



The **Regulation** and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Agency: Leonard Cheshire Disability (Cheshire House)
Agency ID No: 10752
Date of Inspection: 6 May 2014
Inspector's Name: Jim McBride
Inspection No: 17496

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	Leonard Cheshire Disability
Address:	Cheshire House, Kinsale Park Waterside Londonderry BT47 6YX
Telephone Number:	02871341861
E mail Address:	louise.horner@LCDisability.org
Registered Organisation / Registered Provider:	Ms Tonya McCormac
Registered Manager:	Mrs Hannah Louise Horner
Person in Charge of the agency at the time of inspection:	Mrs Hannah Louise Horner
Number of service users:	18
Date and type of previous inspection:	Unannounced Primary Inspection 1 May 2013
Date and time of inspection:	Announced Primary Inspection 6 May 2014 09:00-13:30
Name of inspector:	Jim McBride

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.

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.

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.

Consultation Process

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

Service users	2
Staff	5
Relatives	0
Other Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	14	11

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 four 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 agency's progress towards full compliance with the two requirements and one recommendation issued during the previous inspection of the 1 May 2013 was assessed. The agency has fully met the requirements and the recommendation made. The inspector verified compliance by the records made available and during discussion with the Registered Manager during the inspection.

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.

Profile of Service

Cheshire House is a supported living type domiciliary care agency operating under the auspices of Leonard Cheshire Disability (a voluntary organisation). The facility provides supported living accommodation for 18 service users with a range of physical disabilities and, in the main, service users who have an acquired brain injury.

All service users live within independently maintained flats and are provided with support in a range of activities of daily living, such as managing financial affairs, shopping, maintaining social activities and relationships, and cooking.

Service users are also provided with care in the areas of personal care, medication and care and appearance. The scheme currently employs 21 staff; this includes care / support / administration staff, and housekeeping staff. The buildings are owned and managed by Oaklee Housing Association.

Summary of Inspection

The inspection was undertaken on the 6 May 2014, the inspector met with the registered manager during the inspection.

The inspector had the opportunity to meet two service users in their own home and observe other service users going about their daily routines. It should be noted the positive impact staff have on the lives of the service users; this was verified during discussions and is evident in the comments made in the report. The inspector also spoke to five staff who discussed their role and the support they receive from management, colleagues and their employers. Staff spoke of creating a good environment for service users whilst encouraging them to be as independent as possible.

Prior to the inspection, eleven staff members forwarded to RQIA completed questionnaires in relation to the quality of service provision. It must be noted the positive outcomes from staff feedback both in the returned questionnaire and during discussion.

Feedback in relation to the inspection findings and comments made by agency staff in the eleven questionnaires was provided to the manager during the inspection.

Records examined show clear evidence that the service is person centred and individual. This was acknowledged in individual care plans examined by the inspector as well as during discussion with the manager, tenants and staff.

Tenants comments:

“This is living I was just existing in my previous care setting”

“Staff support me with my graded activity, I control it and have meet several goals since moving here understand my disability and know at what speed I can function”

“I have complete control over my care and support”

“My mental health has improved since moving here I have no off days “

“Staff listened to me and helped me achieve goals”

“Great support from the staff and the manager”

“The manager understands people and listens to us and helps us achieve as much independence as possible with staff support”

“I am free to come and go as I please”

"I feel safe and secure here"

"Staff do what they can to support they are friendly and very approachable"

"The staff are excellent and understand the issues of independence, support and dignity".

Staff Comments:

My induction was good and prepared me for my job"

"The manager and the other staff are helpful"

"We communicate well with each other"

"Staff supervision gives you the opportunity to discuss things on to one with you supervisor"

"We are aware of the whistleblowing policy and know how to use it"

"The manager is very supportive and has an open door policy"

"Tenants have their human rights supported daily".

Eleven questionnaires were received prior to inspection; the inspector also spoke to five members of staff on duty during the inspection and has added their comments to this report.

The eleven questionnaires returned indicated the following:

- Protection from abuse training was received by all eleven staff
- Training was rated as excellent
- Staff competency was assessed via written test and assessment of learning
- Tenants views and experiences are taken into account
- Monthly monitoring takes place and comments are received from service users, staff and relatives
- Staff are aware of the main principles of supported living
- All five staff stated they have received training in handling service users finances
- Service users have in place individual service agreements
- Care-plans are prepared in conjunction with HSC Trusts.

