



The **Regulation** and  
**Quality Improvement**  
Authority

## **PRIMARY ANNOUNCED CARE INSPECTION**

<b>Name of Agency:</b>	<b>Killowen House</b>
<b>RQIA Number:</b>	<b>10864</b>
<b>Date of Inspection:</b>	<b>1 May 2014</b>
<b>Inspector's Name:</b>	<b>Joanne Faulkner</b>
<b>Inspection ID:</b>	<b>17887</b>

**The Regulation And Quality Improvement Authority**  
**9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
**Tel: 028 9051 7500 Fax: 028 9051 7501**

## 1.0 General Information

<b>Name of Agency:</b>	Killowen House
<b>Address:</b>	20 Killowen Street Coleraine BT51 3DB
<b>Telephone Number:</b>	02870329650
<b>E mail Address:</b>	<a href="mailto:b.cunningham@apexhousing.org">b.cunningham@apexhousing.org</a>
<b>Registered Organisation / Registered Provider:</b>	Mr Gerald Kelly Apex Housing Association
<b>Registered Manager:</b>	Mrs Brenda Cunningham
<b>Person in Charge of the Agency at the Time of Inspection:</b>	Mrs Brenda Cunningham
<b>Number of Service Users:</b>	43
<b>Date and Type of Previous Inspection:</b>	1 July 2013 Announced Primary Inspection
<b>Date and Time of Inspection:</b>	1 May 2014 09:30 – 17:00
<b>Name of Inspector:</b>	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	2
Staff	9
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	24	21

## 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; all 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:

<b>Guidance - Compliance Statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not compliant</b>	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
<b>3 - Moving towards compliance</b>	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.
<b>4 - Substantially compliant</b>	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.
<b>5 - Compliant</b>	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

Killowen House is a domiciliary care supported living type service, located in a residential area of Coleraine town. The accommodation, care and support is provided by Apex Housing. This purpose built facility was opened in 1996 and provides care and support for 43 service users over the age of 65years.

The accommodation is split into 43 individual flats, each of which has an en suite bathroom and a small living area. Service users have access to all communal kitchens and lounges located within the service. The flats are unfurnished; each service user is encouraged to decorate and furnish it to their own taste. The service has a central kitchen, two smaller kitchen areas and a number of lounges. The registered office is located on the same site as the accommodation.

Staff are available to provide care and support 24 hours per day; each service user has an identified 'keyworker'.

The service users are encouraged to actively participate in the running of the service and use the forum of bi-monthly "Tenants Meetings" to put forward their views and ideas.

## 8.0 Summary of Inspection

The announced inspection was undertaken on 1 May 2014 at the registered office located within the service. The inspector was supported throughout the inspection by the registered Manager, Brenda Cunningham.

The inspector had the opportunity to meet with a number of service users, their representatives and staff during the inspection. The inspector met with two service users in their flats and observed a number of service users going out with the support of staff. The inspector observed a service user preparing a snack independently in a smaller kitchen area.

Prior to the inspection 21 staff members forwarded to RQIA completed questionnaires in relation to the quality of service provision; the inspector also spoke to nine members of staff on duty during the inspection and has added their comments to this report.

### 8.1 Staff Comments:

- "Training is good"
- "I feel supported by the manager and senior staff"
- "I promote the independence of service users; I encourage them to go to things in the community"

The returned questionnaires indicated the following:

- Staff have received Vulnerable Adult training
- Training was rated as excellent
- Staff have received Human Rights training and commented that service users are also provided with information in the form of a leaflet which outlines their human rights
- A number of staff have received training in handling service users' monies.
- Service users have in place individual service agreements

- Staff are aware of the principles of supported living
- Service users have input into their care and support plans

Records viewed by the inspector verify the above statements. From the care and support plans viewed it was noted that the service is individualised to the needs of service users; discussions with staff service users and their representatives confirmed their involvement in the development of individual care and support plans.

Staff highlighted a number of principles of supported living in their returned questionnaires:

“Empowerment, Choice, dignity, respect, independence”

“To provide support with all daily living activities whilst ensuring that their dignity, respect, privacy and choices are maintained at all times and their human rights are upheld.”

“Choice, independence, dignity, support”

## **8.2 Service Users’ Comments**

Throughout the inspection the inspector met with two service users who described an individualised, person centred approach to the care and support they received; they informed the inspector that they had been involved in the development of their individual care and support plans. The service users described in detail the care and support they were receiving and were fully aware of all charges paid to the agency for services received. The service users informed the inspector that their rights and wishes were respected at all times and did not feel that any practice was restrictive.

