



The Regulation and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Agency:	Triangle Housing Association 37d Charlotte Street
Agency ID No:	10905
Date of Inspection:	16 September 2014
Inspector's Name:	Rhonda Simms
Inspection No:	INO20407

**The Regulation And Quality Improvement Authority
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General Information

Name of agency:	Triangle Housing Association
Address:	37d Charlotte Street Ballymoney BT53 6AY
Telephone Number:	028 27668616
E mail Address:	marie.scullion@trianglehousing.org.uk
Registered Organisation / Registered Provider:	Triangle Housing Association Mr Christopher Alexander
Registered Manager:	Mrs Mary (Marie) Scullion
Person in Charge of the agency at the time of inspection:	Wendy Blair
Number of service users:	9
Date and type of previous inspection:	Primary Announced inspection 13 November 2013, 9.45 am – 5.00 pm
Date and time of inspection:	16 September 2014 9.30am - 4.45pm
Name of inspector:	Rhonda Simms

Introduction

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

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

Purpose of the inspection

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

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

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

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

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

Methods/process

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

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

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

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

- File audit
- Evaluation and feedback.

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

Consultation process

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

Service users	3
Staff	5
Relatives	3
Other Professionals	2

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	8	6

Inspection focus

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

The following four quality themes were assessed at this inspection:

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

Review of action plans/progress to address outcomes from the previous inspection

The agency's progress towards compliance with four requirements following the primary announced inspection of Charlotte Street on 13 November 2013 was assessed. The agency has fully met three requirements. One requirement was not met and in accordance with RQIA's enforcement procedures, the registered person was advised on 13 October 2014 of RQIA's intention to issue a failure to comply notice in respect of Regulation 14 (c) (e) of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

The registered person and their representatives attended a meeting at RQIA's offices on 22 October 2014. The registered person provided RQIA with assurances that the agency had begun to execute plans to move the office out of the home of a service user. The registered person agreed to outline the timescales for this in writing to RQIA by 19 November 2014 and to provide an assurance that the needs of all service users involved would be fully considered during the process of change.

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

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

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

Profile of service

Triangle supported living type domiciliary care agency, based at 37d Charlotte Street, Ballymoney, consists of six individual flats and two, two person flats. The service is situated in an area close to local facilities and transport links. Services are currently provided for up to nine service users who have a learning disability and may have overlapping challenging behaviours or complex needs. Under the direction of the registered manager, Marie Scullion, and the service manager, Wendy Blair, seven staff provide services that can include help with daily living / life skills, involvement in the local community, and maintaining a tenancy, with the overall goal of promoting independence and maximising quality of life. An “Active Support” model of service provision has been adopted and implemented to assist in advancing individual skills and promote independence.

Summary of inspection

The announced inspection was undertaken at the agency’s registered office, 37d Charlotte Street, Ballymoney on 16 September 2014.

During the inspection a range of policies and procedures, care and support plans, service user agreements and other documentation was examined. The inspector met with Marie Scullion, registered manager, Wendy Blair, service manager, three support staff, and three service users.

Prior to the inspection, six staff returned completed questionnaires to RQIA. Staff confirmed that they had received effective training in safeguarding vulnerable adults, human rights, and the supported living model. Staff noted comments which demonstrated their understanding of the supported living model, including promotion of independence, dignity and choice. Staff reported that all service users have a care and support plan that meets their needs and has been prepared with HSC Trust involvement.

Staff who participated in the inspection process reported a clear understanding of safeguarding issues, human rights issues, and the supported living ethos. Staff who spoke with the inspector advocated on behalf of service users regarding their rights to choice and independence.

‘We help people to meet their full potential’

‘Encourage self-esteem’

‘Service users are supported to go to advocacy groups’

Service users are ‘treated as individuals, with the same human rights as everyone else’.

The staff reported being equipped with the appropriate knowledge, support and supervision to carry out their roles. The inspector observed staff interacting with service users throughout the course of the inspection.

In the course of inspection three service users met with the inspector. Two service users showed the inspector their homes, which were decorated and furnished in accordance with their personal taste. Service users were positive about the service provided to them by staff and the quality of their life at Charlotte Street. Service users described how staff support their independence whilst providing assistance when it is required. All service users knew how to access staff support and described the staff as being available to them whenever needed.

'The staff are good'
 'I get money whenever I need it'
 'I'm involved with self-advocacy, people speaking up for themselves'
 'I get on well with other service users and staff'
 'I feel safe'
 'Staff call in and I can call them if I need them'
 'I have been to recruitment open days for new staff'.

Two service users are 'Choice Checkers', which involves them representing the views of other service users regarding the quality of service provided by Triangle Housing Association. The service users described the training they had completed and what is involved in the role. Service users also reported their involvement in the Tenants' Advisory Group and self-advocacy group.

Three relatives spoke with the inspector in the course of the inspection. Relatives provided positive comments regarding the service provided and communication with staff. Relatives reported being involved with reviews and seeing care and support plans. In one case the relative reported that reassessment and a change to the care and support plan led to a more appropriate level of care and support being provided.

Relative 'seems happy and content'
 'The staff are very good and can meet needs, they try to make life comfortable'
 'Staff are very good with' relative.
 'There are no restrictions'
 Relative 'has access to money'
 'Staff take into account' their 'wants and choices'.

The inspector spoke with two professionals as part of the inspection process. Professionals described a positive partnership relationship with the agency, with effective communication and appropriate response to the changing needs of service users. Professionals reported that the agency staff participate in reviews which occur annually or more frequently when needed. Professionals reported an appropriate response from the agency regarding safeguarding and other concerns. Care plans were described as 'individualised, personalised, and adaptive'. Living at Charlotte Street was described as 'a positive experience for the service user'.