Records in place, examined by the inspector verify the above statements received from staff.

It was evident from reading individual person centred personal support plans and discussion with staff and tenants, that the tenants and their representatives have control/input over individual care and support.

Staff also stated that systems are in place to ensure individual opinions are heard they include:-

- Service users meetings
- Monitoring Visits
- Reviews
- Keyworkers discussions

The areas indicated above were verified by:

- Discussion with staff
- Monthly monitoring visit records
- Staff training records
- Person centred care plans.

Staff highlighted some of the principles of support living in their returned questionnaires as:-

“The service users have a holistic assessment carried out alongside empowerment and goal setting”

“Individuals to have as independent life as possible”

“Person centred service for each individual”

“Independent to make choices”

“Support with day to day tasks”

“Supporting dignity and respect”.

The inspector would like to thank the manager, staff and tenants for their cooperation during the inspection process.

Detail of inspection process:

Theme 1 - Service users' finances and property are appropriately managed and safeguarded

The agency has achieved a compliance level of “Compliant” for this theme.

The agency has provided supporting evidence of documentation currently in place to ensure each individual service user has in place the following:

- Terms and conditions agreement

The finance arrangements were discussed with the registered manager during the inspection. Service users are provided with a service user guide and statement of purpose that was updated on the 10 April 2014.

The documentation highlighted above shows clear evidence of specific terms and conditions in respect of service provision including the amounts and methods of payments, whilst the current statement of purpose describes the nature and range of services provided.

Records examined show that there is no shared costs with service users as they have their own flats and only pay utilities for their own space.

Theme 2 – Responding to the needs of service users

The agency has achieved a compliance level of “Compliant” for this theme.

The agency does have in place comprehensive personal plans. Reviews and risk assessments were in place and were up to date. The documentation includes a service summary outlining the service philosophy and service delivery. The agency’s statement of purpose states:

- All service users are central to their assessment and ongoing review of their personal support package. This was acknowledged by staff and two tenants during discussions with the inspector.
- All service users are fully involved in their individual service planning process and receive a service that meets their needs. This was verified by one tenant interviewed who stated: “I have control over my care and support”
- Service users are invited to give their views during internal audits or external inspections. This was verified during the examination of the monthly monitoring records.

Leonard Cheshire Disability states that personal plans are used by the service user to record what is important to them and how best to support them. Individual wishes and what service users want to achieve or change in their life is included as well as the outcomes. This was verified by one service user who stated” I have achieved a number of personal goals here with the help and support from staff”.

The personal plan document reflects the input of the HSC Trust and the thoughts and views of the service users and their representatives.

The current personal plan focuses on goals and outcomes for service users and is regularly reviewed to ensure that interventions are relevant. Personal plans show clear evidence that the agency appropriately responds to the assessed needs of service users.

Records examined show a range of interventions used in the care and support of individuals. The manager and staff explained the agency’s awareness of human rights and how it is relevant t in all its work with service users.

The agency has in place comprehensive risk assessments describing capacity and as well as measuring the ability of individuals to achieve greater independence and choice in daily living.

Human rights considerations are implicit in the agency’s documentation, staff stated they had received human rights training; the last recorded session was completed on the 3 March 2013.

Theme 3 - Each service user has a written individual service agreement provided by the agency
The agency has achieved a compliance level of “Compliant” for this theme.

Each service user has in place an individual terms and conditions agreement provided by the agency.

Records examined by the inspector show clear details of the amount and type of care provided by the agency.

The agency has in place referral information provided by the HSC Trust and this information forms part of the overall assessment of need, care plan and service summary.

The service users and their representatives are made aware of the number of hours care and support provided to each service user. Individual care plans state the type of care and support provided.

The manager and staff interviewed by the inspector discussed what care and support was provided to individuals daily. The service is person centred, whilst the needs and preferences of individual service users is set out in the services users individual Personal Plan.

The agency's policies and procedures on assessment and personal planning and their 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 individual terms and conditions agreement information accurately details the amount and type of care provided by the agency.