### **Comments**

- “Staff work so hard.”
- “Staff give of themselves completely.”
- “I love the staff in here; never felt as happy; love living in this place.”

The inspector met with three service user representatives who stated that they were involved in all discussions relating to the care and support received by the service users and kept fully informed of any changes. They stated that they were aware of all charges and given prior notice if any changes.

## **8.3 Comments of Service User Representatives:**

- “Without Killowen house my mother could not cope, we as a family could not cope”
- “Kindness is unbelievable”
- “Could not praise them high enough”

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

## **8.4 Detail of Inspection Process:**

### **8.4.1 Theme 1: Service users' finances and property are appropriately managed and safeguarded**

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

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

- Finance support plan
- Care and support agreement
- Financial information within service user guide

The documentation detailed the terms and conditions in respect of service provision including charges and methods of payment.

The manager informed the inspector that none of the service users are in receipt of care funded by a HSC Trust; all service users pay a fixed amount for care services provided by the agency as detailed in their service agreement. A requirement has been made.

Service users and their relatives 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 the agency pay a proportion of general running costs for the office facilities located within the service; calculated from the annual costs;. Staff have the option of purchasing meals and the related cost is deducted directly from salaries; a policy is in place. It was noted that the service user guide or agreement did not detail the arrangements for staff meals whilst on duty in a service user's home. A requirement has been made.

The agency is not in receipt of benefits/allowances for any of the service users; they hold small amounts of cash for a number of service users. Details of this are recorded in the individual support plans. The agency has a locked safe facility within the office; this is managed in accordance with the agency's finance policy.

The agency provides each service user with a locked facility within their individual flats for the safe storage of valuables; no restrictions are in place for access and each service user has their own key.

The agency does not provide a transport service, but support service users to avail of public transport as required.

The inspector viewed the finance policy which provides guidance to enable staff to support service users manage their money.

Two requirements have been made in relation to this theme.

### **8.4.2 Theme 2: Responding to the needs of service users**

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

The inspector noted that service users have in place an assessment of need completed by the manager prior to admission and individualised care and support plans.

It was noted by the inspector that information received from the trust at time of referral contained limited detail in relation to the service users' assessed needs. Documentation viewed does not reflect on-going input from the HSC Trust. A recommendation has been made.

None of the service users have had a review completed by a trust representative.

Service users have in place individual care and support plans; it was noted that these are reviewed quarterly or more frequently if required by the agency. The relevant human rights of service users are detailed within care and support plans.

From discussions with service users and their representatives it was determined that they are involved in the initial development of their care and support plans and when any necessary changes are required. Records viewed reflect a range of interventions used in the care and support of individual service users.

Staff stated that they received two weeks induction training at the commencement of their employment, covering many topics including human rights and safeguarding vulnerable adults.

From the documentation viewed and discussion with the manager, service users and their representatives indicated that there are presently no restrictive practices in place within the service. Service users are encouraged to make their own decisions in relation to the amount and type of care and support received.

The service user guide and the statement of purpose describe the nature and range of services provided and makes reference to restrictive practice.

One recommendation has been made in relation to this theme.

#### **8.4.3 Theme 3: Each service user has a written individual service agreement provided by the agency**

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

Service users have in place a tenant's guide, individual care and support agreements and a tenant's financial agreement. They clearly detail the amount and type of care provided by the agency and any related charges.

Prior to admission the registered manager completes a needs assessment for all service users; this information forms part of the initial care planning when service users move to supported living. The agency reviews the needs of service users annually or as required.

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.

The agency's policy for assessment and care planning describes how individual care plans are devised.

From the documents viewed the inspector noted that care and support plans and service user agreements were reviewed at least annually by the agency; records viewed detailed involvement of service users and their representatives. No service user is in receipt of care funded by a HSC Trust; therefore, no reviews have been completed by the trust to date. Service users informed the inspector that they participate in their annual review with the agency staff and are given the opportunity to express their views and wishes.

The manager and staff could describe the amount and type of care provided to individual service users.

The service users 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.

