



The Regulation and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Agency: Fairways - Woodford Park Project
Agency ID No: 11320
Date of Inspection: 18 July 2014
Inspector's Name: Audrey Murphy
Inspection No: 20008

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	Fairways – Woodford Park Project
Address:	30 Woodford Park Coleraine BT51 3LJ
Telephone Number:	02870328009
E mail Address:	tdunlop@fili.org.uk
Registered Organisation / Registered Provider:	Fairways Independent Living Initiative Robert Anthony Dunlop
Registered Manager:	Victoria Jane Derbyshire
Person in Charge of the agency at the time of inspection:	Victoria Jane Derbyshire
Number of service users:	6
Date and type of previous inspection:	7 October 2013, Primary announced inspection
Date and time of inspection:	18 July 2014 09:30 – 17:30
Name of inspector:	Audrey Murphy

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	1
Staff	3
Relatives	4
Other Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	20	7

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 five requirements and one recommendation made following the inspection of 7 October 2013 was assessed.

The agency has fully met three of these requirements and partially met two, both of which have been restated.

The agency has fully met the minimum standard with regard to the recommendation made during the previous inspection.

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

Fairways Woodford Park Project is a domiciliary care agency which provides a supported living service to six adults with severe learning disability. The service commenced in June 2008. The services are provided across two neighbouring addresses, with three service users residing at each. The agency's registered premises are located at the rear of one of the homes of service users.

All of the service users have been referred to the agency by the Northern Health and Social Care Trust and have a statutory named worker. At the time of the inspection, all of the service users who were initially referred in 2008 continue to receive a supported living service.

The agency staffing comprises the registered manager, a team leader, four senior support workers, 14 support workers and two night staff. The agency provides staffing over the 24 hour period and night time cover is provided by a member of staff who sleeps over and a waking member of night staff.

The inspector was advised that no bank or agency staff are supplied to work in the homes of service users and that senior staffing within the agency has remained consistent since the service began.

All of the service users share their home with two other service users and have access to bathroom facilities, a sitting room and kitchen / dining room, in addition to their own private bedrooms. Some service users were reported to have day services placements however all of the service users were at home on the day of the inspection as this occurred during a period of day service closure.

Summary of inspection

The announced inspection was undertaken at the agency's registered office, 30 Woodford Park, Coleraine on 18 July 2014, 09:30 – 17:30.

The registered manager, Victoria Jane Derbyshire was present throughout the inspection and the registered person, Mr Tony Dunlop was also in attendance during the morning of the inspection.

Due to the complex needs of some of the service users of Fairways Woodford Park Project, it was not possible to ascertain their views on the quality of the service provided by agency staff. The inspector met with one service user who consented to the inspector visiting them in their home. The service user expressed satisfaction with their environment and provided some positive feedback in relation to the care received from agency staff.

The inspector observed several other service users receiving support from agency staff to access their kitchen and there were a number of service users using the enclosed outdoor space on the day of the inspection.

The inspector also met with the relatives of two service users and spoke with a third service user's relative on the phone during the inspection.

The feedback provided by the relatives of service users was mainly very positive and relatives described agency staff as warm and friendly. Service users' relatives also advised the inspector that their relatives receive good care, were safe and enjoyed living in their home.

Several relatives commented that 'staff go the extra mile' and referred to instances when the care and support received was beyond their expectations.

Feedback received from one relative was discussed in detail with the registered manager and assurances were sought in relation to staffing levels in one of the homes of service users.

The inspector met with two agency staff during the inspection and observed other staff interacting with service users in a friendly and supportive manner.

RQIA issued 20 questionnaires to the registered manager prior to the inspection and requested that these were distributed to staff and returned to RQIA. Only four questionnaires were returned to RQIA in advance of the inspection and the inspector requested that the registered manager encourage all staff to return their questionnaire to RQIA. Following the inspection visit a further three questionnaires were returned to RQIA.

Feedback from agency staff provided evidence that they had received training in safeguarding vulnerable adults and that their competency in this area had been assessed. One staff member indicated that the training could be improved and suggested the use of role play. All of the staff indicated that they had received training in human rights and that all of the service users have a care plan that meets their needs. Staff also indicated that restrictive practices are only undertaken in the context of assessed needs and risks and that records are maintained in relation to each occasion restraint is used.

Agency staff confirmed they had received training in the supported living model of care and provided the following comments in relation to this:

'To provide good shelter, warmth and care to the service user.'

'Promote independence, promote individualisation, privacy, dignity, respect, respect & adhere to human rights, social inclusion. Protection to vulnerable adults.'

'Supported living helps those tenants to keep their independence in the local area. They have a secure tenancy. Given the choice of the type of support they require.'

