



The **Regulation** and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Agency: Ellis Grove Supported Living Scheme
Agency ID No: INO10768
Date of Inspection: 20 October 2014
Inspector's Name: Lorraine O'Donnell
Inspection No: INO20297

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	Ellis Grove Supported Living Scheme
Address:	4 Ellis Grove Carrickfergus BT38 8ZP
Telephone Number:	02893366397
E mail Address:	rosemary.wray@northerntrust.hscni.net
Registered Organisation / Registered Provider:	Dr Tony Stevens
Registered Manager:	Mrs Rosemary Alida Wray
Person in Charge of the agency at the time of inspection:	Mrs Rosemary Alida Wray
Number of service users:	18
Date and type of previous inspection:	Primary Announced 20 February 2014 09:00-15:00
Date and time of inspection:	Primary Announced 20 October 2014 09:00am-3:45pm
Name of inspector:	Lorraine O'Donnell

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	4
Staff	4
Relatives	3
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	17	5

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 one recommendation made during the previous inspection of 20 February 2014 was assessed. The agency has fully met the minimum standards in relation to the recommendation made at the previous 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

Ellis Grove Supported Living Scheme is a supported living type domiciliary care agency based in Carrickfergus. The scheme is managed by the Northern HSC Trust who along with the Oaklee Housing Association provides a range of supported living opportunities to adults with learning disabilities. Ellis Grove offers support to eighteen adults who either live in single or shared bungalows. The agency aims to empower service users to be as independent as possible and to lead fulfilled lives. Under the direction of the manager Mrs Rosemary Wray, sixteen staff provide personal and social support to service users to meet their assessed needs. The Northern HSC Trust commissions this service.

Summary of inspection

The inspection was undertaken on 20 October 2014; the inspector met with the deputy manager and was joined by the registered manager during the inspection.

The inspector had the opportunity to meet with four service users, four staff and three relatives during the inspection.

Prior to the inspection, five staff members forwarded to RQIA a completed questionnaire in relation to the quality of training and service provision, the completion of monthly quality monitoring visits and records held by the agency relating to restraint.

Feedback in relation to the inspection findings was provided to the registered manager during the inspection.

The service provision is person centred and individual. This was evident from reading care and support plans and talking to staff and service users.

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

Detail of inspection process:

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

Service users' receive support to manage their finances and property from agency staff. The agency staff does not act on behalf of service users.

The agency provides a communal area within the agency office building and service users contribute to the utility bills for this area. Service users have been issued with an agreement outlining the relevant service charges for rates, heating, lighting and maintenance. Service users do not contribute from their personal income towards their care or support.

The agency does not provide transport for the service users. The service users who participated in the inspection informed the inspector they used a variety of public transport including taxis and buses.

Each service user has a "Money File" which contains a financial consent form which details the support agreement and records of cash and valuables held by the agency for safe keeping. The agency maintains a number of Financial Management Policies to ensure service users finances and property are appropriately managed and safeguarded.

The agency has been assessed as “Compliant” for this theme

- **Theme 2 – Responding to the needs of service users**

The agency has developed a range of documentation in relation to referrals, needs and risk assessment and care / support planning and explicitly highlighted the human rights of service users within this.

The service users each have care/support plans which were person centred and reflected consideration of the service users’ human rights. These plans contained evidence of HSC Trust involvement and were reviewed annually or more frequently if required. However the agency had only received from the HSC Trust written records for seven of the eighteen service users, the registered manager provided evidence of repeated requests to the Trust to provide the written records of the other eleven service users’ reviews.

The three service users’ relatives who participated in the inspection informed the inspector they were very happy with the support their relatives had received from the agency staff and they enjoyed living in their own home.

The staff received training in areas such as “Human Rights” and “Restrictive Practices” to ensure they have the appropriate level of knowledge and skills required to respond to the needs of the service users.

The agency maintains a “Whistleblowing Policy” and staff are aware of their responsibility to report concerns relating to care practises.

The agency has been assessed as “Substantially compliant” for this theme.

- **Theme 3 - Each service user has a written individual service agreement provided by the agency**

The service users have been issued with a ‘Service Users’ Agreement’ which sets out their allocation of care and support hours and itemises the details of the service charges which are paid weekly to the agency.

Service users do not make a contribution from their personal income for care or support costs.

The agency has been assessed as ‘compliant’ for this theme.