## **8.5 Additional Matters Examined**

### **8.5.1 Charging Survey:**

Prior to the inspection the agency returned a charging survey to RQIA, outlining procedures in place and any charges incurred by service users in a supported living service. The returned survey records that all service users pay the agency a fixed amount for personal care services and have not been assessed by the commissioning trust. The service to be delivered by the agency and related charges is agreed with the service user prior to commencement of their tenancy. A requirement has been made.

### **8.5.2 Statement of Purpose:**

The agency's statement of purpose was viewed and reflected the nature and range of services provided by the agency at the time of inspection; this was reviewed in April 2014.

### **8.5.3 Annual Review of Service Users' Needs by HSC Trusts:**

No service user has had a review completed by the relevant HSC Trust. Service users do not receive funding for care provided within the service from the trust. The inspector noted that all service users have had reviews completed by the agency.

## 9.0 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 1.1	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.	<p>The inspector viewed the agency's policy relating to admission to the service; it details the need for the agency to engage with prospective service users and existing tenants prior to commencement of the tenancy.</p> <p>This recommendation was assessed as being fully met.</p>	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.	<p>It was noted the agency has in place a separate care and support and tenancy agreements.</p> <p>This recommendation was assessed as being fully met.</p>	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.	<p>The inspector viewed the service user's guide and the care and support agreement, both contained information for service users informing them of their right to choose who provides their support.</p> <p>This recommendation was assessed</p>	Twice	Fully met

			as fully met.		
4	Standard 9 1	It is recommended that the agency clearly show that tenants are aware that they can remain in their accommodation even if the provision of care is no longer required or no longer meets their needs.	<p>The inspector viewed the Statement of Purpose, revised April 2014 and the service user's guide and was satisfied that the recommendation was fully met.</p> <p>This recommendation was assessed as being fully met.</p>	Twice	Fully met
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 inspector viewed the agency's policy relating to admission to the service; it details the need for the agency to engage with prospective service users and existing tenants prior to commencement of the tenancy.</p> <p>This recommendation was assessed as being fully met.</p>	Twice	Fully met

## 10.0 Inspection Findings

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

**Statement 1:**

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

- The agency provides to each service user a written guide, including a personalised written agreement detailing the specific terms and conditions in respect of any specified service to be delivered, including the amount and method of payment of any charges to the service user;
  - The individual agreement details all charges payable by the service user to the agency, the services to be delivered in respect of these charges and the method of payment;
  - Where service users pay for additional personal care services which do not form part of the HSC trust's care assessment, documentation exists confirming that the HSC trust are aware of any arrangements in place between the agency and the service user;
  - The individual agreement clarifies what arrangements are in place to apportion shared costs between the agency and the service user(s). This includes those costs associated with any accommodation used in connection with agency business, where this is conducted from the service users' home;
  - There are arrangements in place to quantify the costs associated with maintaining any unused areas within the service users' home which they do not have exclusive possession of;
  - The service user guide/ individual agreement clarifies what the arrangements are for staff meals while on duty in the service users' home;
  - Where the agency is involved in supporting a service user with their finances or undertaking financial transactions on the service user's behalf, the arrangements and records to be kept are specified in the service user's individual agreement;
  - The agency has a policy and procedure in place to detail the arrangements where support is provided by agency staff to enable the service users to manage their finances and property;
  - The agency notifies each service user in writing, of any increase in the charges payable by the service user at least 4 weeks in advance of the increase and the arrangements for these written notifications are included in each service user's agreement
- user's home looks like his/her home and does not look like a workplace for care/support staff.

**COMPLIANCE LEVEL**

<p><b>Provider's Self-Assessment</b></p>	
<p>We have a scheme brochure and individual tenancy/financial agreement and separate care/support agreement for all tenants. These include information on the fees payable by the tenant and outlines what services will be provided for the charges (including services charges) and outlines our terms and conditions. If our tenant has additional care needs these are paid by the tenant and agreed by the tenant, next of kin and any professional involved. Apex has policies for staff to follow for managing tenant's finances and property. Apex advise tenants via letter in advance of yearly rent increases.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></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.</p> <p>The inspector discussed the theme with the manager who stated that none of the service users are in receipt of care funded by a HSC Trust; she stated service users pay a fixed amount for care received from the agency. The manager stated that service users are assessed by the agency prior to admission and any charges for services agreed; she stated that service users have not been assessed for services by the HSC trust. A requirement has been made.</p> <p>The inspector viewed the service user information guide provided to all prospective tenants, all charges are clearly detailed. The documentation also identifies services which service users have the choice to opt in or out of. Service users who met with the inspector stated that they had agreed to all charges and were informed annually of any changes.</p> <p>The manager informed the inspector that the agency pay a proportion of general running costs for the office facilities located within the service; calculated from the annual costs.</p> <p>The manager stated that staff on duty in the service users home have the option of eating food provided by the agency; this is deducted from their salary and they have the option to opt out. The agency has in place a policy relating to staff meals; this was viewed by the inspector. It was noted by the inspector that information relating to staff meals was not recorded in the service user guide or agreement. A requirement has been</p>	<p>Moving towards compliance</p>

