



The Regulation and
Quality Improvement
Authority

Announced Primary Care Inspection

Name of Agency:	Sydenham Court
RQIA Number:	11070
Date of Inspection:	12 February 2015
Inspector's Name:	Michele Kelly
Inspection ID:	17894

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

1.0 General Information

Name of Agency:	Sydenham Court
Address:	48a Sydenham Gardens Holywood Road Belfast BT4 1PP
Telephone Number:	02890652719
Email Address:	rosaleen.lagan@belfasttrust.hscni.net
Registered Organisation / Registered Provider:	Mr Martin Dillon Belfast HSC trust
Registered Manager:	Mrs Rosaleen Lagan
Person in Charge of the Agency at the Time of Inspection:	Mrs Rosaleen Lagan
Number of Service Users:	23
Date and Type of Previous Inspection:	22 August 2013 Unannounced Primary Care Inspection
Date and Time of Inspection:	12 February 2015 09:15 – 16:30
Name of Inspector:	Michele Kelly

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	6
Relatives	3
Other Professionals	3

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	25	3

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:

- **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

One requirement was made following the previous inspection 22 August 2014; this requirement has been fully met.

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

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

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

7.0 Profile of Service

Sydenham Court is a supported housing scheme operating under the auspices of the Belfast Health and Social Care Trust, and registered with RQIA as a domiciliary care agency. The scheme provides support for up to 28 service users with a diagnosis of dementia. The complex consists of 25 individual flats, three of which can accommodate two people. The flats are self-contained and incorporate living, dining and bathroom facilities.

Support is offered to service users on a 24 hour basis, with an emphasis on promoting independence and a sense of wellbeing. Assistance and encouragement is provided with all areas of activities of living, according to assessed need. The environment at Sydenham Court has made use of best practice design in dementia care, including use of colour and way-finding landmarks. Tenants live in a homely, comfortable and individualised environment.

8.0 Summary of Inspection

The announced inspection was undertaken at the agency's registered office, 48a Sydenham Gardens, Belfast BT4 1PP on 12 February 2015, 09:15 – 16:30. The registered manager was present throughout the inspection and discussions were also had with Fiona Mc Kinney, Assistant Services Manager.

8.1 Service Users' Comments

The inspector met with four service users during the inspection, each described the high standard of care and support they receive from agency staff.

One service user invited the inspector to see their home and it was clear that the accommodation is homely, very comfortable and suitable for older people with cognitive impairment.

Comments

"Speaking from the heart, I am very happy here"

"Staff are more than good"

"We get out everywhere"

8.2 Relatives' Comments

The inspector met with the relatives of three service users and with three HSC trust professionals who were visiting service. Feedback received was very positive and included reference to the excellent communication and relationships with agency staff. They provided comments such as:

Comments

"I have no concerns about my mother whatsoever"

"My sister's key worker was very good and helped arrange transition to another service when her needs changed significantly"

"This service is brilliant"

8.3 Staff Comments

Six agency staff met with the inspector and in advance of the inspection, three staff returned to RQIA a completed questionnaire. Agency staff were knowledgeable in relation to the principles of supported living and discussed how important good communication and an understanding of individual needs was in ensuring good quality care. Staff who returned a questionnaire indicated that they had received training in safeguarding vulnerable adults and in the supported living model of care.

Written feedback from staff in relation to their understanding of the key principles of the model of supported living included:

“To assist and prompt rather than doing, as the more we do the more daily living skills the tenants lose”

“Staff at Sydenham Court deliver a great service, promoting tenants to live independently in a safe environment”

8.4 Professionals' Comments

Three professionals who were visiting on the day of inspection met with the inspector and confirmed their satisfaction with the quality of communication with agency staff and their contentment with the care and support service users receive.

Comments

“Staff attitudes are professional and caring”

“Communication is excellent”

“New tenants are very well supported”

The inspector would like to thank the service users, agency staff, relatives of service users and HSC trust staff for their participation and full cooperation throughout the inspection process.

8.5 Detail of Inspection Process:

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

The agency has in place a range of measures to manage and safeguard service users' finances. The agency has in place the following documentation for each service user:

- tenants and family agreements
- financial care and support plans
- financial support agreement

Records viewed outline any charges in respect of service provision including the terms and conditions and methods of payment.