Detail of inspection process:

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

The agency has achieved a compliance level of '**substantially compliant**' in relation to Theme 1.

The inspector viewed a range of documentation including financial policies, the service user guide, HSC Trust assessments, financial support plans, financial agreements, cash books and receipts in order to assess compliance with Theme 1.

The inspector noted that the terms and conditions and amounts paid for services were stated in the financial agreements and service user guide. The cash books viewed by the inspector maintained a clear and up to date record of all financial transactions and are signed either by the service user and a staff member, or two staff members.

The inspector noted that whilst the apportioning of shared costs was not stated in the financial agreement of a service user, the payments to the service user were seen in the cash book and other documentation. The registered person should ensure that the apportioning of shared costs is clearly stated in the financial agreement.

During the inspection the arrangements for receiving and handling service user's monies were examined. Service users keep their own locked money tin in a locked cupboard in their own home. The inspector viewed the assessments and financial support plans which clarified the support each service user required in respect of handling and managing money. The inspector viewed documentation of methods of daily, weekly and quarterly financial reconciliations completed by the agency, including random checks.

The inspector was informed that staff purchase their own food for consumption whilst on duty. The agency does not act as appointee for any service user.

Service users and agency staff who took part in the inspection confirmed that service users could access their money at any time.

There is one recommendation in relation to Theme 1.

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

The agency has achieved a compliance level of '**substantially compliant**' in relation to Theme 2.

The inspector viewed a range of care and support plans which incorporated service users' needs from assessments completed by the HSC Trust. Care and support plans were person centred, reflected a range of interventions, and included the involvement of the service user and/ or their representative.

Documentation and feedback from staff, service users, professionals and relatives showed that the agency responds to the changing needs of service users, reviews care practices, and adapts care and support plans accordingly.

The agency is in the course of further developing human rights considerations within care and support plans. The inspector noted that human rights considerations are included within care and support plans.

The inspector viewed up to date training records and discussed the system of training and evaluation with the registered manager. Staff reported that they had received training to equip them to carry out their roles. The knowledge and values acquired by staff were reflected in feedback through questionnaires and discussion. Service users and relatives reported that staff were able to meet the needs of service users.

In the course of inspection staff were able to describe care practices which could result in restrictions for the service user or impact on others. Feedback showed that staff have an understanding of human rights issues in relation to restrictive practice.

The agency keeps a register of restrictive practice which is under regular review. The managers discussed a care and support practice which could be regarded as restrictive. The inspector viewed care and support plans, assessments completed by the HSC Trust and regular review reports which showed an evaluation of this practice and the human rights issues around it.

The agency must ensure that any practice which could be regarded as restrictive is evaluated within the monthly quality monitoring report.

There is one requirement in relation to Theme 2.

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

The agency has achieved a compliance level of '**substantially compliant**' in relation to Theme 3.

The inspector viewed a range of support and care plans which were consistent with care commissioned by the HSC Trust. Care and support plans were person centred, individualised and reflected the needs and preferences of the service user. Service users had an understanding of the amount and type of care provided by the agency.

Financial agreements viewed by the inspector stated the number of hours of care and support provided by the agency. Service users who took part in the inspection knew what contribution they were making from their own income. Financial agreements were signed by the service user and/or their representative.

The registered manager confirmed the report of care reviews commissioned by the HSC Trust that all service users had annual reviews from 1 April 2013 – 31 March 2014. Review meeting records viewed by the inspector showed involvement of the service user and/or their representative, the agency and HSC Trust staff.

Additional matters examined

Monthly Quality Monitoring Visits by the Registered Provider

Reports of monthly quality monitoring were viewed by the inspector. The reports reflected consultation with service users, relatives, staff and professionals. Where unsuccessful attempts were made to contact professionals, this was noted. Previous quality improvement plans were referenced and improvement measures were evident.

The registered person should ensure that any restrictive practices are reflected in the reports of monthly monitoring.

Charging survey

At the request of RQIA, the acting registered manager submitted a completed survey of charging arrangements to RQIA in advance of the inspection. The charging survey was discussed and confirmed with the registered manager.

The registered manager confirmed that service users contribute Disability Living Allowance of £54.45 and Severe Disability Premium of £61.10 weekly towards the cost of their care. The registered manager confirmed that service users are judged to have financial capacity and have assistance in accordance to their assessed needs to manage their finances.

This arrangement may be inconsistent with the 1999 HSS Executive document “Provision of Community Care Services – Treatment of Attendance Allowance” (Circular BP 2451/97) which states:

“...the Minister has decided that receipt of Attendance Allowance or other disability related benefits should not be taken into account in decisions about the provision of community care services.”

In addition, service users paying for provision of personal care in their own homes is inconsistent with DHSSPS guidance:

The 2007 DHSSPS “Report on free personal care and alternative options” states (p.6) “Clients at home, however, do not have to pay for their personal care.”

The inspector was also concerned that there was insufficient correlation between what service users were paying for and the services they received.

In accordance with RQIA’s enforcement procedures, the registered person was advised on 13 October 2014 of RQIA’s intention to issue failure to comply notices in respect of Regulations 14 (b) and 14 (d) of the Domiciliary Care Agencies Regulations (Northern Ireland), 2007.

A meeting was held with the registered person at RQIA’s office on 22 October 2014. The registered person provided appropriate assurances and evidence that there is sufficient correlation between what service users are paying for and the services they receive. On this basis, RQIA did not issue a failure to comply notice in regard to Regulation 14 (b).