'A good balance between support, intervention and independence'.

The ethos of the supported living service was discussed with agency staff throughout the inspection. The inspector challenged a number of practices and arrangements in place that are not consistent with best practice guidance in this area. These are outlined further within the report.

Detail of inspection process:

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

Service users have been issued with 'A Guide to Your Support' and have individual agreements in place which set out the range of charges applicable to them. There was evidence of agency staff acting on behalf of service users and the arrangements for appointeeship and for the secure storage of service users' finances were explored. The registered person was undertaking regular reconciliations of service users' income and expenditure and it was recommended that the registered manager support this process, in accordance with the agency's procedures.

There were two requirements made within this theme. These refer to the arrangements in place to safeguard service users' finances when receiving support to eat out. One requirement was made in relation to the governance arrangements relating to transport provision.

The agency has been assessed as 'Substantially Compliant' with this theme.

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

The agency maintains detailed and comprehensive assessments of needs and risks and care plans for each service user. These contained references to the service users' human rights. There was strong evidence of positive and supportive working relationships with the HSC Trust and of the regular review of service users' needs.

It was evident during the inspection that a wide range of interventions are being implemented, some of which are restrictive in nature. The needs assessments and care plans in place reflected regular HSC Trust reviews of restrictive practices however agency records did not reflect the implementation of the HSC Trust's review of three service users' access to their kitchen. A requirement has been made with regard to this. The registered person is also required to ensure that there are appropriate arrangements for service users' property to be safeguarded.

The agency maintains policies and procedures in relation to challenging behaviour, restrictive practices and physical interventions. It was recommended that these are updated. It was also recommended that agency staff liaise, as appropriate, with the relative of any service user on each occasion they experience a physical intervention.

The agency has been assessed as 'Not Compliant' with this theme.

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

All of the service users have been issued with 'A Guide to Your Support' and this provides information about the type of support available. However, the amount and type of care and support provided was outlined identically within each guide. The inspector raised a concern that the description of the care and support within the guide was not reflective of the service users' individual care and support plans.

Two recommendations in relation to Minimum Standard 4 were made with regard to this theme.

The agency has been assessed as 'Not Compliant' with this theme.

Additional matters examined

Charging Survey

At the request of RQIA and in advance of this inspection, the agency submitted to RQIA a completed survey in relation to the arrangements for charging service users.

At the time of the inspection there were six service users receiving a domiciliary care service, with the registered person acting as appointee for five service users. All of the service users were described by agency staff as lacking the capacity to manage their finances, however there were no HSC Trust assessments to confirm this. Service users' individual care records reflected the HSC Trust's needs assessment in relation to the management of finances and outlined the arrangement for the registered person to act as appointee for five service users. The agency maintains correspondence from the Social Security Agency confirming the registered person's authorisation to act as appointee.

The arrangements for service users to purchase services from the agency were discussed and clarified during the inspection. It was evident that the appointee (registered person) for five service users was supporting these service users to purchase domiciliary care services from the agency.

Agency records reflected regular reconciliations of the service users' income and expenditure and service users were making payments to the agency for domiciliary care by direct debit.

The agency's service user guide sets out the arrangements for service users to make contributions to the costs of their care. It was noted that some service users were contributing £123.38 weekly towards their care and support. The guide also states that service users will receive a personal allowance of at least £26.85 per week.

Each of the service users has a financial agreement which sets out the charges for care alongside the HSC Trust contribution. The financial agreements had not been endorsed by the HSC Trust and the inspector was advised by the registered manager that HSC Trust staff had declined to sign the agreements.

The service users' guide specifically references the HSC Trust assessment of needs and the range of social security benefits that are taken into account when calculating the costs of the 'placement'.

It was not possible to determine from these discussion or from the agency's records any link between payments made by service users and the amount of service received. All of the service users were described as receiving 48 hours of care and support per week however the registered person advised that the amount charged for care may not equate to the amount of care provided. The registered person advised that the service users' contributions vary however the variance was as a result of their means rather than in relation to their assessed needs.

The registered person confirmed that the charges made to individual service users were in relation to domiciliary care provision to meet needs assessed by the HSC Trust.

The registered person advised the inspector that the agency had, in conjunction with the HSC Trust undertaken a 'means testing' approach to the calculation of contributions from service users towards their domiciliary care costs. The registered person further advised that these arrangements have been in place since the service commenced in 2008. The gross costs of accommodation, meals, maintenance, care and support had been used to determine the amount of HSC Trust contribution and the amount of the contribution from individual service users.

This arrangement may be inconsistent with guidance issued by the former HSS Executive on 3 June 1999 "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."

