



The **Regulation** and
Quality Improvement
Authority

PRIMARY ANNOUNCED CARE INSPECTION

Name of Agency:	Linton Cottages
RQIA Number:	10861
Date of Inspection:	15 May 2014
Inspector's Name:	Joanne Faulkner
Inspection ID:	17890

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Agency:	Linton Cottages
Address:	5 Roemill Road Limavady BT49 9DF
Telephone Number:	02877722466
E mail Address:	k.oldcroft@apexhousing.org
Registered Organisation / Registered Provider:	Mr Gerald Kelly Apex Housing Association
Registered Manager:	Mrs Christine Karen Oldcroft
Person in Charge of the Agency at the Time of Inspection:	Mrs Christine Karen Oldcroft
Number of Service Users:	7
Date and Type of Previous Inspection:	6 June 2013 Primary Announced Inspection
Date and Time of Inspection:	15 May 2014 09:30- 17:00
Name of Inspector:	Joanne Faulkner

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect supported living type domiciliary care agencies. A minimum of one inspection per year is required.

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

3.0 Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations, minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of domiciliary care, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Domiciliary Care Agencies Minimum Standards (2011)

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

4.0 Methods/Process

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

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

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

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

- Evaluation and feedback

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

5.0 Consultation Process

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

Service users	6
Staff	4
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	20	12

6.0 Inspection Focus

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

The following three quality themes were assessed at this inspection:

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

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

The inspector reviewed the Quality Improvement Plan issued following the previous inspection. One requirement and six recommendations have been assessed as being fully met.

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

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

7.0 Profile of Service

Linton Cottages is a supported living type domiciliary care agency, located on the outskirts of Limavady. The agency's staff provide care and support to service users living in two bungalows built adjacent to a residential home; the agency's office is located within the residential home.. Service users have individual rooms within the bungalows.

The agency operates a key worker system for all service users; they are provided with support to maintain their tenancy, live as independently as possible and be involved in the local community.

There are presently seven service users in the scheme. Specific services can include assistance with personal care, medication, budgeting, shopping, cleaning, laundry and social activities, dependent upon service users' needs, interests and wishes.

8.0 Summary of Inspection

The announced inspection was undertaken on 15 May 2014, at the registered office located within the agency's residential home which shares the same site. The inspector was supported throughout the inspection by the registered manager, Mrs Karen Oldcroft.

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

The inspector read the care records of two service users; they outlined a range of practices in place to meet the needs of each individual service users. Staff who met with the inspector stated that service users are encouraged to remain as independent as possible and provided with the necessary support.

Prior to the inspection, 12 staff members forwarded to RQIA completed questionnaires in relation to the quality of service provision; the inspector also spoke to four additional members of staff on duty during the inspection and has added their comments to this report.

8.1 Staff Comments:

- "The training is good, we have a training calendar"
- "I get supervision quarterly and annual appraisal"
- "Service users are given choice; they do their own shopping and cooking with support"
- "Service users supported to go out shopping, to attend activities and to be as independent as possible"
- "There is no restrictive practice"
- "Care plans are reviewed six monthly"
- "Good support from Karen the manager"

The 12 returned questionnaires indicated the following:

- Twelve staff have received Vulnerable Adult training
- Training was rated as excellent or very good
- Twelve staff have received Human Rights training
- Service users have in place individual service agreements

- Staff are aware of whistleblowing policy
- Twelve staff have received training on the supported living model
- Twelve staff member has received finance training
- Staff stated that service users views were reflected in their individual care and support plans
- Staff stated that the agency carries out monthly quality monitoring visits.

Records viewed by the inspector and discussions with the manager and staff support the above statements and identified that other staff had also received the training. Discussions with staff and service users at the time of inspection identified their involvement in the development of individual care and support plans and the annual review involving the relevant HSC Trust.

8.2 Service Users' Comments:

During the inspection, the inspector met with six service users who described an individualised approach to the care and support they received; they informed the inspector that they were involved in compiling their individual care and support plans. The service users could describe the care and support they received and any related charges; they stated that they are encouraged to express their views and wishes. Service users stated that they are encouraged to be as independent as possible and provided by the agency with the agreed care and support.