At the meeting on 22 October 2014, the registered person provided RQIA with the assurance that they would highlight to the HSC Trust issues regarding service users paying for personal care contrary to DHSSPS guidance, and the responsibilities of the HSC Trust in relation to this matter. The registered person was asked to forward this correspondence to RQIA by 19 November 2014. On this basis, RQIA did not issue a failure to comply notice in regard to Regulation 14 (d).

Statement of Purpose

The Statement of Purpose examined provided information as outlined in Regulation 5, Schedule 1 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

Information was provided regarding the mission statement, values and philosophy of the organization, aims and objectives, nature and range of services provided. The name of the registered person and registered manager was provided, with their qualifications and those of staff. The complaints procedure was outlined. Standards and quality of service that service users can expect are described, including appropriate reference to restrictive practices.

Care reviews

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

The information returned to RQIA was discussed during the inspection and it was evident that the HSC Trust are regularly involved in the needs assessment and care planning processes for service users.

Follow-up on previous issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1.	14 (c) (e)	<p>The registered manager must review the arrangements around a service user “sharing” accommodation with staff.</p> <p>This requirement refers to the arrangements around who enters the service user’s home, as the office is contained within the accommodation. The service user does not have control over who enters their home.</p>	<p>The registered manager informed the inspector that staff meetings and supervision have been removed from the office situated in the service user’s home, to adjacent agency offices in a separate building.</p> <p>The staff fridge is located in the utility room of the service user. Staff use the kettle in the service user’s kitchen, which is open plan to the living/dining area. There is a separate toilet in the service user’s home which is used for staff. The inspector noted that the office is situated at the end of a corridor, which requires staff or other visitors to the office to pass by the service user’s kitchen/living/dining room and bedroom.</p> <p>The inspector noted that the front door is downstairs, and that the service user does not have control over who enters their home, or privacy within it.</p> <p>In accordance with RQIA’s Enforcement Policy and Procedures, a meeting was held at RQIA offices on 22 October 2014.</p>	Twice	Not met

			<p>At this meeting the registered person described plans to remove the office from the home of the service user, to agency offices in an adjacent building. The registered person assured that this plan would take place in conjunction with HSC Trust assessed needs and with regard to the preferences of the service user who has been accustomed to a staff presence in their home. The registered person indicated that the office relocation may lead to the need for use of communication or monitoring systems for service users which could be regarded as restrictive.</p> <p>The registered person agreed to notify RQIA in writing of plans to move the agency office and considerations involved in this by 19 November 2014.</p>		
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2.	15(2)(b & c)	<p>The registered person shall after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure that a written plan ("the service user plan") is prepared which shall-</p> <p>(b) specify the service user's needs in respect of which prescribed services are to be provided;</p> <p>(c) specify how those needs are to be met by the provision of prescribed services.</p> <p>This requirement refers to the agency's need to provide the service user with the information on how many care and support hours they are entitled to and what is provided.</p>	<p>The inspector viewed finance agreements which stated how many care and support hours are provided to the service user.</p> <p>The care and support plans viewed by the inspector describe what services are provided to the service users. Finance agreements and care and support plans are signed by the service user and/or their representative.</p>	Once	Fully met
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3.	23 (1) (5)	<p>(1)The registered person shall establish and maintain a system for evaluating the quality of the 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 refers to the need to seek and record the views of the service users families as part of the monthly monitoring visits.</p>	<p>The inspector viewed reports of monthly quality monitoring which showed regular contact with service users' families. Unsuccessful attempts to contact families are also noted.</p> <p>Triangle has surveyed all relatives since the last inspection in order to establish an agreeable timescale and method of making contact</p>	One	Fully met
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4.	15 (12) (b)	<p>The Regulation and Improvement Authority to be notified of any incident reported to the police, not later than 24 hours after the registered person has reported the matter to the police.</p> <p>This refers to the agency's arrangements for ensuring that RQIA are advised of any safeguarding concerns that have been reported to the police.</p>	<p>The registered manager described the process for staff on duty to report incidents to the registered manager, who then reports to the PSNI.</p> <p>The registered manager completes an incident form which includes a section on which agencies, including RQIA, should be informed.</p> <p>The registered manager informed the inspector that no such incidents have occurred since the last inspection.</p>	One	Fully met
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THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<p>Statement 1:</p> <p>The agency maintains complete and up to date records in respect of the terms and conditions of the provision of personal care</p> <ul style="list-style-type: none"> • The agency provides to each service user a written guide, including a personalised written agreement detailing the specific terms and conditions in respect of any specified service to be delivered, including the amount and method of payment of any charges to the service user; • The individual agreement details all charges payable by the service user to the agency, the services to be delivered in respect of these charges and the method of payment; • Where service users pay for additional personal care services which do not form part of the HSC trust's care assessment, documentation exists confirming that the HSC trust are aware of any arrangements in place between the agency and the service user; • The individual agreement clarifies what arrangements are in place to apportion shared costs between the agency and the service user(s). This includes those costs associated with any accommodation used in connection with agency business, where this is conducted from the service users' home; • There are arrangements in place to quantify the costs associated with maintaining any unused areas within the service users' home which they do not have exclusive possession of; • The service user guide/ individual agreement clarifies what the arrangements are for staff meals while on duty in the service users' home; • Where the agency is involved in supporting a service user with their finances or undertaking financial transactions on the service user's behalf, the arrangements and records to be kept are specified in the service user's individual agreement; • The agency has a policy and procedure in place to detail the arrangements where support is provided by agency staff to enable the service users to manage their finances and property; • The agency notifies each service user in writing, of any increase in the charges payable by the service user at least 4 weeks in advance of the increase and the arrangements for these written notifications are included in each service user's agreement 	<p>COMPLIANCE LEVEL</p>