Additional matters examined

Monthly Quality Monitoring Visits by the Registered Provider

The reports of the quality monitoring visits undertaken on behalf of the registered provider were examined. These were found to contain the views of the service users and their representatives. The time of day the visits occurred was not recorded, therefore the inspector was unable to evidence if the visits occurred at a variety of times to ensure all aspects of service provided by the agency had been assessed. This was discussed with the registered manager during the inspection.

A recommendation has been made with regard to the monthly monitoring visits.

Reviews

The registered manager completed and returned to RQIA a questionnaire which sought information about the role of the HSC Trust in reviewing the needs and care plans of service users during the period 1 April 2013 – 31 March 2014 (in accordance with In accordance with the DHSSPS Circular HSC (ECCU) 1/2010 “Care Management, provision of services and charging guidance”).

The information returned to RQIA was discussed during the inspection and the registered manager confirmed all eighteen service users had a review completed by the HSC Trust in accordance with DHSSPS guidance. The records of these meetings had been completed and returned to the agency for seven service users. The registered manager had contacted the HSC Trust by email on the following dates 14 February 2014, 25 September 2014 and 7 October 2014, requesting copies of the review meetings held for the other eleven service users. The four service users who participated in the inspection confirmed their reviews had been completed and agency staff had assisted them to prepare for the review meeting with HSC Trust staff.

Charging Survey

At the request of RQIA, the registered manager submitted a completed survey of charging arrangements to RQIA in advance of the inspection.

The survey was discussed during the inspection and the registered manager advised the inspector that all of the service users are responsible for their own finances. However the service users received support from staff with budgeting. The inspector examined records which confirmed the income and expenditure of service users was recorded and reconciled monthly. The inspector was informed by the clerical officer these records are kept for two years, to facilitate future audits.

The registered manager confirmed that agency staff do not act on behalf of service users and are available to offer advice and support with budgeting.

Follow-up on previous issues

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	Standard 1	The agency should take action following comments, suggestions made by service user's relatives/representative in relation to improving the quality of care provided to service users. Actions should take place when necessary following receipt of feedback.	The registered manager and staff who met with the inspector during the inspection confirmed they had discussed the recommendation to ensure comments relating to the service are actioned. The manager confirmed that the process to improve lines of communication had been agreed. The relatives who participated in the inspection informed the inspector they were confident if they had to raise any issues, the staff would respond to these concerns and keep them up to date with any progress.	One	Fully Met

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 user's home looks like his/her home and does not look like a workplace for care/support staff. 	<p>COMPLIANCE LEVEL</p>

<p>Provider's Self-Assessment</p>	
<p>Ellis Grove Supported Living Scheme has a Service Users Guide which outlines areas of care and support that can be provided within the scheme. This guide is made available to potential service users and given to each service user at the time of tenancy. Within the guide there is a financial section which details costs attributed to having a tenancy within the scheme and how these may be paid. The guide confirms arrangements for staff meals while on duty supporting tenants either in their home or when out accompanying tenants. On admission these costs are confirmed with the tenant and a written financial agreement reached. These details include accommodation rental charges, communal rental charges, how and to whom these will be paid. These financial agreements are updated regularly and should there be any changes to the charges written confirmation is provided to tenants.</p> <p>In addition each tenant has an individual care/support plan detailing their needs and how these needs will be provided for. Care and Support plans include any additional services which the tenant avails of e.g., private Podiatry services. Financial Management support is also highlighted and agreed within the Care and Support Plans.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Service users have been issued with a Service Provision Agreement and this reflects the charges relating to the service users' tenancy. The agreement also outlines the contributions from the HSC Trust and the NIHE's Supporting People programme for personal care and housing support provided by the agency.</p> <p>Service users do not make any personal contribution to the cost of their care or support. The service users' guide confirms the arrangements for staff meals while on duty supporting tenants in their home or when accompanying tenants outside their homes for example on shopping trips.</p> <p>The registered manager informed the inspector service users are informed in writing at least four weeks in advance of any increase in charges.</p> <p>The registered office was in a building adjacent to the service users' homes, within this building there was a kitchen/dining area used by the service users. The service users contribute to the utility bills for this area. The service users' guide and financial agreements include details of the communal area and the charges associated with it payable by the service users. This area was regularly used by service users for social activities and fund raising events arranged by the service users.</p>	<p>Compliant</p>

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

Statement 2:

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;