Service users do not pay additional charges for care services provided by the agency; the relevant HSC trust commissions the care provided by the agency to the service users. Agency staff have not yet received training in handling service users' finances. This is recorded in the staff meeting of 22 January 2015 as being planned for the next staff meeting. Records examined during the inspection provided evidence of the implementation of the agency's draft

policy on Financial Support for Older People. A recommendation is also made in relation to reconciliation of pooled monies for a voluntary lunch club scheme

Two recommendations are made in relation to this theme.

The agency was assessed as 'Substantially compliant' for this theme.

8.5.2 Theme 2 – Responding to the needs of service users

The needs of service users are clearly outlined within the agency's care records and the referral arrangements were discussed with agency staff and with a HSC trust professional during the inspection. Agency staff have undertaken training in the mandatory areas, human rights and in the supported living model of care and some service users could describe the amount of control, choice and independence they were enjoying with the support of agency staff. Service users' relatives also described their ability to decline or change their support arrangements. Agency staff were maintaining records of their contact with service users by recording visits and interventions. The inspector noted that care and support plans in place had been signed by the service users or their representative. The inspector was informed that service users do not experience restrictive practice or restraint within this service

The inspector viewed the policy in relation to Restrictive Practice; the operational date was January 2011, and it is recommended that this policy is reviewed in line with Standard 9.

The agency was assessed as 'Compliant' for this theme.

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

The service users' needs and care/support arrangements are now reviewed at least annually by the HSC trust and review records maintained by the agency reflect the views of service users and or their representatives. Service users' representatives described the service provision as flexible and responsive to their needs. Service users have been issued with an individual service agreement which outlines their entitlement to care and support from the agency. While the agreement does not specify the number of support hours available to each individual, a record is maintained of the visits, interventions and time spent with each tenant.

A requirement is made in relation to this theme.

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

8.4 Additional Matters Examined

8.4.1 Charging Survey

At the request of RQIA on the day of this inspection, the agency submitted to RQIA a completed survey in relation to the arrangements for charging service users. During the inspection the registered manager informed the inspector that the relevant HSC trust commissions the care provided by the agency to the service users; the manager stated that none of the service users are paying the agency additional charges for care. Some service users have been supported by their families to privately arrange cleaning services and meals. Service users support plans detail the amount of support required to be provided by the agency to enable them to manage their monies. Those service users who lack capacity and

have their affairs manager by the Office of Care and Protection have family members acting as appointee and records viewed verify this. Agency staff do not act as appointee for any of the tenants in Sydenham Court.

8.4.2 Care Reviews

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

The inspector was advised that each service user is reviewed every six months and that since August 2014 the individual’s trust representative attends the meetings. The inspector was also advised that service users’ needs can be reviewed more regularly, where appropriate.

8.4.3 Monthly Quality Monitoring Visits by the Registered Provider

The records of the monthly quality monitoring visits undertaken on behalf of the registered person were examined. The monitoring reports had been completed by the assistant services manager.

The registered manager described the outcomes of quality monitoring and the recommendations arising from quality monitoring. Staff training in handling service users’ money was raised in quality monitoring. This will be addressed by the registered manager through supervision and staff training during staff meetings.

9.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - as Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1	Regulation 23	The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.	Service users were involved in developing questionnaires to enable evaluation of the service. Written and verbal feedback was sought from families and professionals involved with the service. Focus groups were also convened to contribute to evaluation of the quality of the service.	Once	Fully met.

10.0 Inspection Findings

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

<p>Provider's Self-Assessment</p>	
<p>The agency provides a guide in the form of a written 'Tenant & Family Agreement' providing the rental and support charges for each tenant, however there are no other additional charges applied for personal care. The Tenant and Family Agreement clear identifies instruction on the method of payment for any charges listed.</p> <p>Tenants do not pay for additional personal care services.</p> <p>There are no tenants that have unused areas within their home which they do not have exclusive possession of.</p> <p>Staff do not have meals in the service users home.</p> <p>Staff do not accept responsibility for the management of tenants finances, however if support is needed it will be clearly documented in the individual support plan</p> <p>The agency has local guidance in place that detail arrangements where support is required for tenants to manage their finances.</p> <p>The agency does not apply a charge to any services provided to tenants</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The registered manager confirmed that service users do not make payments to the agency towards their care and support. Some service users have been supported by agency staff and or relatives to make private arrangements for the provision of domestic services and meals</p> <p>Each service user has a financial support agreement and the inspector was advised that those service users who lack capacity and have their affairs manager by the Office of Care and Protection have family members acting as appointee. Agency staff do not act as appointee for any of the tenants in Sydenham Court.</p> <p>The registered manager confirmed that agency staff provide their own food for consumption whilst on duty. The inspector viewed the agency's draft finance policy; it outlines the procedures for staff involved in supporting service users to manage their money.</p>	<p>Compliant</p>