<p>Provider's Self-Assessment</p>	
<p>Each Service User receives a written agreement detailing the specific terms and conditions of specified services to be delivered including the amount and method of payment and charges to the service user. An individual finance agreement is completed prior to admission which details all charges relating to their support and care which includes costs for communal charges and arrangements for staff meals. Following an assessment of need the level of support is defined in their finance support plan. The Organisation has clear procedures in place which details the arrangements for supporting a Service User with their finances. The agency notifies in writing each service user increases in charges yearly which is attached to the Service User guide.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The inspector viewed the service user guide which includes the terms and conditions of the service to be delivered. The individual financial agreements and service user guide viewed by the inspector state the amount and payment of charges and methods of payment. The inspector was advised by the registered manager that service users only pay for care that is provided on the basis of a HSC Trust assessment of need.</p> <p>The inspector noted that apportioning of shared costs is not set out in the financial agreement of the service user whose home is used in connection with agency business. The inspector was advised that staff use a sleepover room/office space, and staff toilet within the service user's home. In addition, staff share use of the kitchen and kettle, which are situated in the service user's open plan kitchen/living/dining room. The inspector viewed the staff fridge which is kept in the service user's utility room. The inspector viewed a policy which stated that Triangle Housing Association pays 50% of all gas and electric costs of the service user's home from petty cash; and half of replacement item costs, such as kettle, microwave, and carpet used by staff. The inspector viewed financial records in a cash book which showed regular and up to date financial transactions to the service user in respect of utility bills.</p> <p>The registered person should ensure that the financial agreement of any service user who shares accommodation with agency states the apportioning of shared costs, until the situation of the office in the service user's home ceases. The inspector noted that the current office arrangements impacted negatively</p>	<p>Substantially compliant</p>

on the privacy the service had in their home and the control they had over who entered it. At a meeting at RQIA offices on 22 October 2014, the registered person described plans the agency has begun to execute to move the office out of the home of any service user. The registered person assured that this plan would take place in conjunction with HSC Trust assessed needs and with regard to the preferences of the service user who has been accustomed to a staff presence in their home. The impact of the office relocation on the service user and other service users is more fully explored in the report in Theme 2, Statement 3.

The arrangements for staff meals are stated in the service user guide; staff are responsible for purchasing food they consume whilst on duty. The amounts which the agency pays towards a staff meal during an outing with a service user are stated in the financial agreement and in the support plans seen by the inspector.

The inspector viewed support plans which clearly stated the arrangements for supporting service users with their finances; in accordance with the financial policy and procedure.

The arrangements for written notification four weeks in advance of changes in charges are stated in the service user guide.

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

Statement 2:

COMPLIANCE LEVEL

Arrangements for receiving and spending service users' monies on their behalf are transparent, have been authorised and the appropriate records are maintained:

- The HSC trust's assessment of need describes the individual needs and capabilities of the service user and the appropriate level of support which the agency should provide in supporting the service user to manage their finances;
- The agency maintains a record of the amounts paid by/in respect of each service user for all agreed itemised services and facilities, as specified in the service user's agreement;
- The agency maintains a record of all allowances/ income received on behalf of the service user and of the distribution of this money to the service user/their representative. Each transaction is signed and dated by the service user/their representative and a member of staff. If a service user/their representative are unable to sign or choose not to sign for receipt of the money, two members of staff witness the handover of the money and sign and date the record;
- Where items or services are purchased on behalf of service users, written authorisation is place from the service user/their representative to spend the service user's money on identified items or services;
- There are contingency arrangements in place to ensure that the agency can respond to the requests of service users for access to their money and property at short notice e.g.: to purchase goods or services not detailed on their personal expenditure authorisation document(s);
- The agency ensures that records and receipts of all transactions undertaken by the staff on each service user's behalf; are maintained and kept up-to-date;
- A reconciliation of the money/possessions held by the agency on behalf of service users is carried out, evidenced and recorded, at least quarterly;
- If a person associated with the agency acts as nominated appointee for a service user, the arrangements for this are discussed and agreed in writing with the service user/ their representative, and if involved, the representative from the referring Trust. These arrangements are noted in the service user's agreement and a record is kept of the name of the nominated appointee, the service user on whose behalf they act and the date they were approved by the Social Security Agency to act as nominated appointee;

<ul style="list-style-type: none"> • If a member of staff acts as an agent, a record is kept of the name of the member of staff, the date they acted in this capacity and the service user on whose behalf they act as agent; • If the agency operates a bank account on behalf of a service user, written authorisation from the service user/their representative/The Office of Care and Protection is in place to open and operate the bank account, • Where there is evidence of a service user becoming incapable of managing their finances and property, the registered person reports the matter in writing to the local or referring Trust, without delay; <p>If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the agency on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user's agreement.</p>	
<p>Provider's Self-Assessment</p>	
<p>Prior to admission the HSC Trust presents at panel the identified needs of the Service User and provide a statutory care plan. An offer letter is sent from the agency outlining the costs to the HSC Trust in regard to the individual service user.</p> <p>Each Service User has an individual bank account which details income received and withdrawals from their account. All transactions are checked by the agency and checked against the Service User cash record book</p> <p>Where items over the value of £250 as recommended by RQIA finance inspector their representative is contacted and notified of expenditure.</p> <p>Each Service User in their support plan has agreed amount to withdraw each week which covers expenditure as detailed in their financial agreement. If Service User wish to withdraw more money the agency support the service user to do so. Within this service some Service Users manage their own finances .</p> <p>Where agency staff support a service users all records are completed and receipts retained. Agency staff carry out a reconciliation after each transaction and hand all finances over to keyholder coming on shift..</p> <p>Audits are carried out monthly by the Service Manager off all transaction , receipts and expenditure. The Regional Manager carried out sample audits to ensure the procedure is followed. Triangle finance department also carry out internal audits yearly</p> <p>The Service Users finance support plans details the arrangements if the agency acts as nominated appointee.</p> <p>A record is kept of sample signature for all staff</p>	<p>Compliant</p>