Comments:

- "Staff are great"
- "I can come and go as I please".
- "I have my own key"
- "I go to work and I get my wages on Friday"
- "Staff are very good, they keep an eye on us"
- "I love gardening, I look after the plants here"
- "They send you a letter telling you when the charges are changing"
- "I go out dancing, I love it"
- "I make my own food"
- "I love watching the football"
- "My social worker calls to see me"
- "I do my own washing, we all have chores to do, the staff help you"
- "Any problems we talk to Karen"
- "I am going on holiday"
- "Staff remind you to take your tablets"
- "I sign for my own money"
- "We are very independent"

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

8.3 Detail of Inspection Process:

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

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

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

- Support and Care Agreement
- Tenancy Financial Agreement
- Tenants Guide

The documentation viewed outlines the terms and conditions in respect of service provision, including charges to the service user for any care or support provided by the agency and methods of payment. The manager stated that service users are in receipt of care commissioned by the relevant HSC trust and are not paying the agency for additional care services. The manager stated that service users are assessed by the agency prior to admission and agreement made on services that will be provided by the agency and any related charges agreed.

Service users who met with the inspector were aware of charges made by the agency and could describe the care and support they received.

The manager informed the inspector that service users pay an equal share of utility bills; this is revised annually and service users informed of changes.

Service users contribute a fixed amount per week for food; they are supported to plan the menu; service users can opt in or out. Staff stated that they do not eat whilst in the service users' homes.

The agency has a locked safe facility; this is managed in accordance with the agency's finance policy.

The agency acts as appointee for service users and provides the agreed support required to enable service users to manage their finances. Service users can access their monies at any time.

The agency maintains records for all monies held on behalf of service users; they detail all transactions in or out, and available balance. The records are signed by the service users if appropriate and two staff members and receipts are in place for all transactions.

Service users are given the required support to access appropriate public transport and pay any costs incurred. Service users can access the agency's transport scheme; a policy is in place and the tenant's financial agreement clearly details any charges.

Service users are provided with keys for their home and have a facility in their rooms for safely storing valuables.

The agency has a financial policy in place; this was viewed by the inspector.

8.3.2 Theme 2: Responding to the needs of service users

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

The manager stated that prior to admission service users have an assessment of their needs completed by the registered manager; this information is used in the development of care and support plans.

The records examined by the inspector had in place individualised care and support plans; service users stated that they are involved in the development of these and that their choices and views are reflected. Staff informed the inspector that they record the care and support provided to each service user on a daily basis.

Records viewed reflect a range of interventions used in the care and support of individual service users. Relevant human rights of service users are explicitly recorded within their care and support plans; it was identified that these are reviewed six monthly or more frequently if required.

The registered manager informed the inspector that service users receive services funded by the HSC Trust; they have received an annual review with their commissioning HSC Trust representative in the previous year. Agency staff participate in the review and a copy of the review documentation is retained.

The agency maintains training records for all staff; staff stated they had received induction training at the commencement of employment, covering a number of topics including human rights, safeguarding vulnerable adults and care planning. Staff informed the inspector that they receive quarterly supervision and annual appraisal.

From the documentation examined and discussion with the manager, service users and staff; it was identified that there are presently no restrictive practices in place within the service.

The inspector discussed with the manager the current practice in place in relation to service users shopping; the manager stated that service users are supported to complete the weekly food shop by staff at a local supermarket. The manager stated that the invoice for all purchases is then forwarded for payment on a monthly basis. The inspector discussed the need for the agency staff to ensure that service users are given choice about where they shop and that suitable arrangements are implemented to ensure service users can make payment when they purchase goods. A requirement has been made.

Staff could describe the necessary actions in relation to safeguarding vulnerable adults and whistleblowing and had knowledge of the agency's relevant policies in place.

One requirement has been made in relation to this theme.

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

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

Service users have in place a tenant's guide, individual care and support agreements and a tenant's financial agreement. They record the amount and type of care provided by the agency and are signed by the service user and updated annually.

Prior to admission the registered manager completes a needs assessment for all service users; this information together with relevant professional assessments forms part of the initial care planning when service users move to supported living.

Service users could describe the amount and types of care provided by the agency and were aware of charges for services received. Service users described a varied range of individualised activities that they participate in, with the support of the agency's staff. Service users are in receipt of care services funded by an HSC Trust.

The manager and staff clearly described the amount and type of care provided to individual service users; they stated that service users are encouraged and supported to be as independent as possible.

Service users informed the inspector that they participate in their annual review involving their HSC Trust representative and the agency's staff; they stated they are encouraged to express their views and wishes.

A copy of the review documentation is retained by the agency.

The service user support and care agreement details the process for the cancellation of services; service users who spoke to the inspector were aware of their right to choose the services they required.

8.4 Additional Matters Examined

8.4.1 Charging Survey

At the request of RQIA and in advance of this inspection, the agency submitted to RQIA a completed survey in relation to the arrangements for charging service users. During the inspection the manager informed the inspector that service users receive care commissioned by the HSC Trust; the manager stated that service users are informed of all charges prior to the commencement of their tenancy.