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>The 'Initial Referral' completed by the HSC key worker will indicate the level of support required to facilitate the tenant in managing their finances The agency does not maintain any records of amounts paid as there are no extra charges The agency does not receive any allowances or income on behalf of tenants. Tenants living in their home can access their own money. There are some tenants whose family members support them to manage their finances. When tenants are unable to manage their finances, arrangements can be made for a small amount of cash to be placed in a locked cupboard in the tenants flat. The agency has procedures to ensure that records and receipts are recorded and a weekly audit is carried out. Family will collect and tally receipts. There are no nominated appointees within the agency No member of staff acts as an agent The agency does not operate a bank account on behalf of tenants Some tenants that are unable to manage their finances have support from families to do so. If there were any concerns in relation to this a referral would be made to the Trust. If a tenant became incapable of managing their finances and had no family a referral would be made to the Trust</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The registered manager confirmed that not all service users have capacity to manage their finances and that two have their affairs managed by the Office of Care and Protection. Those individuals who require support have financial support agreements in place which outline the nature of the support required and specifies the</p>	<p>Substantially compliant</p>

individuals' needs and support to be given. The financial needs assessments and support agreements have been signed by the service user, their representative and agency staff. The manager stated that some service users' finances are managed by family members and arrangements can be made for service users to be supported to secure small amounts of money on their own home. As outlined in the self-assessment regular reconciliations are carried out for service user monies handled by agency staff and transactions are signed by the service users, if possible, and staff. This process is audited weekly.

Agency staff do not act as appointee or agent for any service user nor do they act on behalf of service users. Agency staff have not yet received training in handling service users' finances. This is recorded in the staff meeting of 22 January 2015 as being planned for the next staff meeting.

A recommendation is made in respect of this.

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<p>Statement 3:</p> <p>Where a safe place is provided within the agency premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained:</p> <ul style="list-style-type: none"> • Where the agency provides an appropriate place for the storage of money and valuables deposited for safekeeping, robust controls exist around the persons who have access to the safe place; • Where money or valuables are deposited by service users with the agency for safekeeping and returned, a record is signed and dated by the service user/their representative, and the member of staff receiving or returning the possessions; • Where a service user has assessed needs in respect of the safety and security of their property, there are individualised arrangements in place to safeguard the service user's property; • Service users are aware of the arrangements for the safe storage of these items and have access to their individual financial records; • Where service users experience restrictions in access to their money or valuables, this is reflected in the service user's HSC trust needs/risk assessment and care plan; <p>A reconciliation of the money and valuables held for safekeeping by the agency is carried out at regular intervals, but least quarterly. Errors or deficits are handled in accordance with the agency's SVA procedures.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p> <p>The agency does not provide storage for Tenants' money or valauables. Tenants have a locked cupboard within their flat. Sydenham Court has a written procedure for supporting and monitoring tenant's personal finance if required and details will be recorded in individual support plans.</p>	Not applicable
<p>Inspection Findings:</p> <p>The inspector discussed this theme with the team manager who stated that service users have a locked facility in their individual rooms for storage of monies or valuables; service users are provided with a key. The inspector was informed that service users could choose to contribute £1. 50p to a "lunch club". It was discussed that transactions and receipts associated with costs incurred buying items for this lunch should be</p>	Substantially compliant

kept, reconciled and checked by two staff members. A recommendation is made in relation to this.	
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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 agency does not provide transport for tenants. There are no tenants using or sharing mobility vehicles. This is the tenants own home and they use their own transport i.e buses, private taxi or families cars. If tenants are going out together they share the cost of the taxi. The agency does not keep records as these are informal arrangements between tenants. There are occasions when tenants attend some community events and the organisers provide free transport.</p>	<p>Not applicable</p>
<p>Inspection Findings:</p>	
<p>As outlined in the agency's self-assessment, the agency does not operate a transport scheme. Staff stated that they support service users to avail of appropriate transport; service users pay any cost incurred.</p>	<p>Not applicable</p>

