risk assessments are altered following reviews should there be any changes as a result of the review.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>The inspector discussed this theme with the manager who stated that all service users have received a review involving the HSC trust within the last year.</p> <p>A copy of the review documentation is retained by the agency; the inspector viewed the records for two service users and noted that they reflected the involvement of a trust representative; it was noted that review documentation is signed by attendees.</p>	<p>Compliant</p>

<p>Service users informed the inspector that they are encouraged to participate in the review process and given opportunity to contribute their views. They stated that they attended a formal review annually involving their trust representative; service users stated that they can request a review at any time.</p> <p>The inspector noted that care and support plans are reviewed following the annual review meeting or more frequently if required; service users stated that they are involved in this process.</p> <p>Staff who met with the inspector stated that they are involved in the annual review meetings and that service users' care and support plans are updated following the review with the relevant HSC trust representative or as required.</p> <p>From the documents viewed it was identified that the agency has in place care/support and finance agreements, which detail charges for services provided to the service user; these are signed by the service user and updated annually.</p>	
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<p>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Provider to complete</p>

<p>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>

11.0 Any Other Areas Examined

11.1 Complaints

The agency has had two complaints for the period 1 January 2013 to 31 December 2013; this was verified by the returns forwarded by the agency to RQIA and observation of records available in the agency. Discussion with the registered manager and records viewed show that the correct procedures were followed.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Christine McLean, registered manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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:

Joanne Faulkner
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Unannounced Primary Care Inspection

Mainstay DRP, Rathdree Supported Housing Service

16 January 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with **Christine McLean, registered manager** during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

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.

Statutory Requirements:

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Domiciliary Care Agencies Regulations (NI) 2007

No.	Regulation Reference	Requirements	Number of Times Stated	Details of Action Taken by Registered Person(S)	Timescale
1.	6.-(1)(b)	<p>The registered person shall produce a written service user's guide which shall include-</p> <p>(b) the terms and conditions in respect of the services to be provided to service users, including details as to the amount and method of payment of fees, if appropriate;</p> <p>This requirement relates to the registered person ensuring that the service user's guide is updated to detail arrangements in place relating to staff accessing food whilst on duty in a service user's home and arrangements in place for shared costs.</p>	Once	Service user guide has been amended to include the required information - costs covered by Central Office for staff food, and arrangements in place for other shared costs.	Three months from the date of inspection: 16 April 2015.
2.	14.(b)(d)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided-</p> <p>(b) so as to safeguard service users against abuse or neglect;</p> <p>(d) so as to ensure the safety and security of service users' property, including their homes;</p>	Once	This has been actioned with the staff team, and now full signatures are in place on all finance documents. This will be monitored to ensure compliance.	Two months from the date of inspection: 16 March 2015.

		This requirement relates to the registered person ensuring that the agency's staff record their full signature on all finance documentation.			
3.	14.(e)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided-</p> <p>(e)in a manner which respects the privacy, dignity and wishes of service users, and the confidentiality of information relating to them; and</p> <p>This requirement relates to the registered person ensuring that the agency review the practice of monthly monitoring and recording of service users' weight to identify those service users who require regular weight monitoring.</p>	Once	In response to this requirement, weights will now only be monitored when there is a concern, or in a response to a GP request.	Two months from the date of inspection: 16 March 2015.

4.	14.(a)(b)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided-</p> <p>(a) so as to ensure the safety and well-being of service users:</p> <p>(b) so as to safeguard service users against abuse or neglect;</p> <p>This requirement relates to the registered person ensuring that the agency has in place risk assessments relating to any restrictive practice and that documentation reflects that services users and relevant representatives have been consulted in relation to any agreed restrictions.</p>	Once	<p>Risk assessments have been updated to discuss restrictive practices where relevant and consultation with service users and their families, and other persons in their circle, is evidence.</p>	<p>Two months from the date of inspection: 16 March 2015.</p>
5.	6.-(1)(b)	<p>The registered person shall produce a written service user's guide which shall include-</p> <p>(b) the terms and conditions in respect of the services to be provided to service users, including details as to the amount and method of payment of fees, if appropriate;</p> <p>This requirement relates to the registered person ensuring that the service user's guide makes relevant reference to restrictive practice.</p>	Once	<p>Service user guide has been amended to include Mainstay policy on use of restrictive practice.</p>	<p>Three months from the date of inspection: 16 April 2015.</p>

6.	23.-(1)(5)	<p>The registered person shall establish and maintain a system for evaluating the quality of services which the agency arranges to be provided.</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>This requirement relates to the registered person ensuring that the monthly quality monitoring record maintained, clearly records the identity of the service user representatives consulted with.</p>	Once	The monthly quality monitoring record will state full names rather than initials, of those consulted.	Three months from the date of inspection: 16 April 2015.
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Recommendations:

These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number of Times Stated	Details of Action Taken by Registered Person(S)	Timescale
1.	4.2	It is recommended that the service user agreement is updated to detail charging arrangements relating to charges made by the agency to service users for food and the option to opt in or out of this service and the agency's transport service.	Once	This has been actioned and is now included in the service user agreement.	Three months from the date of inspection: 16 April 2015.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Christine McLean
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Helen Taylor

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	X	Joanne Faulkner	06/03/15
Further information requested from provider			