COMPLIANCE LEVEL

<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>Before taking up a tenancy in Ellis Grove an assessment of need is completed including an analysis of financial matters. Any indentified needs will be outlined in the Care and Support plan. Individual financial agreements and budgeting plans will also reflect identified needs. These plans are reviewed at least annually but more frequently as required. The scheme does not collect or receive benefits/allowances on behalf of a tenant. However, with tenants permissions, staff audit bank statements to ensure all entitled benefits are received.</p> <p>Scheme staff support tenants as required with financial management/budgeting. All transactions are recorded, dated and signed in accordance with NHSCT Standing Financial Instructions. The scheme follows the guidance within ARC "My Money Matters". Written authority from the individual tenant would always be sought before any transactions made on their behalf. This and any such details recorded and stored accordingly. Currently all tenants of the scheme are deemed to have capacity in managing their monies therefore tenants can access any monies or items held on their behalf. Monies or items held on behalf of the tenant are kept in the scheme safe, with weekly reconciliation of contents and register.</p> <p>No agency member acts as appointee although currently 1 family member acts in this role and a note of this is recorded in tenants file.</p>	<p>Compliant</p>

Inspection Findings:	
<p>As outlined within the self-assessment all service users manage their finances with the support of agency staff. Each service user has a financial agreement outlining income and charges; they also have support plans detailing any support they may require such as budgeting advice. The registered manager confirmed that each service user has capacity to manage their money.</p> <p>The inspector confirmed during discussions with staff that they were aware of the contingency arrangements in place if a service user requires them to purchase items or services on their behalf. These include written authority from the tenant and two staff members must be present when carrying out the transaction.</p> <p>The agency maintains records relating to the safe storage of valuables on the service users' behalf, these records confirmed receipts are required to be kept and a reconciliation of the possessions held by the agency on behalf of the service users are carried out weekly. The inspector examined records of these reconciliations and was able to confirm reconciliations were carried out in keeping with the agency policy.</p> <p>As stated in the self- assessment a family member acts on behalf of one service user, the inspector examined the service users' records and confirmed the documents relating to this arrangement were held by the agency.</p> <p>The staff who participated in the inspection discussed their responsibilities report to the HSC Trust if they believed a service user was incapable of managing their finances and property. The staff informed the inspector of the importance to have capacity assessments and a review of the needs of the service user arranged.</p>	<p>Compliant</p>

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>In accordance with NHSCT "Standing Financial Instructions" the scheme provides a safe for the storage of money and valuables. A safe register is kept and all transactions are double signed by staff/tenants. The senior member of staff on duty is the key holder to the safe and all senior staff have been provided with training on handling of Finances and Storage of Cash and Valuables. A reconciliation of the safe, its contents and the register is completed at very least on a weekly basis however, senior staff prefer to check contents at the shift handover. Any errors or discrepancies will be noted and investigated in accordance with safeguarding procedures. Tenants and other grades of staff would be aware of the arrangements for the safe storage of cash and valuables and the procedures followed. In cases where the tenant has a restriction of access to their money or valuables there would be a full risk assessment completed and explicit detail</p>	Compliant

<p>recorded in the individuals care and support plan.</p> <p>The NHSCT Standing Financial Instructions, the schemes Financial Management Procedure and ARC "My Money Matters" documents will also be made available to the Inspector.</p>	
<p>Inspection Findings:</p>	
<p>The agency provides a safe for the storage of money and valuables. They maintain a range of financial management policies such as "Cash Collection and Receipting of Income", "Residents Financial Affairs" and "Patient and Client Property", to provide guidance for staff to ensure service users' finances and property are appropriately managed and safeguarded.</p> <p>Safe records are reconciled at least weekly. The inspector was informed by the staff who participated in the inspection any errors were reported using the safeguarding procedures.</p> <p>The inspector spoke with four service users who confirmed they were aware of the use of the safe to store valuables such as their cash point cards, each service user informed the inspector they did not experience any restrictions on access to their valuables.</p>	<p>Compliant</p>

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

Statement 4:

COMPLIANCE LEVEL

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;
- The agency ensures that the vehicle(s) used for providing transport to service users, including private

<p>(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;</p> <ul style="list-style-type: none"> Ownership details of any vehicles used by the agency to provide transport services are clarified. 	
<p>Provider's Self-Assessment</p>	
<p>Ellis Grove Supported Living Scheme does not provide transport. Tenants are encouraged to use community based transport i.e. public transport and D.A.T.S.</p>	<p>Not applicable</p>
<p>Inspection Findings:</p>	
<p>As stated in the self -assessment the agency does not provide a transport scheme for service users. The service users who participated in the inspection informed the inspector they used buses or taxis.</p>	<p>Not Applicable</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>Compliant</p>

