



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

## **Announced Primary Care Inspection**

<b>Name of Agency:</b>	<b>St Julian's House</b>
<b>RQIA Number:</b>	<b>10866</b>
<b>Date of Inspection:</b>	<b>5 March 2015</b>
<b>Inspector's Name:</b>	<b>Joanne Faulkner</b>
<b>Inspection ID:</b>	<b>17899</b>

**The Regulation And Quality Improvement Authority**  
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**1.0 General Information**

<b>Name of Agency:</b>	St Julian's House
<b>Address:</b>	St Julian's Road Omagh BT79 7HQ
<b>Telephone Number:</b>	02882250447
<b>Email Address:</b>	e.morris@apexhousing.org
<b>Registered Organisation / Registered Provider:</b>	Gerald Kelly Apex Housing Association
<b>Registered Manager:</b>	Eilish Morris
<b>Person in Charge of the Agency at the Time of Inspection:</b>	Eilish Morris
<b>Number of Service Users:</b>	15
<b>Date and Type of Previous Inspection:</b>	Announced Primary Care Inspection 16 May 2013
<b>Date and Time of Inspection:</b>	5 March 2015 09:30-16:30
<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	4
Staff	5
Relatives	2
Other Professionals	1

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	9	5

## 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; five 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

St Julian's House is a supported living type domiciliary care agency situated close to Omagh town. The aim of the agency is to provide housing with care to older people; 15 tenants live in individual flats. The flats are unfurnished as each resident is encouraged to bring familiar furnishings with them and to decorate to their individual taste.

The agency's aim is to provide care and support to older people; this includes helping service users with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of promoting health and maximising quality of life.

Tenants are encouraged to actively participate in the running of the project and use the forum of bi-monthly tenants' meetings to put forward their views and ideas. The meetings are also used to highlight any complaints that tenants may have and this information is recorded.

Staff are available to support tenants 24 hours per day and each service user has an identified 'key worker.'

## 8.0 Summary of Inspection

The announced inspection was undertaken on 5 March 2015, at the registered office located within the service users' home. The inspector was supported throughout the inspection by Eilish Morris, registered manager.

During the inspection, the inspector had the opportunity to meet with four service users; two relatives; a HSC trust social worker and five staff members.

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

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

### 8.1 Staff Comments:

- "Service users are encouraged to be independent; some require more support than others"
- "I received induction training "
- "Service users can come and go as they please; they have their own keys"
- "I am involved in care planning with the service users"
- "Staff bring their own food"
- "We get six weekly supervision and annual appraisal"
- "The care and support provided depends on the individual needs of service users"
- "Service users can choose what services they require"
- "This is a lovely team; a nice place to work"

The five returned questionnaires indicated the following:

- Staff have received Vulnerable adult training
- Training was rated as excellent or very good
- Staff have received Human Rights training
- Service users have in place individual service agreements
- Staff are aware of whistleblowing policy

Records viewed by the inspector and discussions with the manager and staff support the above statements and identified that additionally other staff members 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.

## **8.2 Service Users' Comments**

During the inspection, the inspector met with four service users who could describe the care and support they received; they stated that they are involved in the completion of their individual care and support plans.

Service users stated that they are supported to live as independently as possible and provided with the agreed care and support and that their views are respected.

### **Comments:**

- "The staff are all very good; very approachable"
- "I have my own car; I come and go as I wish"
- "I make a cup of tea in my flat"
- "The staff couldn't be better"
- "I am happy with the charges"
- "I keep my money safe in my room"
- "Staff help me to do my cleaning and laundry"
- "There are no restriction; you can do what you want"
- "I was in a residential home before this is much better; I have more freedom and more money".
- "I spend my money on what I want"
- "Staff help me with my medication; I can't manage it myself"
- "I go golfing"
- "I am happy with everything; never been as well cared for"
- "Staff chat to me about my care and support"
- "I lock my door; the staff knock the door"

## **8.3 Service User Representative**

The inspector spoke to the relatives of two service users who stated that service users are supported to live as independently as possible; they stated that they are involved in the development of care and support plans specific to meet the needs of the service users.

**Comments:**

- “I am kept informed of any changes”
- “I am aware of all the charges, I am very happy with them”
- “Staff are approachable and very caring and attentive ”
- “I attend the review meeting”
- “My relative could not live here without the support provided”
- “This is a great place”
- “Staff encourage my relative to be as independent as possible”
- “I chat to the manager when I visit; the staff are always available”

**8.4 Professionals comments**

The inspector spoke to a HSC trust social worker who visits two of the service users; they stated that the agency’s staff promote service users independence and effectively communicate any issues or concerns.