Inspection Findings:	
<p>The HSC Trust assessments of need viewed by the inspector include the individual needs and capabilities of service users in relation to managing finances.</p> <p>The inspector viewed finance books which are kept in the home of each service user. The finance books maintain an up to date record of amounts paid in, distributions of money to the service user, and transactions for services, in accordance with financial agreements. Each transaction is signed by the service user and a member of staff, or two members of staff.</p> <p>The inspector saw written evidence in finance books of checks and reconciliations carried out by agency staff. The agency carries out a range of checks: the balance of each service user's money tin is checked daily; weekly reconciliations are completed by the service manager. The inspector saw evidence of random receipt balances by the service manager and random quarterly compliance audits completed by the registered manager.</p> <p>Where agency staff are involved in supporting service users to make purchases, the inspector viewed receipts and up to date written records of the transactions. Receipts are numbered and can be cross referenced with the individual service user's finance book.</p> <p>The inspector noted that the service users' ability and preference to keep their own money box key is assessed and documented in their care and support plan. Agency staff and service users confirmed that staff members will respond to service users' requests for access to their money tin at any time.</p> <p>The agency does not act as appointee for any service user or operate any bank account on behalf of service users.</p> <p>The registered manager described how the HSC Trust would be requested to complete a financial capacity assessment in the case of a service user becoming incapable of managing finances.</p>	<p>Compliant</p>

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<p>Statement 3:</p> <p>Where a safe place is provided within the agency premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained:</p> <ul style="list-style-type: none"> • Where the agency provides an appropriate place for the storage of money and valuables deposited for safekeeping, robust controls exist around the persons who have access to the safe place; • Where money or valuables are deposited by service users with the agency for safekeeping and returned, a record is signed and dated by the service user/their representative, and the member of staff receiving or returning the possessions; • Where a service user has assessed needs in respect of the safety and security of their property, there are individualised arrangements in place to safeguard the service user's property; • Service users are aware of the arrangements for the safe storage of these items and have access to their individual financial records; • Where service users experience restrictions in access to their money or valuables, this is reflected in the service user's HSC trust needs/risk assessment and care plan; <p>A reconciliation of the money and valuables held for safekeeping by the agency is carried out at regular intervals, but least quarterly. Errors or deficits are handled in accordance with the agency's SVA procedures.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>An identified area for the storage of money is agreed with the Service User and documented in the finance support plan. On each shift an identified key holder assumes responsibility for all finances. The agency has a procedure SS3-8 Personal belongings /Valuables and missing items which includes a property record form which details property belonging to the user and property disposal form is also logged. The support plan details the level of restriction where appropriate in regard to money and property.</p>	Compliant

Inspection Findings:	
<p>The registered manager advised the inspector that service users keep their own money tin in a locked cupboard in their own home. In the case of a service user choosing or being unable to hold their key, this is assessed and noted in their financial support plan. The pin number and bank card of a service user are kept separately in a locked cabinet, in accordance with advice provided by a RQIA finance inspector. The arrangements for this are noted in the financial support plan signed by the service user. Controls exist around who holds keys whilst on shift.</p> <p>Service users who spoke with the inspector in the course of inspection were aware of how to access their money and satisfied with the arrangements.</p>	<p>Compliant</p>

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:

- 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

COMPLIANCE LEVEL

<p>(staff) vehicles, meet the relevant legal requirements regarding insurance and road worthiness. Where the agency facilitates service users to have access to a vehicle leased on the Motability scheme by a service user, the agency ensures that the above legal documents are in place;</p> <ul style="list-style-type: none"> Ownership details of any vehicles used by the agency to provide transport services are clarified. 	
<p>Provider's Self-Assessment</p>	
<p>The assessment of need includes transport requirements for the user which is shared at the admission panel. The agency has a Travel by Car Procedure which details the arrangements in respect of charges. The agency does not operate a transport scheme. Within this Service no users avail of the motability scheme although the Organisation has procedures which detail the arrangements between Service Users who invite other users into their motability car. A log book is kept in each motability car of all journeys, mileage incurred, passengers and costs per mile. This is recharged to the Service Users using the motability car quarterly. The Service User /Representative completes a consent form which details they are agreeing to pay the mileage cost incurred if they choose to use another persons vehicle.</p> <p>Each year the Social Security Agency provides each Service Users with benefit entitlement which is stored in individuals files.</p> <p>Within the Travel by car procedure it is detailed their responsibilities in regard to the legal requirement. when a staff member uses their car to transport Service User</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The inspector was advised that the agency does not provide a transport scheme.</p>	<p>Not applicable</p>