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

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

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
Statement 1:	COMPLIANCE LEVEL
<p>The agency responds appropriately to the assessed needs of service users</p> <ul style="list-style-type: none"> • The agency maintains a clear statement of the service users' current needs and risks. • Needs and risk assessments reflect the input of the HSC trust and contain the views of service users and their representatives. • Agency staff record on a regular basis their outcome of the service provided to the individual • Service users' care plans reflect a range of interventions to be used in relation to the assessed needs of service users • Service users' care plans have been prepared in conjunction with the service user and their HSC trust representative(s) and reflect appropriate consideration of human rights. 	
Provider's Self-Assessment	
<p>The agency has support plans for all tenants documentating needs and identified risks. Support plans are reviewed six monthly with tenants and their representatives being fully involved and are able express their views. If there are any changes to tenants support needs or changes to risk assessment in between reviews, the support plans will be amended, shared with tenant and family member and signed by both parties. It has been the practice from HSC trust staff that their involvement with Tenants would cease following the initial six week review unless there was a reason to remain involved. We are now in the process of changing this practice. It has also been agreed with HSC trust that referrals will be made to the Community Mental Health Team for professional involvement at reviews if the tenant does not already have a Trust representative involved. All support plans take consideration of human rights and reflect appropriately. The agency develops support plans and risk management in partnership with the Tenant and their family member.</p>	Compliant
Inspection Findings:	
<p>The manager confirmed that before a tenancy is commenced the agency receives a range of multi-disciplinary assessments from the referring HSC trust; these are retained in the service users care records. The inspector viewed the care records of six service users and noted that they contained a range of</p>	Compliant

assessments detailing the needs of the service users and any identified risks. Records viewed contained care and support plans detailing the care and support required by the service user.

Staff informed the inspector that care and support plans are reviewed and updated six monthly or as required; service users and their relatives informed the inspector that they are encouraged to participate in the development of their individual care and support plans. It was noted that the care plans had been signed by the service user and/or their representative and outlined consideration of the relevant human rights.

Staff informed the inspector that they record each visit to provide the care and support to individual service users.

The inspector discussed the admission process with the manager who stated that the agency encourages all prospective service users to visit the service. During this visit they had the opportunity to meet those presently residing in Sydenham Court. The manager stated that individual service users are consulted in relation to prospective tenants and their views are recorded and considered prior to offering a tenancy. On the day of inspection a prospective tenant and their family was visiting the agency with a view to taking up a tenancy.

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 2:</p> <p>Agency staff have the appropriate level of knowledge and skill to respond to the needs of service users</p> <ul style="list-style-type: none"> • Agency staff have received training and on-going guidance in the implementation of care practices • The effectiveness of training and guidance on the implementation of specific interventions is evaluated. • Agency staff can identify any practices which are restrictive and can describe the potential human rights implications of such practices. • The agency maintains policy and procedural guidance for staff in responding to the needs of service users • The agency evaluates the impact of care practices and reports to the relevant parties any significant changes in the service user's needs. • Agency staff are aware of their obligations in relation to raising concerns about poor practice 	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>All staff receive induction training and are registered with NISCC. The ethos of sydenham court is explained and re enforced during supervision and on-going daily guidance. All staff attend mandatory training which includes dementia training and training is evaluated. Informal and formal reflective practice discussions take place. All staff attend human rights training and would have a good understanding of tenants' rights and good practice. Staff are aware of their roles and responsibilities, have attended adult protection training and would be aware of the whistle blowing policy.</p>	Compliant
Inspection Findings:	
<p>The agency's staff training records reflected uptake in the mandatory training areas and staff have also received training in the care of the person with dementia. The inspector was informed of a new system being devised to record staff training which would allow alerts to be sent when training was due.</p> <p>Staff who participated in the inspection advised the inspector of the close working relationships between</p>	Compliant

agency staff and primary care and the community mental health teams. Agency staff provided examples of when they had reported changes in service users' circumstances to the HSC trust and of their experience of a responsive service being provided to the service user. A community psychiatric nurse who spoke with the inspector on the day of inspection confirmed that communication with staff is excellent and emphasised how well staff were prepared to meet the needs of service users.