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

**8.5 Detail of Inspection Process****8.5.1 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:

- Support and Care Agreement
- Service User Guide

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.

Discussions with the manager identified that two of the service users receive a care package from the HSC trust and that none of the remaining service users are in receipt of care commissioned by the HSC trust; they stated that service users have not been assessed for services by the HSC trust. Service users pay a fixed amount for care received from the agency. Service users are assessed by the agency prior to admission and any charges for services agreed.

The manager stated the agency is in the process of supporting service users to avail of an assessment of need by the relevant HSC trust. A requirement has been made.

The manager stated that service users receive an assessment of need by the agency prior to admission and agreement made on services that will be provided by the agency and any related charges.

Service users and their relatives were aware of charges made by the agency and could describe the care and support they received. Service users pay an agreed amount per week for food and utilities.

Staff that choose to eat food provided by the agency are required to pay a charge; the manager stated that staff opt in or out of this arrangement.

The agency has a locked safe facility; this is managed in accordance with the agency's finance policy. Service users can access their monies at any time and have a locked facility in their individual flats.

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

Service users have opted out of the agency's transport service and are given the required support to access appropriate public transport and are responsible for costs incurred.

The agency's finance policy was viewed by the inspector.

One requirement has been made in relation to this theme.

### **8.5.2 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 manager stated that prior to admission service users have an assessment of their needs completed by the agency's staff; this information is used in developing care and support plans in conjunction with service users. The agency has received assessments from the HSC trust for a number of service users.

Care and support plans detail the care and support provided to individual service users; service users and their relatives stated that they are involved in the development of these and that their views are reflected. Staff stated that they record daily the care and support provided to individual service users.

Records viewed reflect a range of interventions used in the care and support of individual service users; the human rights of service users are recorded within their care and support plans; they are reviewed annually or as required.

It was identified that the agency monitor and maintain a record of service users weight on a monthly basis. The inspector discussed instances when this practice would be deemed necessary for individual service users; however it is recommended that the agency review this practice and identifies those service users who require regular weight monitoring. A requirement has been made.

The agency maintains a record of staff training; staff stated they had received induction training covering a number of topics including human rights, safeguarding vulnerable adults and care planning. Staff informed the inspector that they receive six weekly supervision and annual appraisal.

From the documentation viewed 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 read the agency's service user guide and statement of purpose; they outline the nature and range of services provided.

Staff could describe practices which could be deemed as restrictive and were aware of the agency's whistleblowing policy.

One requirement has been made in relation to this theme.

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

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

The registered manager stated that two of the service users receive a care package from the HSC trust; the HSC trust does not commission care for the remaining service users. 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.

The manager stated that the agency is currently in the process of facilitating service users to avail of a HSC trust assessment of need

Service users and their representatives could describe the type of care provided by the agency and were aware of related charges for services received. Service users described a range of activities specific to their needs that they are supported to participate in with the support of agency staff.

Staff could describe the care and support provided to individual service users; they stated that service users are encouraged to be as independent as possible.

Service users informed the inspector that they participate in their annual review involving their relatives 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. A number of service users have had a review involving the HSC trust representative.

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

Service users have in place a tenant's guide and individual care and support agreements; they are updated annually.

The care and support agreement details the amount of care provided by the agency for charges made to the service user; the manager stated that this arrangement is agreed with service users and their representatives prior to the commencement of their tenancy.

## **8.6 Additional Matters Examined**

### **8.6.1 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 two of the service users receives a care package funded by the HSC trust the remaining service users do not receive care commissioned by the HSC trust; the manager stated that service users pay a fixed amount to the agency for care services. This is agreed with the service user prior to the commencement of their tenancy; service users have not had a needs assessment completed by the relevant HSC trust. A requirement has been made.

### **8.6.2 Statement of Purpose:**

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

### **8.6.3 Annual Review of Service Users' Needs by HSC trusts:**

The 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 manager identified that 12 of the service users had received an annual review organized by the agency to which the relevant HSC trust had been invited; the manager stated that service users participate in an annual review held by the agency staff. The manager stated that two service users have a care package from the HSC trust the remaining service users do not receive care commissioned by the HSC trust.

### **8.6.4 Monthly Quality Monitoring**

The inspector viewed the agency's quality monitoring documentation in place and noted that monthly monitoring visits are completed by a senior housing manager. From the documentation viewed the views of service users had been recorded; it was identified that on a number of records the views of relatives and professionals had not been recorded. The documentation contains detail of any incidents or safeguarding concerns and contains an action plan and references the RQIA quality improvement plan. A requirement has been made.