Additional matters examined

Monthly Quality Monitoring Visits by the Registered Provider:

The inspector read the monitoring reports in place for the past four months. These have been completed regularly and were up to date and include action plans for service improvement. It was good to note that the agency is using the updated template provided by RQIA in April 2014. It was further noted that the agency's monitoring visits follow the themes being used during the RQIA inspections 2014/15 and that all visits are unannounced.

Records examined show evidence of discussions with:

- Nine staff over four months
- Five service users over four months
- Five relatives over four months
- Five HSC Trust staff over four months
-

Records show good levels of satisfaction with the service.

The reports include updated information on any action plans in place following RQIA visits, as well as follow up information following the annual quality review. The manager stated that she and the agency's monitoring individual discuss the report following each visit.

Charging Survey:

Prior to inspection the agency were asked to complete and return to the RQIA a charging survey, outlining the procedures and any charges incurred by service users in a supported living scheme.

The returned survey shows that no service user is paying for additional care services that do not form part of the HSC Trust's care assessment.

The registered manager confirmed that agency staff do not act on behalf of service users as appointees nor act as agents.

Agency staff support some service users to budget. Service users pay a weekly charge which covers their heat, lighting, food and laundry. Service users pay their individual utilities for their own flat no costs are incurred by the agency.

Statement of Purpose:

The agency's statement of purpose was examined and reflected the nature and range of services provided by the agency at the time of the inspection. The agency's statement of purpose was reviewed in 7 April 2014. Records in place show that service users were issued with an up to date copy on that date.

Annual review:

The agency has a comprehensive Policy Statement, Procedure and associated documentation to ensure that Service Users' Personal Plans are recorded and maintained. The Procedure allows for additional reviews and/or changes to the Plan to be easily implemented to reflect any changing need.

Records examined show clear evidence that annual review of service users' needs having been completed by the relevant HSC Trusts and show evidence of attendance by the agency and representatives of the service users. The agency stated in their annual review documentation that records of all reviews have been received by them in the six week agreed period from the HSC Trust.

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	15 (2) (b)	<p>The registered manager must ensure that person-centred care plans clearly specify how each service user wishes care and services to be provided.</p> <p>(T1:3, Minimum Standard 3.3)</p>	<p>This requirement was assessed as fully met; the documentation in place was satisfactory.</p>	Once	Fully Met
2	15 (6) (a)	<p>the registered manager ensures that the organisational policy on protection of vulnerable adults includes instruction for safe in relation to ensuring the immediate safety of service users should any form of abuse be alleged, suspected or witnessed.</p> <p>(T4:1, Minimum Standard 14.4)</p>	<p>This requirement was assessed as fully met; the documentation in place was satisfactory.</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	3.3	It is recommended that the registered manager ensures that care plans clearly detail the agreed arrangements for staff access to service user's homes.	This recommendation was assessed as fully met; the documentation in place was satisfactory.	Once	Fully Met

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

Statement 1:

COMPLIANCE LEVEL

The agency maintains complete and up to date records in respect of the terms and conditions of the provision of personal care

- 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
- user's home looks like his/her home and does not look like a workplace for care/support staff.

Provider's Self-Assessment	
<p>All tenants living in Cheshire House Derry have a tenancy agreement, a terms and conditions of service provision and a tenants guide. These agreements clearly state details of all charges payable to Leonard Cheshire Disability and the method of payment. All tenants in receipt of personal care are funded by either the Western Health and Social Care Trust or the Northern Health and Social Care Trust and no tenants pay for additional personal care services. Each tenant has an individualised person centred support plan, risk assessment and any tenant in receipt of personal care has an individualised care plan and risk assessment. As Cheshire House is supported accommodation and tenants live in their own homes there are no shared costs between Leonard Cheshire Disability and the tenant. Staff who work in Cheshire house are not provided with meals. Tenants in Cheshire House are responsible for their own finances , support in this area is provided by family if necessary and staff under housing related support will support the tenant with budgeting if required. Tenants are notified at least 4 weeks in advance of any increases to charges and this is recorded in the terms and conditions and tenants guide. All tenants have a tenancy agreement and live in their own flats therefore their home is decorated and furnished to their standard and choice. Leonard Cheshire Disability has a Service User Finance Policy and Procedure and Service User Finances Guidelines</p>	Compliant
Inspection Findings:	
<p>The documents in place included the service users' guide, care/support agreements, personal care plans and individual finance summary's show clear evidence of how service users manage their finances. Staff that assist service users with shopping etc. have in place a procedure for recording all transactions with two signatures and regular reconciliations of monies. Service users do not pay any additional costs for care other than those assessed by the HSC Trust. The agency stated in their returned review documentation that records of all reviews were received by them from the HSC Trust. Records in place verify that the agency has notified each service user in writing, of the 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 were included in each service user's agreement and were processed in March 2014.</p>	Compliant