8.4.2 Statement of Purpose:

The agency's statement of purpose, March 2014, was viewed by the inspector; it details the nature and range of services provided by the agency.

8.4.3 Annual Review of Service Users' Needs by HSC Trusts:

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

Records viewed by the inspector and discussion with the registered manager identified that all service users had received an annual review involving the relevant HSC Trust.

8.4.4 Monthly Quality Monitoring

The agency has in place records of monthly quality monitoring visits; these were available for the inspector to view. The inspector identified that the visits were completed by a senior within the organisation; the information recorded which related to the previous 12 month period indicated that the person completing the visit had not sought the views of service users and their representatives. A requirement has been made.

During the inspection, the inspector issued an urgent action notice and requested that the agency forwards copies of the monthly quality monitoring record to RQIA until further notice.

9.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1	Regulation 7 (a)	The agency is required to review its statement of purpose to reflect current service provision.	<p>The inspector viewed the agency's statement of purpose; it details the services provided by the agency.</p> <p>This requirement has been assessed as being fully met.</p>	Once	Fully met

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	Standard 1.1	It is recommended that the agency's organisational policies, procedures, processes and documents should show how they underpin the principles of service users choosing where they live.	The agency's tenants guide details the rights of service users in choosing where they live; this was viewed by the inspector. This recommendation has been assessed as being fully met.	Twice	Fully Met
2	Standard 4.1, 4.2, 4.3, 4.4, 4.5.	It is recommended that the agency should show clearly how organisational policies, procedures, processes and documents support the separate provision of care and accommodation.	The inspector noted from records viewed that service users have individual tenancy and care and support agreements in place. This recommendation has been assessed as being fully met.	Twice	Fully Met
3	Standard 9 1	It is recommended that the agency's organisational policies, procedures, processes and documents clearly show how they underpin the principles of tenants choosing who supports them and how they are supported.	The inspector viewed the agency's support and care agreement; it details that service user can choose who provides them with the care and support required. This recommendation has been assessed as being fully met.	Twice	Fully met
4	Standard 9 1	It is recommended that the agency clearly show that tenants are aware that they can remain in their	The inspector viewed the agency's support and care agreement; it details that service user can remain in their home if care is no longer	Twice	Fully met

		accommodation even if the provision of care is no longer required or no longer meets their needs.	required.		
5	Standard 1.1	It is recommended that the agency's organisational policies, procedures, processes and documents should underpin the principles of service users being able to choose who they share their accommodation with. The agency should further clearly demonstrate how they discuss and consult with tenants about who they share their accommodation with.	<p>The manager described the process for consulting with service users in relation to who they share their accommodation with.</p> <p>The inspector viewed review documentation for one service user; it detailed a discussion with the service user about who they live with.</p> <p>This recommendation has been assessed as being fully met.</p>	Twice	Fully met
6	Standard 3.3	The agency must ensure that the model of care associated with supported living is reflected in the medicine management, ensuring it is individual and consistent with living in your own home.	<p>The manager stated that service users' medication is stored in a locked box in their rooms.</p> <p>Service users confirmed that their medication is stored securely in their bedroom.</p> <p>This requirement has been assessed as being fully met.</p>	Once	Fully met.

10.0 Inspection Findings

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

<p>Provider's Self-Assessment</p>	
<p>The agency provides a Tenant Information brochure for the service which includes the tenancy agreement, care/support agreement and financial information leaflet including a breakdown of all charges for services. No tenants pay or avail of additional care services at present. The tenants pay a service charge which includes costs for maintaining communal areas and is proportionate for the running costs of the scheme, this is apportioned equally to all tenants of the service. Where a room does not have a tenant the void loss is costed to the Association. The Supported Living Domiciliary Care Service guide highlights what the roles and responsibilities of staff in relation to meals, while on duty. Financial policies are in place that clearly clarify the arrangement for meals for staff on duty. The staff that offer support in Linton Cottages do not eat on the scheme. The agency has agreements in place with DSS to operate as corporate appointee. We also have corporate appointeeship agreements signed by the tenant giving consent to manage their monies where applicable. Financial policies are in place to manage tenant's finances and property. All tenants are advised annually by letter four weeks in advance of any rent increases. A copy of the letter is also kept in centrally in the Associations Head Office.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The agency has in place individual care and support agreements, tenancy financial agreements and a tenant's guide for each service user; the inspector viewed the records for two service users. The documentation in place details the charges to the service user for any care or support provided by the agency. The manager stated that service users are in receipt of care funded by the relevant HSC trust and are not paying the agency for additional care. The manager stated that service users are assessed by the agency prior to admission and any charges for services agreed.</p> <p>Service users pay an equal share of utility costs; this is reviewed annually. Service users who met with the inspector stated that they receive written notification of any changes to charges. The manager stated service users do not contribute towards costs associated with the agency's office located in the adjacent residential care home.</p> <p>The registered manager stated that staff do not eat food in the service users homes; this was confirmed by staff who met with the inspector.</p> <p>The inspector viewed the support plans for two service users; it was noted that the support required by service users to manage their finances is recorded. The inspector identified that they had been signed by the relevant service user.</p>	<p>Compliant</p>

The agency acts as appointee for all service users whose finances are managed by the Office of Care and Protection. The agency keeps a record of all held on behalf of service users; individual ledgers are maintained for each service users detailing all transactions; these were viewed by the inspector.