Agency staff who contributed to the inspection confirmed their awareness of the agency's whistleblowing policy and advised the inspector that they would not hesitate to raise any concerns they had about poor practice. An example of how a complaint had been raised about a staff member had resulted in a referral as a safeguarding matter was discussed. Records demonstrated it had been appropriately investigated.

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>Sydenham court has a clear statement of purpose and anyone making enquiries will be made aware of the service available. Tenants live in their own flats with their own front door. The scheme has a main entrance and the front door to the building is not locked. All support that is arranged is discussed and agreed with the individual tenants. Tenants have a shortened version of their support plan in their flat and a process now in place where an independent Trust professional will be involved with tenants for annual review. Tenants are also aware of Alzheimers Advocacy service and referrals have been made in the past. All tenants have a support plan to meet their individual needs. There are no restrictive practices that impact on other tenants</p>	Compliant
Inspection Findings:	
<p>As outlined in the agency’s self-assessment, service users do not experience restrictive care practices and the agency’s Statement of Purpose outlines the range and nature of services available to service users.</p> <p>Some service users who participated in the inspection described their ability to come and go freely and</p>	Compliant

described the control, choice and independence they were experiencing in their own homes with the support of agency staff. One service user has a pet dog living in their flat in Sydenham Court and another service user described how much they enjoy having a relative who does not live in Northern Ireland to visit overnight with them. Service users also spoke enthusiastically about the programme of activities organised by the activity co-ordinator. This included a range of both creative and recreational experiences within the agency and in the community.

Service users advised the inspector that they can decline aspects of their care and support. Agency staff were clear in their understanding of the supported living model and the service users' right to have control over who enters their home.

The inspector was advised that all service users have been advised of their right to access the care records held by the agency.

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 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p> <p>There are no restrictive practices in place.</p>	<p>Not applicable</p>

Inspection Findings:	
As outlined in the self-assessment and discussed with agency staff, service users do not experience restrictive practice or restraint. The inspector viewed the policy in relation to Restrictive Practice; the operational date was January 2011; it is recommended that this policy is reviewed.	Substantially compliant

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

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

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>Tenants sign a tenant and family agreement with Clanmil housing when they take up tenancy in Sydenham Court. All tenants and families are involved in agreeing individual support plans. These are reviewed six monthly or sooner if tenant, family or staff feel necessary. There is an open door policy in Sydenham and Tenants and families are aware of this and often speak with staff daily. Tenants have a support plan in their flats which records the agreed support.</p>	Compliant
Inspection Findings:	
<p>The inspector examined six service users’ agreements which did not specifically outline the hours available for the care and support allocated to the individual. Staff record visits to the tenant in their individual files and detail the time and purpose of the visit. The agreements also outlined the service users’ right to complain, to be consulted in relation to their support and the terms and conditions of their care/support.</p> <p>Some of the service users who contributed to the inspection could describe the care and support available to them and commented on the flexibility of these arrangements.</p> <p>Agency staff described the care and support arrangements of the service users and it was evident that staff were fully aware of the needs and preferences of individual service users, as outlined within their care</p>	Moving towards compliance

records.

It is required that the amount and type of care is detailed in hours within individual support plans.

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>If a tenant receives services commissioned by HSC trust they will have a care plan provided by the Trust.the details of this care plan will be incorporated into the tenants support plan discussed and agreed in Sydenham. Tenants do not pay for care from their income.</p>	Compliant
Inspection Findings:	
<p>Service users and their representatives who met with the inspector could describe the type and frequency of care and support visits they received from the agency; they were aware that care provided by the agency was funded by the trust, but as stated in statement one a requirement is made to outline the hours available for the care and support allocated to individuals.</p> <p>Records viewed by the inspector indicate that service users were not being charged by the agency for personal care.</p>	Compliant