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

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

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 1:</p> <p>The agency responds appropriately to the assessed needs of service users</p> <ul style="list-style-type: none"> • The agency maintains a clear statement of the service users’ current needs and risks. • Needs and risk assessments reflect the input of the HSC Trust and contain the views of service users and their representatives. • Agency staff record on a regular basis their outcome of the service provided to the individual • Service users’ care plans reflect a range of interventions to be used in relation to the assessed needs of service users • Service users’ care plans have been prepared in conjunction with the service user and their HSC Trust representative(s) and reflect appropriate consideration of human rights. 	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>Each Service User has a completed assessment of need which outlines the current needs and risk. The HSC Trust is involved in the assessments and contain the users views.</p> <p>The Agency staff record daily the outcome of care plans and risk assessment on progress records which capture a wide range of interventions to meet assessed need.</p> <p>We are currently reviewing care planning to capture the appropriate human right consideration.</p>	Moving towards compliance
Inspection Findings:	
<p>The inspector viewed a range of care and support plans which incorporated service users’ needs from assessments completed by the HSC Trust. The inspector noted that care and support plans adapted to changes in the needs of service users and included HSC Trust reassessments. Care and support plans reflected the involvement of the service user and/or their representative and the HSC Trust. Care and support plans were person centred and reflected a range of interventions appropriate to the needs of the individual.</p> <p>Agency staff and professionals reported that care and support plans were adapted to respond to the changing needs of service users. Service users who took part in the inspection reported that the agency</p>	Substantially compliant

<p>responded appropriately to their needs.</p> <p>The outcome of services provided was recorded in daily records and could also be seen in review records.</p> <p>The inspector noted that human rights were appropriately considered in care and support plans. A copy of human rights information was held in the service user's file and had been documented as discussed at the tenants' meeting. A written consideration of human rights was included at the front service users' files and human rights were reflected implicitly throughout the care and support plan. The registered manager and service manager showed the inspector new completed care and support plans which included a consideration of human rights as appropriate to each area of care and support. The registered manager advised the inspector that all care and support plans will be updated with new human rights considerations at the point of review.</p>	
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THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 2:</p> <p>Agency staff have the appropriate level of knowledge and skill to respond to the needs of service users</p> <ul style="list-style-type: none"> • Agency staff have received training and on-going guidance in the implementation of care practices • The effectiveness of training and guidance on the implementation of specific interventions is evaluated. • Agency staff can identify any practices which are restrictive and can describe the potential human rights implications of such practices. • The agency maintains policy and procedural guidance for staff in responding to the needs of service users • The agency evaluates the impact of care practices and reports to the relevant parties any significant changes in the service user’s needs. • Agency staff are aware of their obligations in relation to raising concerns about poor practice 	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>Staff on induction receive the following training which underpins the implementation of care practice. At Respect training which is the management of challenging behaviour staff complete an assessment afterwards the training which shows their understanding of the course delivered around restrictive practice and the potential human rights implication.. If the trainers have concerns around their response their line manager would be contacted so they could discuss further with the staff member.</p> <p>The Organisation maintains the relevant policy & procedures in these areas. The agency keeps a risk registrar of all restrictive practices which is reviewed quartely by the the relevant registered manager with multi disciplinary involvement. The impact of care practice is evaluated and reported to the relevant named worker when required. At training staff are reminded of their obligation to raise concerns about poor practice..</p>	Compliant

Inspection Findings:	
<p>The inspector viewed training records which showed that staff have received training relevant to the implementation of care practices. The registered manager described the agency’s training system, which involves a training team identifying staff that require training, including mandatory areas. The registered manager showed records kept which monitor when staff have attended training. Staff provided feedback that they had received training to equip them to carry out their roles.</p> <p>The registered manager discussed the agency’s methods of evaluating the effectiveness of training including: staff feedback, review of training by managers, use of supervision, and observations of staff whilst on duty. The registered manager showed the inspector records of staff training and the documentation used twice yearly for performance review. In addition, staff receive one to one supervision twice yearly, and finance and medication competency testing yearly. Staff who took part in the inspection reported having good access to informal supervision and guidance via senior staff on duty.</p> <p>In the course of the inspection, staff interviewed were able to discuss human rights implications and practices which could result in restriction of service users.</p> <p>The inspector viewed the agency’s policy on responding to the needs of service users and service user support and care policy.</p> <p>Feedback from professionals described the agency as responding appropriately to the ongoing and changing needs of service users, and communicating appropriately with the HSC Trust. The inspector viewed review reports and care records which showed how agency staff had evaluated the impact of care practices and reported changes in the service user’s needs appropriately.</p> <p>The inspector received feedback from staff who could clearly describe how to report concerns about poor practice.</p>	<p>Compliant</p>

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 3:</p> <p>The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency</p> <ul style="list-style-type: none"> • Service users and their relatives and potential referral agents are advised of any care practices that are restrictive or impact on the service users’ control, choice and independence in their own home. • The agency’s Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions • Service users are advised of their right to decline aspects of their care provision. Service users who lack capacity to consent to care practices have this documented within their care records. • Service users are provided with a copy of their care plan (in a format that is appropriate to their needs and level of understanding) and receive information in relation to potential sources of (external) support to discuss their needs and care plan. • The impact of restrictive practices on those service users who do not require any such restrictions. 	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>Within the Service User guide & Statement of purpose we identify any restrictive practice that impacts on the service users' control choice and independence in their own home. Also within this document Service Users are advised of their right to decline aspects of their care provision.</p> <p>Where a Service User lacks capacity their named worker and representative are informed.</p> <p>Service Users can have a copy of their care plan if they wish in a user friendly format.</p>	Compliant
Inspection Findings:	
<p>The inspector viewed the Statement of Purpose and service user guide which include appropriate reference to restrictive practice. The Statement of Purpose advises of the right to decline care practices. The registered manager advised the inspector that no service user lacks the capacity to consent to care practices.</p>	Substantially compliant