The agency has a financial policy in place; this was viewed by the inspector. It details the procedure for staff handling service users' monies.

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<p>Statement 2:</p> <p>Arrangements for receiving and spending service users' monies on their behalf are transparent, have been authorised and the appropriate records are maintained:</p> <ul style="list-style-type: none"> • 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; 	<p>COMPLIANCE LEVEL</p>

<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>The initial assessment by the Trust, identifies a tenant's capabilities and support/care needed for managing finances. The rent account is managed by Apex Head Office staff and details all monies/benefits received and debited for rent charges and personal allowances. At Linton Cottages the staff follow the finance policies recording income/expenditure, sign withdrawals if tenant unable to do so and carry out weekly reconciliations as stated in the Resident/Tenant Bank Account Policy. Where items are purchased on behalf of tenants these are discussed and agreed at annual reviews. In reference to contingency measures for accessing money where a tenant has asked the Association to operate a 'purse' system on their behalf all budgets agreed are signed off in their care/support plan and agreed at annual MDT review. Where a member of staff is the appointee or agent, the Association has in place a written agreement that is signed and dated. Where the Association operates a bank account for a tenant the Association has a written agreement in place signed by a staff member and a representative of Office of Court of Care and Protection. If evidence of a tenant becoming incapable of managing their finances arises this is reported to the Trust keyworker involved with the tenant's care for assessment and review.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The inspector discussed this theme with the manager. The agency has in place individual service user support plans; the inspector noted from records viewed that they clearly detail the support required by service users to manage their monies and are signed by the service users. The manager stated that arrangements in place are discussed at the annual review with the HSC trust representative. The manager informed the inspector that the Office of Care and Protection manage the finances of all service users; the agency acts as appointee and retains documentation detailing this arrangement. The records for two service users were</p>	<p>Compliant</p>

viewed by the inspector.

The agency maintains a record of all monies received on behalf of service users and records all transactions; two individual ledgers were viewed by the inspector and it was noted that two staff and were appropriate the service user signed for any transactions; receipts were retained.

Service users who met with the inspector stated that they have been involved in discussions and agreements in place in relation to their monies and stated that they can choose how to spend their money. Service users stated that they can access their money at any time and have a facility for storing it safely within their individual homes.

The agency has in place a finance policy which details the procedure for staff handling service users' monies; this was viewed by the inspector.

A reconciliation of all monies held by the agency is completed twice weekly and audits are carried out by the agency's finance department. The agency has in place a list of staff signatures; this was viewed by the inspector.

The manager could describe to the inspector the process to follow if concerns are highlighted in relation to a service user's capability in managing their finances.

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>Where the agency provides storage of money/valuables there are policies in place around access such as the managing keys policy, resident bank account policy, managing finances policy.</p> <p>Where money / valuables are deposited by tenants for safe keeping there is a receipt book and money book which is signed by the tenant and two members of staff and this is kept in a locked area.</p> <p>Where a tenant has been assessed as requiring safety and security in respect of their property there are individual arrangements in place detailed in their care/support plan and agreed at annual MDT review. Tenants are aware of arrangements for the safe storage of their items and have access to their individual financial records. Where there restrictions are in place there would be a risk assessment and care plan in place reflecting this(restrictive policy). Finance audits/service reviews are carried out at regular intervals.</p>	Compliant