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>There is written evidence within each tenants support / care plan about finances. The service has records of payments received from the tenant. Tenancy agreement, terms and conditions, service users guide and internal LCD records all clearly show the breakdown of any monies paid to the service. Tenants in the service buy their own purchases and there are no items or services purchased on behalf of the tenant. Staff in Cheshire House support some tenants with their budgeting and a record of this can be seen in the tenants flat on the day of the inspection. No staff in Cheshire House act as an appointee to any tenant and no money is kept in the service on behalf of any tenant. Tenants keep their money in their flat. Staff have no access to either the benefits or bank accounts of any tenant, support if necessary in this area is done by family. Any areas for concern are discussed at care management reviews which occur at least yearly or if and when required by tenant or a change in circumstances. All tenants are assessed prior to moving into their flat by the Trust and if staff have any concerns regarding the tenant or their capability the trust would be notified right away. Currently we have no tenants formally assessed as being incapable of managing finances but if we did this would be reported in writing to the trust. Leonard Cheshire Disability has a Service User Finance Policy and Procedure and Service User Finances Guidelines.</p>	<p>Compliant</p>

<p>Inspection Findings:</p>	
<p>The inspector examined a number of finance assessments and service agreements in place. The documents outline the individual responsibilities of the service users as well as staff and show clear procedures to be followed when handling service users' monies. A number of records examined by the inspector show receipts and signatures as well as regular reconciliations in line with procedures. The staff on duty stated that they have received training on the handling of service users' monies as well as on their returned RQIA questionnaires; the manager stated this training is part of the induction process. Annual reviews completed by the HSC Trust show evidence of agreements of the finance arrangements in the service users' agreement. The manager stated that service users have the support of their family members to manage their finances. Two service users interviewed by the inspector stated they manager their own money but staff help with shopping.</p>	<p>Compliant</p>
<p style="text-align: center;">THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED</p>	
<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</p>	<p>COMPLIANCE LEVEL</p>

<p>intervals, but least quarterly. Errors or deficits are handled in accordance with the agency's SVA procedures.</p>	
<p>Provider's Self-Assessment</p>	
<p>Cheshire House Derry is supported accommodation and we do not store money or valuables for tenants. Tenants keep their valuables and money in their own flat. Tenants in Cheshire House can be supported on safety and security regarding their finance and property if they wish. Be Safe Stay Safe which is part of Leonard Cheshire Disability deliver group training to tenants on security of possessions and property. Be Aware Take Care also deliver one to one training with the tenants if they require it. At the end of the training there is a feedback questionnaire if there are areas that need to be addressed these would then be highlighted.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Service users have individual safe storage areas for their monies, no restrictions are in place for access. Records in place show signatures and receipts in place as well as regular reconciliations and balances of income and expenditure.</p>	<p>Compliant</p>
<p>THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED</p>	
<p>Statement 4:</p> <p>Arrangements for providing transport to service users are transparent and agreed in writing with the service user/their representative:</p> <ul style="list-style-type: none"> • 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; 	<p>COMPLIANCE LEVEL</p>

<ul style="list-style-type: none"> • 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; • 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. 	
<p>Provider’s Self-Assessment</p>	
<p>Cheshire House Derry does not provide transport for any tenant so therefore transport charges are not applicable. Tenants accessing the community make their own arrangements for transport i.e. taxis or bus. Leonard Cheshire does have a client transport policy.</p>	<p>Not applicable</p>
<p>Inspection Findings:</p>	
<p>As outlined in the self-assessment, the agency does not have a transport scheme. Tenants avail of their choice of transport individually.</p>	<p>Compliant</p>