## 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	Standards 1.1, 2.1, 2.2, 4.1, 4.2, 8.6, 8.7, 8.8, 8.9, 9 (1-5) Appendix 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 inspector viewed minutes of tenants meetings and the revised statement of purpose; they detail the agency's role in consulting with service users in relation to prospective tenants and the rights of service users choosing where they wish to live.  This recommendation has been assessed as being fully met.	Twice	Fully met
2	Standard 4 (1-5)	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 agency has in place separate care and support agreements and tenancy financial agreements for each service user; the inspector viewed these records for two service users.  This recommendation has been assessed as being fully met.	Twice	Fully met
3	Standards 6 1-4 8.6 8.7 8.8 8.9 9 1-5 Appendix 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 for two service users; they clearly state that service users have the option to obtain their care and support from an alternative provider.  This recommendation has been	Twice	Fully met

			assessed as being fully met.		
4	Standards 6 1-4 8.6 8.7 8.8 8.9 9 1-5 Appendix 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.	The inspector viewed the agency's move on policy; it details that should service users no longer require care that their tenancy will be discussed with them.  This recommendation has been assessed as being fully met.	Twice	Fully met
5	Standards 1.1, 2.1, 2.2, 4.1, 4.2, 8.6, 8.7, 8.8, 8.9, 9 (1-5) Appendix 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.	The inspector viewed minutes of tenants meetings; it was identified that on occasions discussions had taken place relating to who service users share their accommodation with.  Service users informed the inspector that agency staff consult with them in relation to new service users.  This recommendation has been assessed as being fully met.	Twice	Fully met

**10.0 Inspection Findings**

<b>THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED</b>	
<p><b>Statement 1:</b></p> <p><b>The agency maintains complete and up to date records in respect of the terms and conditions of the provision of personal care</b></p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• 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;</li> <li>• 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;</li> <li>• 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;</li> <li>• 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;</li> <li>• The service user guide/ individual agreement clarifies what the arrangements are for staff meals while on duty in the service users' home;</li> <li>• 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;</li> <li>• 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;</li> <li>• 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</li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>

<b>Provider's Self-Assessment</b>	
<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.</p> <p>Apex have policies for staff to follow for managing tenant's finances and property.</p> <p>Apex advise tenants via letter in advance of yearly rent increases.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The agency has in place individual care and support agreements, financial agreements and a tenant's guide; 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 three of the service users receive a care package from the HSC trust and that none of the remaining service users are in receipt of care from the relevant HSC trust; 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 manager stated the agency is in the process of supporting service users to avail of an assessment of need by the relevant HSC trust.</p> <p>Service users stated that they pay an agreed amount per week for food and utilities, and could describe the process for opting out of services they choose not to avail of.</p> <p>The manager stated that staff can opt in to eat meals provided by the agency; staff pay related charges directly from their salary.</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.</p> <p>The agency's finance policy outlines the procedures for staff involved in supporting service users to manage their money.</p>	Moving towards compliance

<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>	
<p><b>Provider's Self-Assessment</b></p>	
<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 scheme we assess tenants and if they require support with finances then we write a risk assessment and support plan which details the level of support provided, however 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 have 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>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>Service user support agreements and care and support plans detail the support required by individual service users to manage their monies. The agency retains details in individual service users care records of their appointee/agent; service users are supported to manage their monies as agreed.</p> <p>The agency maintains a record of all monies retained on behalf of service users and records all transactions; ledgers were viewed by the inspector and it was noted that two staff signed for all transactions and receipts</p>	<p>Compliant</p>

were retained; service users sign for each transaction if applicable.

Service users and their representatives stated that they have been involved in discussions and agreements in place in relation to their finances. The manager described an arrangement whereby service users can access their money at any time.

The agency's finance policy outlines the procedure for staff handling service users' monies; this was viewed by the inspector; staff stated they have received training on handling service users' monies.

The manager could describe the procedure to be followed in relation to referring a service user for a capacity assessment.

<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 who can access monies and valuables. All monies / valuables are recorded and 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 has a facility for the safe storage of service users' monies and valuables; this is located in the agency's office. The manager stated that safe keys are held by the senior on duty; a list of safe contents is maintained.</p>	Compliant

Service users and their relatives stated that they have a locked facility in their individual rooms to secure money, valuables and medication; they are provided with the key. 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.