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. 	
<p>Provider’s Self-Assessment</p> <p>All tenants of Ellis Grove Supported Living Scheme have individual care/support plans which highlight individual needs and risks and how these needs should be met and by whom.</p> <p>Care and Support plans are holistic and person centred in approach with multi-disciplinary input. Tenants and their representatives are fully supported to be involved in establishing plans. A record is made on care and Support plans reflecting the appropriate consideraton of Human Rights.</p> <p>A copy of the care and support plan is kept in the tenants individual file and a copy provided to the individual and the NHSCT named worker. These plans are reviewed and updated at least annually but more frequently if needed. Scheme staff monitor and record the effectiveness of these plans. Staff also discuss with the tenant and record the outcomes of the services provided to the individual. Flexibility to changing needs is a core factor within the Care and Support planning process.</p>	<p>Compliant</p>

Inspection Findings:	
<p>A range of care records were examined and service users' needs and risks were documented by agency staff and had been reviewed by the HSC trust.</p> <p>The inspector examined updated needs assessments and care / support plans provided by the HSC trust for four service users; these were noted to have been aligned to the specific outcome for service users and their human rights.</p> <p>The care records of four service users were examined and contained daily progress notes and staff summaries of the individual's progress towards aspects of their care and support plan. Agency staff have written an evaluation against each outcome and these reflected discussions with and the views of the service users.</p> <p>Service users were noted to have had annual reviews and the attendance of HSC trust staff at these meetings was evident as seen in number of updated HSC care plans. The inspector was informed that all eighteen service users' reviews had been carried out in accordance with agency policy; however the agency had only received written copies from the HSC Trust for seven of the service users. The registered manager provided evidence of the requests she had made to the Trust to return to the agency copies of the eleven reviews which had been completed.</p>	<p>Substantially Compliant</p>

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
Provider’s Self-Assessment	
<p>All support staff within the scheme have completed or are completing NVQ/QCF level 2/3. This vocational training focusses on the Care Planning Process.</p> <p>Within Formal and Informal Supervision staff are guided on the implentation of care support plans, aims and objectives of the plans and level of support required.</p> <p>During staff meetings care practices are discussed, this includes discussing individual tenants needs, their care/support plans and the effectiveness of the service provided.</p> <p>Staff discuss care practices with tenants and agree ways to support the individuals in an appropriate manner. Staff work within a multi-disciplinary team and are competant to evaluate effectiveness of care practices and report changes to relevant others.</p>	Compliant

<p>Staff are required to complete a 3 day foundation course in RESPECT Solutions and thereafter attend a yearly refreshers. These courses include practical and written competency tests.</p> <p>RESPECT solutions training focuses on understanding individuals needs responding accordingly. Using positive behavioural support and adopting a person centred thinking approach to all practices.</p> <p>RESPECT training includes awareness of restrictive practices and training in use of restrictive interventions, giving clear direction on when and how a restrictive intervention can be used. Stringent measures are in place for the use, recording and governance of such interventions.</p>	
<p>Inspection Findings:</p>	
<p>The inspector examined a number of training records 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 inspector examined a sample of the following training that had been completed by staff:</p> <ul style="list-style-type: none"> • Human rights and Consent January 2014 • Respect February 2014 • Managing Service Users' Money October 2013 (this training was received by seniors) • Safeguarding Vulnerable Adults February 2014 <p>The five staff who returned their questionnaires rated the effectiveness of their training as good or excellent and stated that they are aware of the whistleblowing policy if they had concerns about poor practice.</p> <p>The registered manager and the three staff who participated in the inspection stated that changes to care practices are discussed with the HSC trust representatives and other staff and is reviewed regularly. This was evident in records reviewed by the inspector and the current care plans that were reviewed they HSC Trust.</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>Ellis Grove Supported Living Schemes Statement of Purpose and Service Users Guide and Operational Guide refers to the range of services available for tenants living within the sheme. These documents discuss:</p> <ol style="list-style-type: none"> 1 The Principles/Ethos of Supported Living 2 The Philosophy of Care/Mission Statement 3 Assessment and Care/Support Planning Processes 4 Review Process 5 Service User Involvement 6 Quality Assurance Monitoring <p>Person centred planning is fundamental to all care/support practices withing the Supported Living</p>	Compliant