Inspection Findings:	
<p>The agency has a facility for the safe storage of service users' monies and valuables; this is located in the agency's office which is in the residential care home situated on the same site. The manager stated that safe keys are held by the senior on duty.</p> <p>Service users informed the inspector that they have a locked facility in their individual rooms to secure money, valuables and medication. Staff informed the inspector that service users are encouraged to keep their valuables safe and are provided with the necessary support to safely manage their monies.</p> <p>The agency maintains a record of staff signatures; this was viewed by the inspector. The agency's finance policy clearly details the process for the management of service users' monies.</p> <p>Where the agency holds monies in behalf of service users they maintain individual records; the inspector viewed two ledgers in place. It was noted that the date and details of each transaction was recorded, it denoted the available balance and was signed by the service user, if appropriate, and two staff members. Receipts are retained for each transaction. The service users' care and support plan was viewed by the inspector; it details the agreed support required by the service user to safely manage their monies.</p> <p>The inspector was informed that twice weekly reconciliation is completed by the manager, six monthly by the agency's finance department.</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. 	
Provider's Self-Assessment	
<p>On initial assessment the potential tenants needs and resources are considered including information provided by the Trust. The transport provision is based on individual usage and charges are based on per tenant per mile basis. The tenants have the opportunity to opt out of the transport service and are only charged if they use the transport service. The tenant signs a transport agreement detailing the charges to be applied and method of payment.</p> <p>The Association has a transport policy detailing the roles and responsibilities and costs..</p> <p>In relation to the shared use of an individuals mobility vehicle, this is not applicable - if a tenant has a mobility car this is for their own private use and they are not expected to transport other tenants.</p> <p>Records are maintained by the Association were the Association receive benefits on behalf of the tenant. Records are in place for amounts charged for use of vehicles and tenants receive a monthly statement, each journey is recorded, timed and dated.</p> <p>Records for the the associations vehicles annual running costs are kept by finance.</p> <p>In reference to vehicles providing transport to tenants such as the Associations buses and staff vehicles these meet the relevant legal requirement and road worthiness, staff are asked to produce their insurance certificates annually. Ownership details of any vehicles used by the tenants are clarified by the Association. The Association has a fleet of buses which the tenants can use for the charges highlighted in the financial policy.</p>	<p>Compliant</p>
Inspection Findings:	
<p>The manager stated that prior to admission the needs of the service user is assessed and any support required is recorded in the care and support plan.</p> <p>Staff informed the inspector that they provide the required support to the service users to avail of appropriate public transport. Service users informed the inspector that the support required to use public transport is agreed with them and that they are responsible for any costs incurred.</p> <p>The manager stated that the service users can avail of the organisations transport service. The agency has in place a transport policy and procedure; this was viewed by the inspector. Charges incurred for the use of</p>	<p>Compliant</p>

this service are clearly outlined in individual service users' tenancy financial agreements. The inspector viewed two financial agreements and noted the charges were clearly denoted and that they had been signed by the service users.

The manager stated that a record of all journeys is maintained and returned to the agency's finance department who issue the invoices to service users on a monthly basis. The inspector viewed the records in place and noted that all journeys are recorded; service users who choose to use this service have a signed transport agreement in place.

The manager stated that service users are supported to apply for relevant benefits to assist them with cost of transport.

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>An initial assessment is carried out prior to being offered accommodation with information provided by the Trust on a tenant's assessed needs and risks. The support/care plan documents the current needs and risks and these are reviewed 3 months after moving in, then 6 monthly thereafter or when required due to a change in needs or risks. Needs and risk assessments reflect the view of the Trust, the tenant and their representatives and these are reviewed annually at the annual MDT care review. In relation to staff recording the outcome of the service to the individual, this is recorded on the review of support/care plans and risk assessments which are ongoing and at least 6 monthly. The tenant's care/support plans detail any interventions agreed by the MDT and tenant and consider the tenant's human rights. Care plans have been prepared in conjunction with the tenant and their HSC Trust representative. The tenant signs their care plan and confirms they have agreed and understood the content. They are encouraged to provide their feedback. Staff are also trained on human rights.</p>	Compliant

Inspection Findings:	
<p>The inspector viewed two service users' individual care records and identified that prior to admission service users have an assessment carried out by the registered manager. The manager stated that the agency receive assessments for service users from the relevant HSC trust prior to admission.</p> <p>The inspector discussed the admission process with the manager who stated that the agency encourages prospective service users to visit the service prior to admission, during which they have the opportunity to meet those presently residing in the service. The manager informed the inspector that any prospective tenants would be discussed with those presently residing in the service and that their views are considered.</p> <p>The inspector viewed care records of two service users and noted they each have in place individualised care and support plans which are developed in conjunction the service users and their representatives; it is noted by the inspector that these are updated six monthly or as required. Those read outlined the consideration of the service users' human rights; it was noted by the inspector that they were signed by the service users.</p> <p>The service users who met with the inspector stated that they are involved in developing their care and support plans and that their choices and opinions are considered. All service users who spoke with the inspector were able to identify their individual keyworker in the service; they informed the inspector that they meet regularly with their keyworker to discuss their care and support needs.</p> <p>Staff who met with the inspector could describe the process for compiling care and support plans in conjunction with the service users and their representatives and informed the inspector that they record daily the care and support provided for each service user.</p> <p>The manager stated that care plans are discussed at the annual review meeting with the HSC Trust and any changes agreed; they are then amended to reflect such changes.</p>	Compliant