The agency's finance policy clearly details the process for staff in relation to supporting service users to manage their monies.

The agency retains monies on behalf of three service users; they have written authorisation in place. Individual ledgers are maintained for all monies held by the agency; it was noted that staff record any transactions, the purpose of the transaction and available balance. Ledgers are signed by the service users where appropriate and two staff members; receipts are retained if appropriate; the agency has a list of staff and service users signatures. Service users' care and support plans detail the agreed support required by the service user to safely manage their monies.

The inspector was informed that reconciliation is completed at each transaction, weekly and monthly by the manager; in addition an audit is completed by the agency's finance department.

Staff stated that they have received finance awareness training and could describe the necessary steps if a discrepancy was identified.

**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"> <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 and a support plan written in conjunction with the Trust when possible. Transport can be organised for tenants to attend appointments etc. Transport is paid for by the tenants and can include Taxi, public transport and Apex bus service.</p> <p>Apex has a transport policy, St Julian's tenants have opted out of the transport service and signed the transport service users agreement. Our tenants use taxi's or bus service to provide their transport needs. Apex have a transport policy, this is read and signed by staff.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The manager stated that none of the service users avail of the agency's transport service; staff stated that service users are provided with the required support 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 service users are supported to apply for relevant benefits to assist them with cost of transport.</p>	<p>Compliant</p>

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

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

<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/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. However some tenants do have Trust representation and so Key worker plans support/care in conjunction with tenant and their family (where appropriate) and includes their views, preferences and considers Human Rights. We use 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>Prior to admission the manager completes an assessment of needs; the manager stated that the agency has received assessments from the HSC trust for a number of service users prior to admission.</p> <p>Prospective service users are encouraged to visit the service prior to admission during which they have the opportunity to meet those presently residing in the service.</p>	Moving towards compliance

From records viewed it was identified that service users have care and support plans in place detailing the care and support that the agency provide; it is noted by the inspector that these are updated annually or as required and make reference to human rights. Care plans are prepared in conjunction with the HSC trust were appropriate.

Service users and their relatives stated that they are involved in developing their individual care and support plans.

Staff could describe the process for compiling care and support plans in conjunction with service users and their representatives; they stated that they record daily the care and support provided for each service user.

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

<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.</p> <p>Following attendance at any training an evaluation form is completed by each participant.</p> <p>All tenants care/support plans are reviewed quarterly or more often as required.</p>	Compliant
<b>Inspection Findings:</b>	
<p>Staff stated that they received an initial induction at the commencement of their employment; areas covered included safeguarding of vulnerable adults, human rights, record keeping, managing service users’ monies and medication. Staff stated that they are provided with ongoing training throughout their employment.</p>	Compliant

Staff stated that they receive six weekly supervision and annual appraisal; they stated that they feel supported by the manager. Staff described training received specific to the needs of individual service users.

The agency maintains a database of all training the inspector viewed the staff training records in place; from those viewed it was identified that staff have received training in human rights, complaints, safeguarding of vulnerable adults, MAPA and management of medication. The agency has recently introduced an E learning programme for all staff.

The agency has in place staff profiles and training information for staff supplied by a domiciliary care agency.

The agency has in place the following policies: Restrictive Practice; Protection of Vulnerable Adults; Whistleblowing and Finance.

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 to identify any that may be deemed as restrictive.

Staff could describe the necessary actions in relation to whistleblowing and had knowledge of the policy in place.

<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.</p> <p>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 agency’s service user guide and statement of purpose; they detail the nature and ranges of services provided and make reference to restrictive practice.</p> <p>Service users and their representatives stated that their views and choices are respected; they stated that</p>	Compliant

they attend tenants meetings and are encouraged to express their views. Service users stated that they are involved in the completion of their individual care and support plans.

Service users stated that they are provided with keys for their home and can enter or leave at all times; they stated that they can access all areas of their home.

The manager informed the inspector that there are no restrictive practices in place; the agency's restrictive practice policy was viewed by the inspector.