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
	Compliant

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 1:</p> <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. 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p> <p>All tenants in LCD have referral information completed by social worker, GP and OT if required prior to moving in. Tenants also have Assessment of needs, care plans, and risk assessments completed by the trust prior to moving into Cheshire House. Multi disciplinary reviews are carried out approximately 6 weeks after moving in, then annually, Also if there are any issues or changes or the tenant requires a review earlier this can be arranged through the social worker. All tenants have risks built into their outcome focused support plans, individual risk assessments incorporating all areas of risks and they also have the Right to Take Risks Policy / forms which acknowledge their right to take risks, choice, autonomy and independence. As this is supported accommodation staff only go into a tenants home to provide either care/ support with the permission of the tenant. Service users are consulted through tenants meetings, service user surveys, mmvs, feedback forms, key working sessions, audits and inspections, notice boards. All staff have been trained in Restrictive Practices, Managing Challenging Behaviour & Conflict Resolution. Staff have received Human Rights training by Disability Action. Staff have been trained in Whistleblowing and are aware of the Whistleblowing policy. All complaints, compliments and safe guarding are recorded on the CASS system. All accidents/incidents are recorded and can be seen on the day of inspection. Out of Hours arrangements for staff are displayed on the notice board and attached to the Tenant's Guide.</p>	Compliant

<p>Inspection Findings:</p>	
<p>HSC Trust referral information informs the individual personal plans and risk assessments in place. The inspector read two personal plans and these clearly show that the service is person centred whilst discussing outcomes and personal goals. The current personal plans focus on goals and outcomes for service users and are regularly reviewed to ensure that interventions are relevant. Records in place show the involvement of the HSC Trust and service user representatives in the process. Human rights considerations are implicit in the agency’s documentation and include specific human rights articles relevant to the service users. Staff stated they had received human rights training; the last recorded session was completed on the 3 March 2013 Personal plans show clear evidence that the agency appropriately responds to the assessed needs of service users. Records examined show a range of interventions used in the care and support of individuals.</p>	<p>Compliant</p>
<p style="text-align: center;">THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</p>	
<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 	<p>COMPLIANCE LEVEL</p>

<p>Provider’s Self-Assessment</p>	
<p>Prior to working in the service all staff complete induction, mandatory training and shadow shifts. All staff have Personal Development Plans, personnel folders, training records and all training is evaluated. LCD has a training co ordinator who monitors training. Staff supervisions are carried out quarterly and appraisals annually. There are regular minuted team meetings. LCD has a policy in relation to Behaviour Support & Intervention which has a working definition of 'restrictive practice' which can be made available on the day of the inspection. Cheshire House Derry is supported living and we do not employ restrictive practices or restraint. All staff have been trained in Restrictive Practices, Managing Challenging Behaviour & Conflict Resolution. Staff have received Human Rights training by Disability Action. LCD has a Safeguarding Vulnerable Adults Policy. All tenants are aware of the Safeguarding Vulnerable Adults Policy and Guide for tenants leaflets. Within the staff induction programme, staff are trained in recognising and responding to abuse and neglect through Safeguarding Adults and POCA Training. Staff have been trained in Whistleblowing and are aware of the Whistleblowing policy. All complaints, compliments and safe guardings are recorded on the CASS system. All accidents/incidents are recorded and can be seen on the day of the inspection.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The inspector examined a number of training records, staff competency assessments and evaluation records in place. The manager stated that training completed by staff shows that they have the appropriate level of knowledge and skill to respond to the needs of service users. The manager discussed with the inspector the on-going competency assessments of staff and shared the written records in place. Records in place show that training is evaluated and discussed during supervision and appraisal with staff this was also verified by staff in their returned questionnaires and during discussions. The inspector discussed with the manager and staff, reporting procedures if they had any concerns about poor practice, staff were clear about the reporting procedures and were able to explain in detail how they would take these concerns forward. Staff stated they were aware of how to use the whistleblowing policy. Staff in their returned questionnaires rated training as good and during discussion described how flexible the agency is in responding to any training that would benefit both staff and service users in relation to any changing needs. Staff interviewed during the inspection advised the inspector that they felt they had received adequate training for their roles.</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
<p>Provider’s Self-Assessment</p> <p>LCD has a policy in relation to Behaviour Support & Intervention which has a working definition of 'restrictive practice' which can be made available on the day of the inspection. Cheshire House Derry is supported living and we do not employ restrictive practices or restraint. However, all staff have been trained in Restrictive Practices, Managing Challenging Behaviour & Conflict Resolution. The Statement of Purpose and Service User Guide and care and support plan files clearly demonstrate all aspects of service provision, the hours of care and support provided to tenants, all service charges and who pays these charges. All care plans and reviews are person centred so the tenant is in agreement with their care plan, these are reviewed regularly to ensure the tenant is happy with care and support provided. All tenants have access to their care / support plans and all tenants can avail of external support and independent advocacy services and LCD have trained advocates working in Be Safe Stay Safe who will support tenants if they require. Staff in Cheshire House have completed Human Rights Training and Advocacy Training.</p>	Compliant