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>Staff including agency staff complete an induction and have ongoing guidance through supervision by their line manager on the implementation of care practices.</p> <p>Evaluation forms are completed at all training including care practices. Through supervision and staff meetings feedback / guidance is also given on specific interventions which have been agreed by the MDT as part of the tenant's care plan.</p> <p>Staff are trained on human rights and are aware of restrictive practices and can describe the potential human rights implications of such practices.</p> <p>The supported living manual highlights policies and procedural guidance for staff in responding to the needs of tenants.</p> <p>Through annual care reviews, liaising with trust representatives and liaising with care managers staff evaluate the impact of care practices and report to relevant parties any significant changes in tenants needs.</p> <p>All staff have received vulnerable adults training /confidential reporting and are aware of their obligations on</p>	Compliant

<p>poor practice.</p>	
<p>Inspection Findings:</p>	
<p>The inspector discussed this theme with the registered manager and the agency's staff.</p> <p>Staff informed the inspector that they had received an initial two week induction at the commencement of their employment; the detail of the induction timetable was available for the inspector to view. The inspector noted that areas covered included protection of vulnerable adults and child protection, record keeping and medication. Staff stated that they are provided with ongoing training throughout their employment with the agency.</p> <p>Staff also stated that they receive quarterly supervision and annual appraisal, and are encouraged to identify any training needs. Staff informed the inspector that they have are required to complete a training evaluation record following any training received. Staff stated that they feel supported by the registered manager and have the required skills to carry out their roles. The inspector viewed supervision records and noted that it detailed training received and training needs.</p> <p>The inspector viewed the staff training records in place; from those viewed it was identified that staff have received training in human rights, safeguarding of vulnerable adults, management of challenging behaviours, and management of medication.</p> <p>The agency has in place the following policies: Restrictive Practice; Protection of Vulnerable Adults; Whistleblowing; Finance Policy; and Care and Support Planning; these were viewed by the inspector.</p> <p>The manager and staff could describe practices which could be viewed as restrictive and informed the inspector that there are currently no restrictive practices in place within the agency; the manager stated that the person completing the monthly quality monitoring visit will discuss care practices and highlight any that may be deemed as restrictive.</p> <p>Staff outlined the process for highlighting any changes to service users' needs and described instances when they have made a referral to the relevant HSC Trust; staff informed the inspector that service user care and support plans are reviewed in conjunction with the servicer user six monthly or more frequently if required.</p> <p>Staff could describe the necessary actions in relation to whistleblowing and had knowledge of the policy in place.</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>Tenants, relatives and potential referral agents are advised of nature and range of services provided at initial assessment and are given a copy of the Tenant Information pack including the statement of purpose. Any care practices that are restrictive, impact on the tenant's control, choice and independence in their own home are agreed at annual care reviews and Multi Disciplinary Team meetings.</p> <p>The Associations statement of purpose and Tenant Information pack make appropriate reference to the nature and range of service provision and where appropriate details restrictive interventions agreed.</p> <p>Tenants are advised and this is documented on their right to decline aspects of care. This also applies to tenants who lack capacity to consent to care provision, tenants wishes are respected at all times.</p> <p>Tenants are provided with a copy of their care plan and receive information in a format appropriate to their needs and understanding i.e Easy Read, and receive information for contacting external advocacy groups.</p> <p>Any restrictive practices are agreed by the tenant,staff and Multi Disciplinary Team ensuring any agreed action doesn’t impact on other tenants when this is required.</p>	Compliant

Inspection Findings:	
<p>The inspector viewed the agency’s service user guide and statement of purpose; they detail the nature and range of services provided and makes reference to restrictive practice. It was noted that both documents contain detail of the right of service users to choose services they wish to receive</p> <p>Service users who met with the inspector stated that they are encouraged to make their own decisions and that their views and wishes are respected. Service users informed the inspector that they attend regular tenants meetings and are encouraged to express their views and choices; they stated that they are involved in the completion of their individual care and support plans and are provided with a copy by the agency. Service users stated that agency staff support them in understanding the content of their care and support plans; they stated that they sign their support plans if they are in agreement to the detail.</p> <p>Service users informed the inspector that they are provided with keys for their home and can enter or leave the at all times; they stated that they have a locked facility in their individual rooms to store valuables.</p> <p>The registered manager informed the inspector that there are no restrictive practices in place.</p> <p>The agency has a restrictive practice policy, July 2013; this was viewed by the inspector.</p> <p>The registered manager stated that medication is stored securely in service users’ homes and staff provide the agreed support to the service users to enable them to take their medication.</p> <p>The inspector discussed with the manager the current practice in place in relation to service users shopping; the manager stated that service users are supported to complete the weekly food shop by staff at a local supermarket; the manager stated that the invoice for all purchases is then forwarded for payment on a monthly basis. The inspector discussed the need for the agency staff to ensure that service users are given choice about where they shop and that suitable arrangements are implemented to ensure service users can make payment when they purchase goods. A requirement has been made.</p>	<p>Substantially 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>Care practices which are restrictive are undertaken only when they are clearly identified and documented through risk assessment, are discussed and agreed with the tenant at a multidisciplinary meeting. Care practices which are restrictive are always used as a last measure using the least restrictive measure to address the risk. Care practices are always compliant with legislation and in agreement with the MDT and the tenant.</p>	Compliant