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
Statement 3	COMPLIANCE LEVEL
<p>Evidence inspected confirms that service users' service agreements, care plans are reviewed at least annually confirming that service users/representatives are in agreement with the care provided and the payment of any fees.</p> <ul style="list-style-type: none"> • Service users/representatives confirm that their service agreement, care plans are reviewed at least annually by the commissioning HSC trust, and confirm that they are in agreement with the care provided and the payment of any fees. • Records and discussion with staff confirm that the agency contributes to the HSC trust annual review. • Records and discussion with staff confirm that reviews can be convened as and when required, dependent upon the service user's needs and preferences. • Records confirm that service users' service agreements, care plans are updated following reviews. Authorisation from the HSC trust and consent from the service user/representative is documented in relation to any changes to the care plan or change to the fees paid by the service user. 	
Provider's Self-Assessment	
<p>Reviews are arranged six monthly by staff in Sydenham Court. It has not been the practice for HSC trust professionals to remain involved with tenants following a move to Sydenham Court unless there was a particular reason. Tenants, families and staff will be able to confirm that reviews take place but not by the HSC trust. If a tenant had a care package provided by the HSC trust, the care manager involved would make the arrangements for the yearly review.</p>	Compliant
Inspection Findings:	
<p>The registered manager completed and returned to RQIA a questionnaire which sought information about the role of the HSC trust in reviewing the needs and care plans of service users during the period 1 April 2013 – 31 March 2014 (in accordance with the DHSSPS Circular HSC (ECCPU)1/2010 "Care management, provision of services and charging guidance").</p> <p>The inspector was advised that each service user is reviewed every six months and that since August the individual's Trust representative attends the meetings. The inspector was also advised that the service</p>	Substantially compliant

users' needs can be reviewed more regularly, where appropriate.

The inspector examined the records of six service users' review meetings and these reflected input from HSC trust staff and the views of the service user.

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Provider to complete

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

11.0 Any Other Areas Examined

11.1 Complaints

The agency has had thirteen complaints for the period 1 January 2013 to 31 December 2013; this was verified by the returns forwarded by the agency to RQIA and observation of records available in the agency. Discussion with the registered manager and records viewed show that the correct process of investigation was followed.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Rosaleen Lagan, 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:

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



Quality Improvement Plan

Announced Primary Care Inspection

Sydenham Court

12 February 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 Mrs Rosaleen Lagan during and after the inspection visit.

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

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

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

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

Recommendations

These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	12.4	It is recommended that all staff receive training in relation to handling service users' money.	Once	A training pack has been developed for staff in relation to handling service user's money. Awareness Training has commenced and future dates planned. All staff involved in handling service users money will be trained by 12 th May 2015.	Within three months of the date of inspection: 12 May 2015
2	8.14	It is recommended that double signatures are recorded in respect of the reconciliation of pooled monies for a voluntary lunch club scheme.	Once	Double signatures for voluntary lunch scheme was implemented immediately following RQIA inspection.	Within two months of the date of inspection: 12 April 2015
3	9.5	It is recommended that the registered person ensures that all policies and procedures are subject to a systematic review three yearly, with particular reference on this occasion to Restrictive Practice policies and procedures.	Once	A system is in place to review Policies and Procedures within the service area however the named Policy was due for renewal by Belfast Trust in January 2014. Senior management have been advised of RQIA recommendation. All relevant policies reflect an ethos of autonomy, independence and	Within three months of the date of inspection: 12 May 2015

				<p>freedom to choose and to take risk. The manager will draft a local restrictive practice policy which reflects that ethos as well as the principles and guidance in the Trust policy</p>	
4	4.2	<p>It is recommended that the registered person ensures that the agreement between the service user and the service provider specifies the arrival and departure times of staff.</p> <p>This recommendation refers to service users/representatives having written information and/or had explained to them the amount and type of care provided to individual service users.</p>	Once	<p>Tenants and families are provided with verbal and written information regarding support available at the pre allocation stage and at commencement of tenancy. Tenants and families are informed that a 24 hour service is provided with staff always available within the facility. Verbal information is provided regarding the shift patterns of staff.</p> <p>Individual agreements are signed between tenants and family, agreeing the support needs at commencement of tenancy. This agreement identifies the support required and individual preferences for specific times. Assessment is ongoing and support required could change on a daily basis to suit tenants' needs. Reviews are held with Tenants and family on a six month basis or when need identified or</p>	<p>Within three months of the date of inspection: 12 May 2015</p>

				<p>requested. Any changes to support required will be added to the support plan and signed by tenant and family. A departure time would not be discussed as the amount of time to support a tenant could fluctuate daily depending on the well being and cognitive ability of tenants. To include departure times would not be inkeeping with the ethos of Sydenham Court which is to promote a person centre practice as opposed to a task focused intervention.</p>	
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Rosaleen Lagan
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Michael McBride

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	yes	Michele Kelly	5/05/15
Further information requested from provider			