<p>Inspection Findings:</p>	
<p>Each service user has in place a care plan and a “Personal Plan” files; the inspector examined two of the records in place and as stated by the agency above no restrictive practices are in place. The updated service user guide and the statement of purpose describe the nature and range of the service provided. Information is available to service users about independent advocacy services available to them and their representative. Personal plans in place are relevant to the individual and are in a format suitable to individual need. Service users are advised in their service user guide and statement of their right to decline aspects of their care provision.</p>	<p>Compliant</p>
<p style="text-align: center;">THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</p>	
<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 	<p>COMPLIANCE LEVEL</p>

<ul style="list-style-type: none"> 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 	
Provider's Self-Assessment	
<p>Cheshire House Derry is supported living and we do not employ restrictive practices or restraint. However, all staff have been trained in Restrictive Practices, Managing Challenging Behaviour & Conflict Resolution. LCD has a policy in relation to Behaviour Support & Intervention which has a working definition of 'restrictive practice' which can be made available on the day of the inspection. All staff have received training through Disability Action on Disability & Human Rights which is specific to the tenants in supported accommodation. The human rights of all tenants are adhered to through their care/support plans and risk assessments. Currently as this is supported accommodation with individualised packages of care/support agreed by the tenant, they clearly do not infringe on their human rights. If this was the case, full multidisciplinary and tenant involvement would be required. The agency can provide evidence through support and care planning that there are no practices undertaken which impact on the tenant's right to freedom from torture, inhuman & degrading treatment. Should there be any breach of a tenant's human rights, the agency would follow internal & external procedures which includes informing RQIA, the WHSCT, the PSNI, Supporting People, LCD's Director of Operations NI & LCD's own safeguarding advisor.</p>	Compliant
Inspection Findings:	
<p>As stated by the agency in their self-assessment there are no restrictive in place. This was verified by staff and tenants interviewed during discussion. Staff were able to describe the training in place both in challenging behaviour and human rights and how they uphold individual rights. Staff confirmed that they had received restrictive practice training on the 21 September 2012.</p>	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
	Compliant

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>All service user/ representative are fully aware of the type of care provided by in Cheshire House Derry. Each service user needs are assessed by the referring Trust and these hours are clearly stated on their care plan. Likewise support hours are recorded on each individual's Support Plan. Staff are fully aware of each service user’s care and support needs. Each service user has an individual service user agreement, this details the care package they receive, the supporting people funding they receive and for any charges they have agreed to pay to Leonard Cheshire Disability as part of their weekly living costs. The statement of purpose clearly states that it is Leonard Cheshire Disability policy to provide the opportunity for service users to be actively involved in the running of the service. Service users are routinely involved in the planning and delivery of their personal care and support. For service users wishing to be more involved there is the opportunity to join various committees such as CAN (Customer Action Network). Service users are always represented on recruitment and selection panels and are involved in preparing questions for all staff interviews. The statement of purpose clearly states that Cheshire House Derry works within the framework of the organisation charter, values, standards and policies and procedures. The organisation is fully committed to service user involvement. The service users guide details all financial information relating to the individuals tenancy and care and support hours is recorded for every tenant.</p>	Compliant