<p>The Association evaluates the impact of restrictive practice care practices and reports to the relevant parties any significant changes in the tenants needs. At present no restraint practices are being used however policies and procedures and documentation are in place to record if required. Staff receive MAPA training and are aware of Deprivation of Liberty Safeguards. Staff are aware of their reponsibilites in reporting restraint/ restrictive practices, at present none are being used. On the monthly monitoring visit the registered person monitors care practices which are restrictive, in this scheme at present there are no restrictive practices.</p>	
<p>Inspection Findings:</p>	
<p>The inspector discussed this theme with the registered manager who stated that there are presently no practices which could be deemed as restrictive within the service. Staff stated that care practices are regularly monitored to ensure that practices which are may be deemed as restrictive are identified; the manager stated that the person completing the monthly quality monitoring visit discusses current practices to identify any practice that may be restrictive.</p> <p>From the training records viewed and discussion with staff, the inspector noted that staff have received training in human rights, management of challenging behaviours, restrictive practice, and protection of vulnerable adults.</p> <p>The inspector viewed the care and support plans for two service users and did not identify practices that could be deemed as restrictive.</p> <p>Staff who met with the inspector could describe practices which may be viewed as restrictive; they stated that there are no such practices in place within the service. Service users who spoke to the inspector stated they are provided with a key for their front door and their individual rooms; they stated that they are encouraged to lock their doors. Service users stated that they can leave their home at any time and have full access to all shared areas.</p> <p>The agency has in place a policy on restrictive practice, July 2013; this was viewed by the inspector.</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
<p>Provider’s Self-Assessment</p> <p>Tenants/representatives can describe the amount and type of care provided by the Association as they are involved in the care review, which is documented and they have a support & care agreement highlighting hours of care. They receive the Tenant Information pack, tenancy agreement and support/care agreement detailing the level of service provided.</p> <p>Staff have an understanding on the amount and type of care as they have participated in the support/care analysis for the tenant, staff also participate in support/care plan reviews</p> <p>The association's policy on assessments and support/care planning and the statement of purpose advise how individual agreements are devised.</p> <p>The tenancy agreement and support / care agreement are consistent with the care commissioned by the Trust. The care plan accurately details the amount and type of care provided by the agency in an accessible format, the amount and type of care is agreed at an annual review.</p>	Compliant
<p>Inspection Findings:</p> <p>Service users who met with the inspectors could describe the type and amount of care and support received by the agency; they informed the inspector that they were involved in the development of their individual care and support plans.</p>	Compliant

Staff who spoke to the inspector could describe the care and support provided to each service user; they described practices which are individualised and specific to the needs of each service user. Staff demonstrated their awareness of the need to ensure that service users were consulted in relation to all aspects of their care and support. They discussed with the inspector the importance of choice and of providing the necessary support to service user whilst promoting their independence.

The agency has in place individual care and support plans for service users; the inspector noted that those viewed clearly detailed the care and support required and had been signed by the service user.

The Support and Care agreement records the type and amount of care hours provided to the individual by the agency.

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>Tenants / representatives can demonstrate an understanding of the care they receive which is funded by the trust, this is recorded on their care plan and reviewed and agreed annually at the MDT meeting. Tenants/ representatives at the financial assessment stage and sign up are advised on the care which they pay from their income. Tenants / representatives have an understanding on how many hours they are paying for from their income, what services they are entitled to and the hourly rate. This is advised on their tenancy agreement, offer letter for accommodation, annual rent charge letter, care/support agreement and within the Tenant Information pack received at sign up. No tenants are paying for additional hours of care, however tenants are aware they can opt out of receiving care paid from their income by agreement with the MDT involved in their care and this is reflected in their care plan and documented on the support/care agreement. No tenants are paying for additional hours of care, however if they opt out of care, this will not impact upon rights as a tenant, this is advised in the care /support agreement.</p>	Compliant