<p>Service users are provided with a copy of their care and support plans which are kept in their own homes. Service users and relatives who spoke with the inspector knew what services were being provided. Feedback from relatives and discussion with the managers highlighted that the agency involves relatives in the consideration of appropriate care practices. Relatives who spoke with the inspector were aware of possible care practices which could keep their relative safe, but would result in unnecessary and disproportionate restriction if used.</p> <p>No service user currently experiences a restriction as the result of a restrictive practice with another service user. At a meeting at RQIA offices on 22 October 2014, the registered person advised RQIA that the plans to remove the office from the home of a service user will require a reassessment of service users' needs in conjunction with the HSC Trust. The registered person advised that the removal of staff presence from the home of a service user, and from near sight of other service users, may result in the assessed need for communication or monitoring systems which could be regarded as restrictive. The registered person advised that the implementation of any restrictive practice will be monitored and evaluated.</p>	
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THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 4</p> <p>The registered person ensures that there are robust governance arrangements in place with regard to any restrictive care practices undertaken by agency staff.</p> <ul style="list-style-type: none"> • Care practices which are restrictive are undertaken only when there are clearly identified and documented risks and needs. • Care practices which are restrictive can be justified, are proportionate and are the least restrictive measure to secure the safety or welfare of the service user. • Care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance. • The agency evaluates the impact of restrictive care practices and reports to the relevant parties any significant changes in the service user’s needs. • The agency maintains records of each occasion restraint is used and can demonstrate that this was the only way of securing the welfare of the service user (s) and was used as a last resort. • Restraint records are completed in accordance with DHSSPS (2005) Human Rights Working Group on Restraint and Seclusion: Guidance on Restraint and Seclusion in Health and Personal Social Services. • The agency forwards to RQIA and other relevant agencies notification of each occasion restraint is used • The registered person monitors the implementation of care practices which are restrictive in nature and includes their on-going assessment of these practices within the monthly quality monitoring report 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p> <p>The agency has a policy and associated procedure in regard of the use of restrictive practice which includes a definition of physical restraint. The agency has developed a risk register of any restrictive practices within its services, this includes the review of any agreed plans which may limit a service user's ability to leave their home or access areas within their home. The risk register is reviewed quartely by the registered manager and the agency is committed to reducing the use of restrictive practice. Restrictive interventions are put in</p>	Compliant

<p>place in consultation with service users where possible, their representatives and with involvement of the trust behaviour team.</p> <p>The agency's policy and procedures reflects full compliance with DHSSPS guidance in relation to restrictive practices.</p> <p>Multi-disciplinary assessments and decisions made in relation to restrictive practice is documented in the service users records with a Trust Risk Assessment.</p> <p>All decisions are focused on the best interests of the individual service users and where appropriate actions is taken to safeguard one or more service users, this is agreed by the trust and monitored.</p> <p>Where a behaviour programme may impact on others the registered manager would highlight this to the trust before it is agreed.</p>	
<p>Inspection Findings:</p>	
<p>The inspector viewed the HSC Trust specialist assessment and records of discussion in relation to one service user who experiences care and support which could be regarded as a restriction. The service user works collaboratively with agency and HSC Trust staff to limit the number of items they keep in their home, thus enabling them to maintain a tenancy. The documentation showed service user involvement in the care and support plan which is subject to regular review by the multi-disciplinary team. The outcomes of this practice had been recorded in documentation viewed by the inspector. The managers were able to show how this practice was justified, proportionate and the least restrictive measure.</p> <p>The inspector was advised that the agency does not use restraint.</p> <p>The inspector viewed the agency's restrictive practice register which is updated monthly. The registered person must ensure that any practice which could be regarded as restrictive is evaluated within the monthly quality monitoring report.</p>	<p>Substantially compliant</p>

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

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

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
Statement 1	COMPLIANCE LEVEL
<p>Evidence inspected confirms that service users/representatives have written information and/or had explained to them the amount and type of care provided by the agency</p> <ul style="list-style-type: none"> • Service users/representatives can describe the amount and type of care provided by the agency • Staff have an understanding of the amount and type of care provided to service users • The agency’s policy on assessment and care planning and the statement of purpose/service user guide describe how individual service user agreements are devised. • The agency’s service user agreement is consistent with the care commissioned by the HSC Trust. The agency’s care plan accurately details the amount and type of care provided by the agency in an accessible format. 	
Provider’s Self-Assessment	
<p>Each Service User is provided with A Service User Guide before Admissiom which details the type of care provided by the Agency. Each staff member recieves induction and are provided the opportunity to read Service Users assessment of need careplans and associated risk plan. The Agency has clear procedure (SS3-2) which explains this process Each Service Users has an individual Financial Agreement which clearly states the amount of care and support hours commissioned .</p>	Compliant
Inspection Findings:	
<p>Service users who took part in the inspection had an understanding of the amount and type of care provided by the agency. Service users knew when staff would come to assist them in certain activities, and also reported being able to access staff support when they needed to.</p> <p>Staff showed a clear understanding of the amount and type of care provided to service users, whilst operating a flexible service where they can respond to service user need.</p>	Substantially compliant