<p>environment. Tenants rights, choice and control over their lives is respected promoted and captured in their care/support plans. Staff encourage tenants to express their wants, wishes and opinions.</p> <p>Tenants are aware they can decline care services this has been discussed individually and within tenants meetings.</p> <p>All tenants are given a copy of their care and support plan and depending on their needs and level of understanding this may be in written format or pictorial using makaton, symbols or pictures. Staff will explain the care and support plan to the individual and seek their consent to the plan.</p> <p>Should a restrictive practice be deemed necessary a full risk assesement would be completed and the least restrictive option implemented.</p> <p>The restrictive practice must consider the impact on the individual and other tenants and reflect how this should be best managed. The Manager undertakes frequent audits of any restrictive practice or potential restrictive practice. This audit ensures practice are necessary proportionate to the need and effective.</p>	
<p>Inspection Findings:</p>	
<p>As stated in the self- assessment the Statement of Purpose and Service Users Guide include information explaining the nature and range of services provided by the agency. The agency’s staff who participated in the inspection demonstrated a clear understanding of the principles of supported living. The inspector spoke with four service users and three relatives who confirmed the service users’ wishes were respected and they had a right to choose what support they received from the agency.</p> <p>The inspector was informed there was a locked cupboard within the home shared by two service users. The need to restrict access was made following the assessment of the needs of one service user. The HSC Trust participated in the assessment and care planning for the service user. The impact on the other service user was discussed and the service user was offered a key to the locked cupboard to reduce the impact of the restrictive practice. Staff explained the need for a full risk assessment, involving the HSC Trust prior to any restrictive practice being implemented and the necessity to review the practice.</p> <p>Staff informed the inspector that service users were offered copies of their care and support plans. During discussion with four service users, they confirmed they were aware they could have a copy of these plans and also confirmed they could have access to them at any time.</p>	<p>Compliant</p>

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>Any restrictive care practice is only undertaken if there are identified and documented risks and needs - and must be proportionate and the least restrictive option. NHSCT policies including Managing Risk in Direct Care Setting, Deprivation of Liberties Safeguards, and Use of Restrictive Intervention inform all care practices that might be deemed as restrictive.</p>	Compliant

<p>Staff and tenants have been provided with training on Human Rights and staff have assisted tenants to complete Deprivation of Liberties checklist.</p> <p>As discussed in theme 2 statement 2 staff have completed training on RESPECT Solutions which gives explicit guidance on Restrictive Practices and Interventions, the use of these the reporting and recording and governance of any such intervention. There are reporting mechanisms to RQIA, NHSCT Governance Department and Positive Behavioural Support Service and staff are familiar with such processes.</p>	
<p>Inspection Findings:</p>	
<p>The agency has developed a policy on restrictive practice and this reflects the DHSSPS guidance on restraint and seclusion and references the Human Rights Act. Agency staff who met with the inspector described their understanding of restrictive practice.</p> <p>The inspector examined the agency’s training records; staff had attended Human Rights and Consent Training in January 2014. All staff had received Respect Training. The agency maintains a policy on Restrictive Physical and Behavioural Interventions, the inspector was informed by the manager that the staffs knowledge of this subject is tested using a written assessment.</p> <p>The inspector examined the records of tenants meetings which evidenced that Human Rights had been discussed with service users.</p> <p>Agency staff demonstrated to the inspector their knowledge relating to the agency’s responsibility to notify RQIA of each occasion restraint is used. The inspector examined records of staff meetings which indicated that restrictive practices and consent was discussed by staff during a meeting held on 7 May 2014. A restrictive practice audit was completed by the agency in August 2014.</p> <p>The registered manager informed the inspector one service user experienced a restrictive practice; a cupboard was locked within a property shared with another service user. This restriction had been assessed and the management plan agreed with the HSC Trust. The support plans evidenced consideration of the service user’s human rights. The service user had a behavioural management plan in place which was agreed, dated and signed by the service user. The impact on the service user who shared the property was assessed and this service user was offered a key to the cupboard. The inspector examined the records which support these alternative arrangements had been discussed with the service users.</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
	Substantially Compliant

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p>Statement 1</p> <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. 	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>Each tenant living in Ellis Grove Supported Living Scheme has an individual care/support plan which details their needs and the services identified to meet their needs. This plan is completed in partnership with the tenant and in conjunction with tenant representative and other members of the multi-disciplinary team.</p> <p>The plan is holistic and person centred and accurately records the details of care and support required to be provided to the tenant.</p> <p>As discussed in Theme 2 Statement 3 the schemes Statement of Purpose, Service User Guide and Operational Guide outlines the type and amount of care that may be provided within the scheme. These documents are available to any potential tenant and provided to all tenants of the scheme. However, in addition the detail of these documents are also discussed with tenants either individually or within a group setting to ensure understanding.</p> <p>The type and amount of care and support is also discussed with staff either individually in supervision or within team meetings, thereby ensuring consistent approach to service delivery.</p>	Compliant