Inspection Findings:	
<p>All service users have in place a signed care and support agreement. It details the amount of care and support provided to the service user by the agency. The registered manager informed the inspector that service users is in receipt of services funded by the HSC trust. Prior to admission to the service, service users have an assessment of their needs completed by the manager and a support and care agreement is signed.</p> <p>The inspector viewed the care and support agreements and care plans for two service users; they record the amount and type of care provided to the service user by the agency.</p> <p>Service users who met with the inspector stated that they are involved in the completion of their individual care and support plans and are provided with a copy by the agency. Service users could describe to the inspector the services they received from the agency and any associated charges. Service users stated that agency's staff support them in understanding the content of their care and support plans.</p> <p>The inspector viewed the finance agreements they detailed any charges made by agency to the service user.</p> <p>Service users described to the inspector the process for cancelling any services provided by the agency; the tenants guide outlines the process for cancelling services.</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. 	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p> <p>Tenants/representatives have a support/care agreement reviewed annually and support/care plan reviewed 6 monthly and signed by tenant/representative to confirm they are in agreement. Documents on scheme such as annual care reviews highlight that Association staff and Trust representatives contribute to annual reviews. Documents on scheme and staff advise a review can be convened when required, dependent on the tenants needs and preferences. Care plans are reviewed 6 monthly or more frequently if needs and risks change or at the request of the tenant. Care plans on scheme are accurate and reflective and updated after reviews. Any changes to the care plan is also signed by tenant/representative and the Trust representative. The tenant receives a letter four weeks in advance of any changes to fees due to be paid, where necessary the Housing Officers can arrange a meeting to clarify this and provide advice on benefit entitlements.</p>	<p>Compliant</p>

Inspection Findings:	
<p>Prior to the inspection the agency were requested to forward to RQIA details of service users annual reviews.</p> <p>The inspector discussed this theme with the registered manager who stated that all service users have received an annual review involving the relevant HSC Trust; the agency retain a copy of the review record completed for this service user.</p> <p>The inspector viewed the agency's care records for two service users and noted that they had received a review of their care needs involving their HSC representative within the previous year.</p> <p>Service users informed the inspector that they are encouraged to participate in the review process and given opportunity to contribute their views and opinions. Service users informed the inspector they can request a review meeting at any time.</p> <p>Staff who met with the inspector stated that the care and support plans are updated six monthly; they stated that they are encouraged to participate in the annual review of the service users. The inspector noted from records viewed that care and support plans are reviewed six monthly or more frequently if required; service users stated that they are involved in this process.</p> <p>The inspector viewed two individual service user agreements and noted that they were reviewed and updated annually; they were signed by the service user and their representative.</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

11.0 Any Other Areas Examined

11.1 Complaints

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

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Karen Oldcroft, 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.

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan

Primary Announced Inspection

Linton Cottages

15 May 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 Mrs Karen Oldcroft, registered manager, during the inspection visit.

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

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

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

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

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

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	23.- (1)(5)	<p>The registered person shall establish and maintain a system for evaluating the quality of services which the agency arranges to be provided.</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>This requirement relates to the registered person ensuring that the views of service user relatives/representatives are obtained and recorded on the agency's monthly quality monitoring form.</p> <p>During the inspection, the inspector issued an urgent action notice, requesting that the agency forward copies of the monthly quality monitoring record to RQIA until further notice.</p>	Once	Where no relatives/representatives are available at the time of the visit 2 attempts will be made to contact by phone. Where no response is obtained by phone a standard satisfaction letter& form will be forwarded by post or email. A copy of the returned forms will be attached to the monthly visit report. Copies of the monthly quality monitoring report are being forwarded to RQIA.	From the date of inspection: 15 May 2014
2.	14.(e)	<p>Where the agency is acting otherwise that as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided-</p> <p>(e) in a manner which respects the privacy,</p>	Once	Weekly grocery shopping is currently carried out at Supervalu with Apex being billed monthly for purchases. A Visa purchase card will now be obtained for each bungalow and used to pay for food shopping. This will ensure that	Seven months from the date of inspection: 15 December 2014.

		<p>dignity and wishes of service users, and the confidentiality of information relating to them;</p> <p>This requirement relates to the registered person ensuring that service users are given a choice in relation to where they shop their weekly food.</p> <p>The registered person should put in place a procedure where service users have the necessary funds available to pay for their weekly food shopping when they visit the shop.</p>		<p>service users can choose where their food shopping is carried out.</p>	
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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	C K Oldcroft
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Ellen Hall

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	X	Joanne Faulkner	18/11/14
Further information requested from provider			