<p>made.</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 that the agency pay a proportion of the cost for the areas that they occupy for the agency's office.</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>The agency has a financial policy in place; this was viewed by the inspector. It outlines the procedure for staff handling service users' monies.</p>	
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<b>THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED</b>	
<p><b>Statement 2:</b></p> <p><b>Arrangements for receiving and spending service users' monies on their behalf are transparent, have been authorised and the appropriate records are maintained:</b></p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• 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;</li> <li>• 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;</li> <li>• 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;</li> <li>• 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);</li> <li>• 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;</li> <li>• A reconciliation of the money/possessions held by the agency on behalf of service users is carried out, evidenced and recorded, at least quarterly;</li> <li>• 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</li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>

<p>as nominated appointee;</p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• 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,</li> <li>• 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;</li> </ul> <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>	
<b>Provider's Self-Assessment</b>	
<p>When possible we get a copy of the tenants Trust risk assessment and Care Plan detailing the tenant's capabilities and support required to manage their finances. On admission finances are discussed and if tenants require support with finances then a support plan which details the level of support provided is produced. If the tenant wants additional items these will be purchased. If there is any concerns re capacity then this is recorded and reported to the Trust. If the tenant lacks capacity and has HSC Trust involvement Appendix 12 of Residents Bank Account Policy will be completed and provided to the Trust representative at annual review. Apex Housing has policies &amp; procedures in place for managing Residents bank account and includes instructions for appointee or agency involvement.</p> <p>If tenants need financial support then we follow Apex policies and ensure all monies (income / expenditure), valuables are recorded and reconciled at least quarterly. All entries are countersigned, dated and include tenant's signature when possible and records are kept. Apex finance department have a record of all monies paid by tenants for rent.</p>	Compliant
<b>Inspection Findings:</b>	
<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 the service users to manage their monies and are signed by the service users.</p> <p>The manager informed the inspector that the agency holds small amounts of cash for a number of service</p>	Compliant

users, namely those who have family members managing their monies; details of this is recorded in the individual support plans. The manager stated that the agency is not in receipt of benefits for any service users.

The agency maintains a record of all monies held on behalf of service users and records all transactions; the inspector viewed a ledger for one service user and it was noted that two staff signed for all transactions and 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.

The agency's finance policy; 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 weekly the manager and six monthly by the agency's finance department; the agency maintains a list of staff signatures; this was viewed by the inspector.

<b>THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED</b>	
<p><b>Statement 3:</b></p> <p><b>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:</b></p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• 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;</li> <li>• 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;</li> <li>• Service users are aware of the arrangements for the safe storage of these items and have access to their individual financial records;</li> <li>• 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;</li> </ul> <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>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>Apex has a register of staff signatures that can access monies and valuables. All monies / valuables are recorded reconciled at least quarterly and include 2 signatures, 1 to include tenant where possible. All tenants who have assessed risk / need have a risk assessment / support plan and tenant signs plans and can access financial records at any time. If the Trust is involved they sign plans also.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The agency provides each service user with a locked facility within their individual flats for the safe storage of valuables; no restrictions are in place for access and each service user has their own key. This was confirmed by the service users who spoke to the inspector.</p>	Compliant

The manager informed the inspector that the agency has a locked safe facility within the agency's office; this is managed in accordance with the agency's finance policy. Keys are held by the senior staff on duty and all transactions require two signatures; preferably one being the service user. The agency maintains a list of staff signatures which was available for the inspector to view.

The contents of the safe are audited monthly by the manager and by the agency's finance department six monthly. The manager informed the inspector that the agency holds small amounts of cash for a few service users; namely those who have family members act as appointee. Detail of any support required is recorded in the individual support plans; the agency maintains a record of all monies held on behalf of service users.