<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 and staff; they stated that care practices are regularly reviewed to identify practices which may be deemed restrictive; they stated that there are presently no practices which could be deemed as restrictive within the service. The agency has in place a policy on restrictive practice.</p> <p>The manager stated that current practices are discussed during the monthly quality monitoring visit to identify any practice that may be restrictive.</p> <p>Staff stated that they have received training in human rights, management of challenging behaviours and safeguarding of vulnerable adults; they could describe practices which could be deemed as restrictive.</p> <p>Service users and their relatives stated they are provided with a key for their individual flats; they stated that they are encouraged to lock their doors; they stated that they can leave their home at any time and have full access to all shared areas.</p>	<p>Compliant</p>

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

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

<b>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</b>	
<b>Statement 1</b>	<b>COMPLIANCE LEVEL</b>
<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>	
<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 nok if applicable.</p>	Compliant
<p><b>Inspection Findings:</b></p> <p>The inspector discussed this theme with the registered manager who stated that prior to admission all service users are assessed by the manager to identify their individual care and support needs.</p> <p>Service users and their relatives 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> <p>Staff could describe the care and support provided to individual service users; they described practices which</p>	Compliant

are specific to the needs of individual service users.

The agency has in place individual care and support plans for service users; the inspector noted that those viewed detail the care and support required. The support and care agreement details amount of care hours provided to the individual.

<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>
<b>Provider's Self-Assessment</b>	
<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
<b>Inspection Findings:</b>	
<p>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 three of the service users receive a care package from the HSC trust. Prior to admission, service users have an assessment of their needs completed by the manager; a support and care agreement is signed and agreement made to related charges.</p> <p>The manager stated that the agency are presently in the process of facilitating service users to avail of a</p>	Compliant

HSC trust assessment of need; they stated that a number of service users have refused a referral to the HSC trust.

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.

Service users and their relatives stated that they are involved in developing their individual care and support plans; they could describe the services they received from the agency and any associated charges.

The inspector viewed the support and care agreements and tenants finance agreements for two service users; they detailed charges made by agency to the service user. Service users pay the agency a fixed amount for care received; the manager stated that the agency is currently in the process of completing a detailed analysis of the care and support provided by the agency.

The support and care agreement outlines the process for cancelling services.

<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 if they wish.</p>	Compliant
<b>Inspection Findings:</b>	
<p>Prior to the inspection the agency was requested to forward to RQIA details of service users annual reviews.</p> <p>The manager stated that 12 service users have received an annual review arranged by the agency to which the HSC trust representative has been invited to attend; the remaining service users have received a review completed by the agency’s staff. It was identified that the agency retains copies of review details. The</p>	Compliant

<p>manager stated that the HCS Trust do not arrange annual reviews; the manager stated that the HSC trust commissions care for two of the service users.</p> <p>Service users and their representatives stated that they participate in the review process and are encouraged to contribute their views</p> <p>Staff stated that the care and support plans are updated annually or as required; they stated that they participate in the annual review of the service users.</p>	
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<p><b>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
	<p>Substantially compliant</p>

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

## **11.0 Any Other Areas Examined**

### **11.1 Complaints**

The agency has 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 from records viewed.

## 12.0 Quality Improvement Plan

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

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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



## Quality Improvement Plan

### Announced Primary Care Inspection

St Julian's House (10866)

5 March 2015

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

The specific actions set out in the Quality Improvement Plan were discussed with Eilish Morris, 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.(d)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted and the prescribed services arranged by the agency, are provided –</p> <p>(d) so as to ensure the safety and security of service users' property, including their homes.</p> <p>This requirement is in relation to the registered person ensuring that service users are encouraged to have an assessment of needs carried out by the relevant HSC trust.</p>	Once	To ensure compliance with this requirement, as with previous written correspondence with Apex to RQIA. We have outlined what has been carried out to date. At initial assessment all potential applicants are signposted to the relevant HSCT for assessment of need. All existing tenants( who have consented to this) have been referred to the HSCT for screening to determine their eligibility for an assessment of need.	Four months from the date of inspection: 5 July 2015.
2.	14.(e)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided -</p> <p>(e) in a manner which respects the privacy, dignity and wishes of service users, and the confidentiality of information relating to them.</p> <p>This requirement relates to the registered</p>	Once	The agency has reviewed the practice of monitoring and recording of service user's weights and now only weigh service users who require regular weight monitoring.	Two months from the date of inspection: 05 May 2015.

		person ensuring that the agency review the practice of monitoring and recording of service users' weight to identify those service users who require regular weight monitoring.			
3.	23.-(1)(5)	<p>The registered person shall establish and maintain a system for evaluating the quality of services which the agency arranges to be provided.</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>This requirement relates to the registered person ensuring that the monthly quality monitoring record maintained clearly records the views of service users' relatives and relevant professionals.</p>	Once	The monthly quality monitoring record visits will include and reflect the views of service users, relatives and relevant professionals.	Two months from the date of inspection: 5 May 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>	Eilish Morris
<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	21/04/15
Further information requested from provider			