Inspection Findings:	
<p>The Service User Agreements were examined and had been signed by the service users and agency staff. The service users could describe the amount and type of care provided by the agency. The agreements detail the charges for care and support and the hours of each allocated to each individual.</p> <p>The service agreements reflect how the assessed needs of the service user are met, as agreed with the HSC Trust.</p>	<p>Compliant</p>

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
<p>Provider's Self-Assessment</p> <p>Within the Service User Guide there is an outline of potential costs of services provided within Ellis Grove Supported Living Scheme. On accepting a tenancy these costs will be formally agreed, the amount due and how payments can be made. For each tenant an individual financial agreement/budget plan will be agreed. This financial agreement will include such costs as Rental Costs, Supporting People Contributions and daily living expenses. As discussed in Theme 2 care/support plans detail need and service delivery. These plans are drawn up in partnership with the tenant. Staff take time to fully explain the plan to the tenant thereby ensuring their understanding of the service to be offered to them.</p> <p>Tenants are also aware when staff will be available, how to contact staff and that they have the right to refuse services. Tenants can ask for a review at anytime of their care and support plan, this would not effect their rights as a tenant.</p>	Substantially compliant

Inspection Findings:	
<p>As outlined in the self-assessment, service users do not make contributions from their personal income towards their care or support.</p> <p>Service users who participated in the inspection outlined their understanding that their care is paid for by the HSC Trust.</p>	<p>Compliant</p>

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p>Statement 3</p> <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. 	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p> <p>All tenants of Ellis Grove Supported Living Scheme have a yearly review meeting. This review will normally be attended by the tenant, family members, staff from Supported Living and Day Care services and the NHSCT Named Worker, if no Social Worker, Manager or Deputy. In preparation for the review meeting Supported Living Staff will meet with the tenant to prepare a report. This will include a review of aims/objectives set previously, progress made in meeting these, the effectiveness of current service provision and future planning.</p> <p>At the meeting a full discussion of the care/support plan is facilitated incorporating the tenants' thoughts and opinions on current service provision and their plans for the future. The named worker will complete minutes of the meeting and forward copies of the meeting and the care and support plan will be updated accordingly. A copy of the Care and Support plan will be provided to the tenant and a copy held in their file.</p>	Compliant

<p>A review meeting can be convened at any time but must be held at least annually.</p>	
<p>Inspection Findings:</p>	
<p>At the request of RQIA, the agency provided to RQIA in advance of the inspection a summary of the review arrangements in place for service users. This information was discussed during the inspection and validated. As outlined in the self-assessment, service users are held annually and more often if necessary with HSC Trust staff. It was evident that agency staff are in regular contact with the HSC Trust and that changing needs and risks are discussed regularly.</p>	<p>Compliant</p>

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

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

Any other areas examined

Complaints

Prior to the inspection the agency returned a completed complaints questionnaire to RQIA for the period 1 January 2013 to 31 December 2013. The agency has had no complaints this was verified by examination of the records held on site. However the records confirmed the agency had received a complaint in May 2014 which indicated it had been acknowledged by the agency and satisfactorily resolved in accordance with the agency's policy guidance.

Quality improvement plan

The details of the Quality Improvement Plan appended to this report were discussed with Rosemary Wray and Ann Mc Cormick, 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:

Lorraine O'Donnell
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Announced Primary Inspection

Ellis Grove

20 October 2014

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 Rosemary Wray, the registered manager and Ann Mc Cormick, the deputy 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.

Recommendations

These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2008), 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	8.11	<p>The registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis.</p> <p>It is recommended that the time of the visit and if it is announced or unannounced is recorded within monthly quality monitoring reports.</p>	One	<p>The Registered Manager has discussed this recommendation with the Nominated Person who carries out these Monitoring Visits and has agreed that times will be noted on the Monitoring Report and it will specify if the visit was announced or unannounced.</p>	<p>Immediate from date of inspection.</p>

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	ROSEMARY WRAY
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	TONY STEVENS

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	Lorraine O'Donnell	12/12/14
Further information requested from provider			