A separate ledger is maintained for each individual service user which records all transactions in or out and available balance; receipts are retained; the manager stated that service users can access there monies at any time.

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

**Statement 4:**

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

**COMPLIANCE LEVEL**

- 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;

<ul style="list-style-type: none"> <li>The agency ensures that the vehicle(s) used for providing transport to service users, including private (staff) vehicles, meet the relevant legal requirements regarding insurance and road worthiness. Where the agency facilitates service users to have access to a vehicle leased on the Motability scheme by a service user, the agency ensures that the above legal documents are in place;</li> <li>Ownership details of any vehicles used by the agency to provide transport services are clarified.</li> </ul>	
<p><b>Provider's Self-Assessment</b></p>	
<p>Our tenants transport needs are assessed if applicable and a support plan written in conjunction with the Trust. Transport can be organised for tenants and can include taxi, public transport and Apex bus service. Apex has a transport policy which tenants can opt into or out of.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The manager stated that the agency does not provide a transport scheme for service users; she stated that prior to admission the needs of each individual service user is assessed and any support required is detailed in their care and support plans.</p> <p>The inspector viewed a number of care and support plans; any support required by an individual service user in relation to transport is included in their support plan. It was noted that those viewed were signed by the service users.</p> <p>Staff stated that they provide the required support for service users to access suitable public transport including buses and taxis; they stated that service users pay for these services individually. The inspector noted that receipts are obtained for any journeys made by taxi and retained by the agency.</p> <p>The manager informed the inspector that the agency arranges group outings but no money is required from the service users for this service; all monies are paid from a comfort fund raised through fundraising events. Agreement for expenditure from the comfort fund is agreed by service users at the tenants meetings.</p> <p>The inspector viewed the agencies transport policy and the comfort fund policy.</p>	<p>Compliant</p>

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

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

<b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>	
<p><b>Statement 1:</b></p> <p><b>The agency responds appropriately to the assessed needs of service users</b></p> <ul style="list-style-type: none"> <li>• The agency maintains a clear statement of the service users’ current needs and risks.</li> <li>• Needs and risk assessments reflect the input of the HSC Trust and contain the views of service users and their representatives.</li> <li>• Agency staff record on a regular basis their outcome of the service provided to the individual</li> <li>• Service users’ care plans reflect a range of interventions to be used in relation to the assessed needs of service users</li> <li>• 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.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
<p>Prior to admission all tenants are assessed by OIC, this assessment looks at individuals risks and needs and assesses if tenants needs or wishes can be met in Housing with Care and additional information can be sought from other professionals involved in tenants care. We provide tenant with a letter to say we can meet their assessed need.</p> <p>All tenants admitted to the scheme have a risk assessment and support/care plan. When possible risk assessment / care plans are written in conjunction with the Trust. Some tenants do not have Trust representation and so OIC / Key worker plans support/care in conjunction with tenant and their family (where appropriate) and includes their views, preferences and considers Human Rights. We are currently implementing outcomes STAR assessment and all interventions are recorded. The risk assessment and support./care plans are updated quarterly or more often if required as changes occur.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The inspector viewed the care records for two service users, from the documentation viewed the inspector noted that prior to admission service users have an assessment carried out by the registered manager. The manager stated that limited information was received from the HSC trust by the agency prior to admission; and stated that referrals are received from the service users or the housing executive.</p>	Moving towards compliance

A recommendation has been made in relation to the registered manager exploring with the service user that value of availing of the HSC Trust's services.

The inspector discussed the admission process with the manager who stated that the agency would encourage prospective service users to visit the service on a number of occasions prior to admission; during which they have the opportunity to meet those presently residing in the service. The manager stated that service users residing in the service are consulted about all prospective tenants at the tenants meeting and that their views are considered and recorded.

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 quarterly 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.

The service users and their representatives who met with the inspector stated that they are involved in this process and that their choices and opinions were reflected. 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.

Staff who met with the inspector could describe the process for developing care and support plans in conjunction with the service users and their representatives and described to the inspector the significance of the recording daily the care and support provided for each service user.

The agency has recently introduced the Star record assessment tool which is currently being completed for each service user.