<p>Inspection Findings:</p> <p>Records examined by the inspector show clear details of the amount and type of care provided by the agency. A breakdown of care and support hours is included in the records available for inspection these are individual to each service user depending on assessed care and support needs.</p> <p>The agency has in place referral information provided by the HSC Trust and this information forms part of the overall assessment of need and personal plan. The service users and their representatives are made aware of the number of hours care and support that is available to them. Personal plans state the type of care and support provided. The manager and staff interviewed by the inspector were able to describe what care and support was provided to individuals daily. The service is person centred whilst wishes, preferences and choice is included in the personal plan. The agency’s policy on assessment and care planning and their 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 and the personal; plans information accurately detail the amount and type of care provided by the agency in an accessible format.</p>	<p>Compliant</p>
<p>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</p>	
<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 	<p>COMPLIANCE LEVEL</p>

<ul style="list-style-type: none"> • 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. 	
<p>Provider’s Self-Assessment</p> <p>Each service/ user is aware of how may care hours they are funded by the HSC, some service users do not receive any funding by a HSC. If funding is received there is a clear breakdown of the funding received, HSC, Housing Benefit, Supporting People and of any other chargers applied that they have agreed to pay. This details the hourly rate and how many hours they receive; this applies for both care and support. Service users are only funded by assessment of need. Some service users do not receive any HSC funding and this does not impact their tenancy. Any changes to the funding received the service user is fully involved in the decision making. The organisations charges are transparent and assessable for service users. Each individual has their own copy and breakdown of their funding and agreed charges</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>Each service user has in place a support agreement that states the type and amount of care to be provided and what costs are being paid by the HSC Trust for care and the NIHE supporting people scheme for support. This payment structure is also stated in the agency’s self-assessment. Service users do not make contributions from their personal income towards their care or support. These documents show clear evidence that the costs and service provided have been discussed with service users and their representatives. The documentation in place was signed off by the service users’ representatives, HSC Trust staff and agency staff. As stated by the agency in their self-assessment each service user has in place a breakdown of the hours of care and support they will receive.</p>	<p>Compliant</p>

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. 	
Provider’s Self-Assessment	
<p>The service agreement is updated annually or sooner if any changes occur. The HSC is contacted if there is any identified changes to care needs of service users. However, if there are no changes the HSC may not hold an annual review. Correspondence is maintained that a formal review has been requested by Leonard Cheshire Disability. The HSC will convene meetings if there has been any changes. The care plan and funding is reviewed. The service user/ representative is fully involved in this. Leonard Cheshire Disability ethos is to always work in a person centred way and the service user is fully involved. Any changes occurring is recorded</p>	Compliant
Inspection Findings:	
<p>Prior to inspection the agency were asked to forward to the RQIA details of service users annual reviews. The information received and the records examined by the inspector shows clear evidence that all annual reviews have taken place and the records were in place. The following document was also reviewed and</p>	Compliant

signed off by one appointee and agreed by the HSC Trust.

- Terms and conditions agreement

During discussion with staff they confirmed that reviews can be convened as and when required, dependent upon the service users' needs and preferences. Records confirm that service users' service agreements and care plans are updated following reviews. It was clear from records and discussion with the manager that the agency staff are in regular contact with the HSC Trust and that changing needs and risks are discussed on an on-going basis.

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
	Compliant

Any other areas examined

Complaints

The agency has had one complaint during the last year, this was verified by returns sent to RQIA and examination of records held on site. Discussion with the manager and records examined show that all complaints were resolved satisfactorily.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Louise Horner the 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:

Jim Mc Bride
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



No requirements or recommendations resulted from the **primary announced** inspection of LCD Cheshire House which was undertaken on 6 May 2014 and I agree with the content of the report. Return this QIP to supportedliving.services@rqia.org.uk.

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

NAME OF REGISTERED MANAGER COMPLETING	Louise Horner
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING	Tonya McCormac <i>Tonya McCormac</i>

Approved by: <i>Julie de Biecke</i>	Date <i>18.6.2014</i>