<p>The inspector viewed the agency's policy on assessment on care planning. The Statement of Purpose describes how care and support plans are devised. Service user agreements and care plans viewed by the inspector were consistent with care commissioned by the HSC Trust. Care and support plans viewed by the inspector reflected the needs and preferences of service users and how these should be met. Financial agreements viewed by the inspector stated the number of hours of care and support provided by the agency.</p> <p>The registered manager discussed how the agency is planning to improve the format of care and support plans to increase accessibility.</p>	
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THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p>Statement 2</p> <p>Evidence inspected confirms that service users/representatives understand the amounts and method of payment of fees for services they receive as detailed in their individual service agreement.</p> <ul style="list-style-type: none"> • Service users/representatives can demonstrate an understanding of the care they receive which is funded by the HSC Trust • Service users/representatives can demonstrate an understanding of the care which they pay for from their income. • Service users/representatives have an understanding of how many hours they are paying for from their income, what services they are entitled to and the hourly rate. • Service users/representatives have an understanding of how to terminate any additional hours they are paying for from their income • Service users/representatives have been informed that cancellation of additional hours they are paying for from their income will not impact upon their rights as a tenant. 	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>At the yearly multi disciplinary review on our documentation we have included the care hours funded by the HSC Trust the care funded by their own income and the hours which this pays for is discussed and agreed by the Service User and their representative..</p> <p>The Service User guide clearly outlines how a Service User/representative can terminate any additional hours they pay from their income. The guide also informs them by cancellation of additional hours will not impact as a Tenant.</p>	Compliant

Inspection Findings:	
<p>The inspector viewed financial agreements which stated the amount of care funded by the HSC Trust and the amount of care funded by their own income. Financial agreements were signed by the service user and/or their representative. Service users were able to describe to the inspector how much of their income they paid towards their care and support.</p> <p>The inspector was advised that service users only pay for hours on the basis of an HSC Trust assessment.</p>	<p>Substantially compliant</p>

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p>Statement 3</p> <p>Evidence inspected confirms that service users' service agreements, care plans are reviewed at least annually confirming that service users/representatives are in agreement with the care provided and the payment of any fees.</p> <ul style="list-style-type: none"> • Service users/representatives confirm that their service agreement, care plans are reviewed at least annually by the commissioning HSC Trust, and confirm that they are in agreement with the care provided and the payment of any fees. • Records and discussion with staff confirm that the agency contributes to the HSC Trust annual review. • Records and discussion with staff confirm that reviews can be convened as and when required, dependent upon the service user's needs and preferences. • Records confirm that service users' service agreements, care plans are updated following reviews. Authorisation from the HSC Trust and consent from the service user/representative is documented in relation to any changes to the care plan or change to the fees paid by the service user. 	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Each Service Users has an annual review with the commissioning HSC Trust where their care plans, associated risk management plans and service agreements are reviewed and agreed with the Service User/representative.</p> <p>The agency contributes to this review by completing a preparation of review form with the Service User. Staff can confirm that reviews can be arranged as and when required.</p> <p>Any agreed changes from reviews is documented and care plans are updated or changes to the fees paid by the Service User.</p>	Compliant

Inspection Findings:	
<p>The report of care reviews commissioned by the HSC Trust confirmed that all service users had annual reviews from 1 April 2013 – 31 March 2014. The inspector viewed a range of review meeting records, showing that some service users have had additional reviews due to their identified needs. Review meeting records viewed by the inspector were signed by the service user and/or their representative, the agency and HSC Trust staff.</p> <p>The managers described how the agency completes a preparation for review form with the service user, and takes a record of the review meeting in advance of receiving documentation from the HSC Trust. The inspector viewed care and support plans which had been amended following review.</p>	<p>Compliant</p>

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

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

Any other areas examined

Complaints

Records of two complaints made in the period 1 January 2013 – 31 December 2013 were viewed by the inspector. It was noted that the complaints were satisfactorily resolved.

Quality improvement plan

The details of the Quality Improvement Plan appended to this report were discussed with **Marie Scullion and Wendy Blair**, 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:

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



Quality Improvement Plan

Announced Primary Inspection

Triangle Charlotte Street

16 September 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 Marie Scullion registered manager and Wendy Blair service 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) 2011

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	14 (c) (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>(c) so as to promote the independence of service users:</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>The registered person must review the arrangements around the service user 'sharing' accommodation with staff. The registered person must submit to RQIA on or before 19 November 2014 the outcome of this review; the registered person must ensure that this review takes into account the needs and preferences of the service users.</p>	Two	<p>The Registered person has responded to RQIA as agreed at meeting in October by 19th November 14</p> <p>F12 Form will reflect changes to address</p>	19 November 2014.

2	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>At a meeting on 22 October 2014, the registered person provided RQIA with the assurance that they would highlight to the HSC Trust issues regarding service users paying for personal care contrary to DHSSPS guidance, and the responsibilities of the HSC Trust in relation to this matter. The registered person was asked to forward this correspondence to RQIA.</p>	One	Response sent as requested by Registered Person by stated date	19 November 2014.
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	23 (2) (5)	<p>(2) At the request of the Regulation and Quality Improvement Authority; the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency-</p> <ul style="list-style-type: none"> (a) Arranges the provision of good quality services for service users; (b) Takes the views of service users and their representatives into account in deciding- <ul style="list-style-type: none"> (i) What services to offer them, and (ii) The manner in which such services are to be provided <p>The registered person must ensure that the ongoing evaluation of restrictive practice is included in the monthly monitoring reports.</p>	One	Monthly Monitoring documentation includes the review of all restrictions	31 December 2014.
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Recommendations

These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	4.2	<p>The agreement between the service user and the service provider specifies:</p> <ul style="list-style-type: none">• The arrangements for any financial transactions undertaken on behalf of the service user by the agency's staff and the records to be kept <p>The registered person should ensure that the financial agreement of any service user who shares accommodation with agency states the apportioning of shared costs.</p>	One	Financial agreement for Service user amended to reflect proportion of shared costs clearly stating amount paid by user and the association	31 December 2014.

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

NAME OF REGISTERED MANAGER COMPLETING QIP	Mary (Marie) Scullion
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Christopher Alexander

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	x	Rhonda Simms	16/12/2014
Further information requested from provider			