<b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>	
<p><b>Statement 2:</b></p> <p><b>Agency staff have the appropriate level of knowledge and skill to respond to the needs of service users</b></p> <ul style="list-style-type: none"> <li>• Agency staff have received training and on-going guidance in the implementation of care practices</li> <li>• The effectiveness of training and guidance on the implementation of specific interventions is evaluated.</li> <li>• Agency staff can identify any practices which are restrictive and can describe the potential human rights implications of such practices.</li> <li>• The agency maintains policy and procedural guidance for staff in responding to the needs of service users</li> <li>• The agency evaluates the impact of care practices and reports to the relevant parties any significant changes in the service user’s needs.</li> <li>• Agency staff are aware of their obligations in relation to raising concerns about poor practice</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
<p>All staff receive an intensive 2 week induction and ongoing training, updates relevant to their job role and responsibilities, e.g. Adult &amp; Child Protection, Care / Support Record Keeping, Medication, Human Rights and Confidential Reporting. Following attendance of any training an evaluation form is completed by each participant. All tenant care/support plans are reviewed quarterly or more often as required.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The agency maintains a record of all training; this was viewed by the inspector.</p> <p>Staff who spoke to the inspector stated that they had received two weeks’ induction on commencement of</p>	Compliant

their employment with the agency. The staff described the detail of the induction programme and subsequent training received; they informed the inspector that they are given the opportunity to avail of addition training to meet any identified gaps in knowledge. A number of staff informed the inspector that they have recently availed of training on the agencies E Learning system.

Training completed by staff included safeguarding vulnerable adults; medication training: MAPA; moving and handling; food hygiene and human rights.

Staff stated that they had not received formal training in relation to the handling of service users monies, but could described to the inspector the detail of the relevant policy and confirmed it had recently been discussed at a staff meeting.

The manager informed the inspector that all staff are required to complete an evaluation form following training and are assessed at regular intervals in relation to various competencies such as management of medication.

Staff could describe to the inspector practices which could be deemed as restrictive and stated that no restrictive practice was presently in place. The inspector discussed with the staff and the manager procedures for reporting poor practice. Staff clearly described the process and their roles and responsibilities; they made reference to the agency's whistleblowing policy.

Staff informed the inspector that they are keyworkers for an allocated number of service users and stated that the needs of the service users are evaluated on a daily basis; any changes are reported to senior staff on duty. Staff made reference to the need for service users to have their views and choices respected and stated that they are involved in developing care and support plans in conjunction with service users and their relatives.

Staff stated that they receive quarterly supervision and are encouraged to identify any training needs. Staff who met with the inspector stated that the felt they had the necessary skills to provide care and support to each individual service user. They informed the inspector that they enjoyed working in Killowen house and felt supported by the manager and deputy manager.

<p>The agency has in place the following policies: Restrictive Practice, 2013; Protection of Vulnerable Adults; Whistleblowing; Care and Support Planning and Finance; these were viewed by the inspector.</p>	
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<b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>	
<p><b>Statement 3:</b></p> <p><b>The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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</li> <li>• 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.</li> <li>• 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.</li> <li>• The impact of restrictive practices on those service users who do not require any such restrictions.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
<p>Currently in housing with care we do not have any restrictive practices however if any restrictive interventions are necessary then these would be prescribed by HSC Trust and agreed at multi-disciplinary team meetings. At assessment tenants are informed of their right to opt in and out of elements of the service provided and their wishes are documented within their individualised support/care plans. The organisations statement of purpose and service user guide describes fully the nature and range of service provision available.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The inspector viewed the statement of purpose, April 2014, and the service user’s guide; it details the nature and range of the services provided and makes reference to restrictive practice.</p> <p>The manager stated that no restrictive practice is presently in place within the service.</p>	Compliant

The inspector viewed two care and support plans and could not identify any practices which could be deemed as restrictive. The service users who met with the inspector stated that they were encouraged to make individual choices about the care and support they received. The agency has in place information for service users about independent advocacy services available to them.

Service users informed the inspector that they are provided with a key for their home and they can enter or leave the building at any time; they stated that they have a locked facility within their individual flats to store valuables.

Staff made reference to restrictive practice training received; the agency's policy and could describe to the inspector practices which could be viewed as restrictive. The manager described to the inspector the option for service users to make choices in relation to meal provision, administration of medication and laundry services available within the service and confirmed that a number of service users have opted out of such services and made alternative arrangements.