This practice also seemed inconsistent with the 2007 DHSSPS "Report on free personal care and alternative options", which states (p.6) "Clients at home, however, do not have to pay for their personal care."

The registered person advised the inspector that he is aware that this practice is not in accordance with departmental guidance and that he has approached the HSC Trust in relation to this. It was noted during the inspection that one service user was not making any contributions towards the cost of their domiciliary care provision.

In accordance with RQIA's enforcement procedures, the registered person was advised on 1 August 2014 of RQIA's intention to issue a failure to comply notice in respect of Regulations 15 (9) and 14 (b) (d) of the Domiciliary Care Agencies Regulations (Northern Ireland), 2007.

A meeting was held with the registered person at RQIA's offices on 8 August 2014 and on 12 August 2014 a notice of failure to comply with Regulation 15 (9) of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 was issued to the responsible person.

Statement of Purpose

In advance of the inspection, the agency submitted to RQIA the 'Statement of Purpose and Tenant's Guide'. The agency is required to further develop this document to reflect the range and nature of service provision, particularly in relation to the provision of specialist behavioural interventions including restrictive practices, as prescribed by the HSC Trust.

Fitness of agency premises

The agency's registered premises are located within the home of three service users. The office is located in a sun room which is an extension of the service users' kitchen area. The office can be accessed through the service users' kitchen and the sun room has a door that leads to the grounds of the service users' home. The service users' access to the sun room is restricted.

The appropriateness of this arrangement was discussed with the registered person at a meeting with RQIA on 8 January 2014. Following this meeting, the registered person provided assurances to RQIA that the impact of the location of the office within the home of the service users would be minimised and remain under review.

During the inspection of 18 July 2014 the inspector observed agency staff undertaking activities associated with the coordination of the domiciliary care service within the agency office. It was evident during the inspection that the service users' experience of privacy within their kitchen and dining area was significantly compromised by the location of the agency office. It was also evident that the confidentiality of information discussed and stored within the office was significantly compromised by its location.

A further meeting was held with the registered person at RQIA's offices on 8 August 2014 during which the registered person advised RQIA of a proposal to commence building works that would result in the agency premises being separated from the kitchen area of three service users. At this meeting, the registered person was advised of RQIA's expectation that service users and their representatives are fully consulted in relation to the modifications and that any works undertaken maximize the privacy of service users.

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 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. Agency staff and service users' relatives described HSC Trust staff as approachable and responsive to changing needs.

Model of service provision

The ethos of the supported living service was discussed with agency staff at length during the inspection and in particular, some of the arrangements in place which were compromising the service users' experience of independence, choice and control in their own homes.

It was noted that service users were making payments to the landlord for their accommodation, food and some utilities. It was not clear from the agency's records how these food and utility costs reflected the individuals' preferences and choices, nor was it clear if service users were receiving value for money. The registered person advised the inspector that since the service began, the 'gross' costs of the supported living service had been divided equally among all of the service users.

The service users' right to opt out of this arrangement was not clearly outlined within agency documentation and there was no evidence of service users' independence and control being promoted or afforded in this regard. The inspector advised the registered person that this arrangement had institutional characteristics and that service users were not in control of their finances or receiving support to budget for these items. This lack of separation between the role of the provider of housing and role of the care provider in promoting the choices and control service users have in their lives is concerning and would not be consistent with best practice. The lack of separation between the role of the provider of housing and role of the care provider would also suggest that service users are not experiencing the full range of rights associated with living in their own home.

At a meeting with RQIA on 8 August 2014, the registered person advised RQIA of the outcome of their liaison with relevant stakeholders and of plans to liaise with service users and their representatives, including the HSC Trust, regarding a revised charging arrangement. The registered person must ensure that service users' independence in this area is promoted and that individuals are supported to budget for these items.

The location of the agency's office within the home of three service users was discussed during the inspection. The inspector raised concerns that the service users' right to privately enjoy all of the communal areas of their home without unwanted or unnecessary intrusions was significantly compromised.

It was apparent during the inspection that both the staff from the domiciliary care agency and from the neighbouring residential home were using the office accommodation.

At a meeting with RQIA on 8 August 2014 the registered person provided assurances that the planned building works would result in service users experiencing enhanced privacy and that the provision of an additional external door would allow service users to independently access the enclosed garden area. The registered person is required to complete these works within four months of the inspection.

The service users' access to communal areas of their home was discussed and several service users were noted to be experiencing restrictions in their access to their kitchen and to the door at the rear of their home that leads to the enclosed outdoor space.

It was concerning to note that in spite of the HSC Trust's review of these arrangements, the appropriate measures had not been put in place to maximise the service users' independence and freedom of movement within their own home.