<b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>	
<p><b>Statement 4</b></p> <p><b>The registered person ensures that there are robust governance arrangements in place with regard to any restrictive care practices undertaken by agency staff.</b></p> <ul style="list-style-type: none"> <li>• Care practices which are restrictive are undertaken only when there are clearly identified and documented risks and needs.</li> <li>• 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.</li> <li>• Care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance.</li> <li>• The agency evaluates the impact of restrictive care practices and reports to the relevant parties any significant changes in the service user’s needs.</li> <li>• 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.</li> <li>• 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.</li> <li>• The agency forwards to RQIA and other relevant agencies notification of each occasion restraint is used</li> <li>• 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</li> </ul>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment</b></p> <p>Currently in housing with care we do not have any restrictive practices however if any restrictive interventions are necessary then these would be prescribed by HSC Trust and agreed at multi-disciplinary team meetings. Staff receive ongoing training in MAPA and are aware of Deprivation of Liberty Safeguards.</p>	Compliant

<b>Inspection Findings:</b>	
<p>The inspector discussed this theme with the manager who stated that there are no restrictive practices in place. The manager stated that care practices are monitored regularly to ensure that practices which may be deemed as restrictive are identified.</p> <p>The inspector viewed two individual service user care and support plans; and from those viewed could not identify any practices that could be viewed as restrictive.</p> <p>The manager informed the inspector that all service users have a key for the main door and their individual flats and all external doors can be opened from the inside; this was confirmed by those service users who spoke with the inspector. Service users stated that they can access all shared areas at any time.</p> <p>The service user guide and the statement of purpose describe the nature and range of services provided and makes reference to restrictive practice.</p> <p>The statement of purpose describes the provision of optional night checks; the inspector discussed this with the manager and staff who confirmed that all service users have the option to avail of this service. The inspector observed a care and support plan for one service user who has requested this service; it records the frequency of service and is signed by the service user. Service users who met with the inspector confirmed that they did not avail of this service.</p> <p>The inspector discussed the theme with the staff; they could describe practices which could be viewed as restrictive and were aware of various legislation and guidance relating to this theme. All staff stated that they had attended MAPA training and made reference to the agency's policies and procedures.</p> <p>Service users who met with the inspector stated that they were supported to live independently and that their views and choices were respected.</p>	<p>Compliant</p>

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

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

<b>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</b>	
<p><b>Statement 1</b></p> <p><b>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</b></p> <ul style="list-style-type: none"> <li>• Service users/representatives can describe the amount and type of care provided by the agency</li> <li>• Staff have an understanding of the amount and type of care provided to service users</li> <li>• 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.</li> <li>• 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.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment</b></p> <p>All tenants are provided with a scheme brochure which includes the level of service available. Prior to admission prospective tenants have their support / care needs assessed to determine their suitability for Housing with Care accommodation. On admission tenants care/support needs are assessed using the Apex support plan policy. A comprehensive individualised support / care plan is developed with the tenants involvement within 30 days of admission which will clearly indicate the level of care/ support required. Tenants are fully involved in their support / care plan and these are signed by the tenant, key worker and family if applicable.</p>	Compliant
<p><b>Inspection Findings:</b></p> <p>The inspector discussed this theme with the manager who stated that prior to admission all service users are assessed by the manager to identify the care and support required.</p> <p>Service users and their representatives who met with the inspector could describe the amount and type of care provided by the agency; they informed the inspector that they were involved in the development of their care and support plans.</p>	Compliant

Staff who spoke to the inspector could describe the care and support provided to individual service users; they demonstrated their awareness of the need to consult with service users in developing their care and support plans.

The support and care agreement viewed by the inspector records the amount of care provided; the detail of the care provided is detailed in the individual service users care plans.

The manager stated that none of the service users are in receipt of services commissioned by a HSC Trust.

The inspector viewed the policy in place for assessment and care planning.

<b>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</b>	
<p><b>Statement 2</b></p> <p><b>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.</b></p> <ul style="list-style-type: none"> <li>• Service users/representatives can demonstrate an understanding of the care they receive which is funded by the HSC Trust</li> <li>• Service users/representatives can demonstrate an understanding of the care which they pay for from their income.</li> <li>• 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.</li> <li>• Service users/representatives have an understanding of how to terminate any additional hours they are paying for from their income</li> <li>• 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.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p> <p>All tenants have individual service level agreements and these are discussed on admission clearly stating the cost and levels of care and support they require. Tenants agree to the levels of support and care they wish to receive and these are reviewed annually or as and when required.</p>	Substantially compliant
<p><b>Inspection Findings:</b></p> <p>The inspector viewed the individual service user agreement, finance agreement, service user guide for two service users.</p> <p>The support and care agreement details the amount of care and support provided to the service user by the agency. The manager informed the inspector that this was based on the initial assessment of need,</p>	Compliant

<p>completed prior to the service user entering into a tenancy agreement.</p> <p>From the documents viewed it was identified that all service users are charged a fixed amount for care provided by the agency and no service user is presently in receipt of funding from the relevant HSC Trust.</p> <p>Service users who met with the inspector described the type of care they received from the agency; they stated that they are involved in the development of their care and support plans.</p> <p>The individual support and care agreements detail the process for service users wishing to cancel services received from the agency.</p>	
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<b>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</b>	
<p><b>Statement 3</b></p> <p><b>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.</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Records and discussion with staff confirm that the agency contributes to the HSC Trust annual review.</li> <li>• Records and discussion with staff confirm that reviews can be convened as and when required, dependent upon the service user’s needs and preferences.</li> <li>• 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.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
<p>We complete an overall review of the tenants care/support needs annually or more often if required and tenants give consent to the involvement of their family and other professionals where appropriate. This review includes risks, care/support needs and payment of any charges for services. Any action / outcomes following the review are documented and agreed in the tenants care/support plans and tenants sign and can receive a copy of these changes if they wish.</p>	Compliant
<b>Inspection Findings:</b>	
<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 manager who stated that none of the service users receive care</p>	Compliant

funded by a HSC Trust; therefore, no reviews have been completed by the relevant HSC trust to date. From documentation viewed the inspector noted that service users had received a review of their care need by the agency staff within the previous year.

From the documents viewed the inspector noted that care and support plans and service user agreements were reviewed at least annually by the agency or more frequently if required; it was noted that the records detailed involvement of service users and their representatives. Service users informed the inspector that they were involved in the development of their care and support plans and stated that they receive a review of their needs on an annual basis; they informed the inspector that they were aware of any charges made for care and informed by the agency of any changes.

The inspector spoke to three family members who stated that they were invited to attend review meetings and contribute to the development of care and support plans; they stated that they were aware of all charges and informed annually by the agency of any changes.

The inspector viewed the agency's policy for assessment and care planning; it details the timescales for completion and review of care and support plans.

<b>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant

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

## **11.0 Any Other Areas Examined**

### **11.1 Complaints**

The agency has had no 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.

## **12.0 Quality Improvement Plan**

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

The timescales for completion commence from the date of inspection.

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

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**

**Announced Primary Care Inspection**

**Killowen House**

**1 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 Brenda Cunningham, 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.	14(a)(b)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted and the prescribed services arranged by the agency , are provided –</p> <p>(a)so as to ensure the safety and well-being of the service users;</p> <p>(b)so as to safeguard the service users against abuse or neglect;</p> <p>This requirement is in relation to the registered person ensuring that service users have an assessment of needs carried out by the relevant HSC Trust.</p>	Once	A letter has been forwarded to Ms Una Cuning (Executive Director in Primary Care & Older Peoples Services NHSCT requesting an urgent meeting to discuss the requirement in relation to the registered person that service users have an assessment of need carried out by the relevent HSC trust	Nine months from the date of inspection: 1 January 2015.
2.	6-(1)(b)	<p>The registered person shall produce a written service user's guide which shall include-</p> <p>(b)the terms and conditions in respect of the services to be provided to service users, including details as to the amount and method of payment of fees, if appropriate</p> <p>This requirement is in relation to the registered person ensuring that the service user's guide contains detail of the arrangements for staff accessing food whilst on duty in a service users' home.</p>	Once	The arrangements for staff accessing food whilst on duty in a service users home is currently under review	Nine months from the date of inspection: 1 January 2015.

**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.**

<b>No.</b>	<b>Minimum Standard Reference</b>	<b>Recommendations</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
2	3.7	<p>Where the agency is acting in response to a self referred service user, the registered manager explores with the service user the value of availing of the HSC Trust's systems.</p> <p>This recommendation relates to the manager ensuring that service users are referred to the HSC Trust for assessment of need prior to admission to the service and that the agency retains a copy of assessments completed.</p>	Once	The manager will ensure that service users are signposted to the relevant HSC Trust for assessment of need prior to admission to the service and where possible the agency will retain a copy of assessments completed.	Nine months from the date of inspection: 1 January 2015.

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

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Brenda Cunningham
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Muriel Sands

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