The service users' ability to experience exclusive possession of the private areas of their home was discussed. It was apparent that there were particular circumstances associated with medical emergencies whereby agency staff would have to gain access to some of the service users' bedroom.

However, it was noted that none of the service users have the ability to secure their private accommodation from within or when they are not at home. The absence of this arrangement is suggestive of an institutional environment and reflects a lack of control or independence afforded to service users in relation to their privacy, safety and tenancy rights. The registered person is required to ensure that service users' property is secured and protected.

The inspector would like to thank the service users and their relatives and agency staff for their warm welcome and full cooperation throughout the inspection process.

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.	5 (1) Sch 1	The registered person must ensure that the statement of purpose includes the full range of services staff provide to service users i.e. help with personal care, medication, community involvement.	The agency's statement of purpose was submitted to RQIA in advance of the inspection. There were a number of areas for quality improvement identified and discussed during the inspection. This requirement has been restated.	One	Partially met
2	14(e)	The registered person must ensure that the location of the agency's office respects service users' privacy.	Following a meeting with RQIA on 8 January 2014, the registered person provided assurances to RQIA in relation to the location of the agency's office and the impact of this on the privacy of service users. RQIA received assurances that the access arrangements to the office had been reviewed and that access through a side gate had been arranged, rather than through the service users' front door. The revised access arrangements were noted to be operational during this inspection. The impact of the location of the agency's office was discussed with the registered person at a meeting on 8 August 2014 and this requirement has been restated.	One	Partially met

3.	15 (2)	The registered person must ensure that the service user's agreement specifies the number of support hours available to service user's individually.	Each service user was noted to have an individual support agreement – 'A Guide to Your Support' which sets out the number of care / support hours available to each individual. It was noted that all service users' entitlement was identical, i.e. 48 hours per week.	One	Fully met
4.	15 (3) (b) (c) (d)	The registered person must ensure that the agency's review records include consideration of human rights to ensure that the least restrictive practice is being implemented both in terms of the service user's behaviour and their living environment, in particular the restricted access to the kitchen, and locked external doors. The agency should request that the Trust's review minutes also confirm that the least restrictive practice is being implemented.	The reports prepared by agency staff in advance of service users reviews were sampled and noted to be of a high standard. The reports contained comprehensive and descriptive information in relation to the individual's care and support plan. Agency records contained appropriate references to service users' human rights and it was evident that these were discussed during reviews. Consideration of the least restrictive option was also evident in the review records.	One	Fully met
5.	14 (a-f)	The registered person must ensure that the policy on restrictive interventions is further developed to include restrictive practices of a non-physical nature i.e. locked doors, lack of access to the kitchen, monitoring devices.	The agency has policies in place relating to challenging behaviour, restrictive practice and physical interventions. The policies make appropriate references to a range of restrictive practices including locked doors, restricted access to parts of the service users' home and to the use of monitoring devices.	One	Fully met

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1.	1.1	It is recommended that the registered person ensures that service users' human rights are explicitly outlined on their support plan.	The inspector noted explicit references to the service users' human rights within care and support plans and within a range of other agency documentation.	One	Fully met

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 is provided with a support agreement/guide. This agreement is personalised to include how much support the user will receive, how much the support will cost, the type of support they will receive and the terms and conditions of the service.</p> <p>The support agreement lists the areas which users will receive support with. Service users can clearly see what they will receive support with and how much they will be charged. The agreement allows the user to select their preferred method of payment.</p> <p>There are no additional personal care services.</p> <p>There are no shared costs between provider and tenant.</p> <p>Staff provide their own meals.</p> <p>Signed agreements are in place for small, day to day, purchases to be made such as toiletries, podiatry, haircuts, visits to shops etc. Any larger purchases are discussed with the tenant, relative and agreement reached on their preference.</p> <p>Policy is in place and details the arrangements for supporting service users to manage their own finances and property. If a service user lacks capacity appointment and authorisation from OCP to operate a bank account is in place where necessary.</p> <p>The support agreements states that if there is to be an increase in charges they will be notified in writing, at least four weeks before the change is to happen.</p> <p>Service users home looks like their own home and does not look like a workplace for staff.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>As stated in the self assessment, service users have been issued with 'A Guide to Your Support' which sets out the number of care and support hours available to each individual and the charges for care and support. It was noted that all service users' entitlement was identical, i.e. 48 hours per week however the registered person advised that the amount charged for care may not equate to the amount of care provided. The amount and method of payment is included within the information provided to service users.</p>	<p>Substantially compliant</p>

The registered person advised the inspector that none of the service users were making payments for services which do not form part of the HSC Trust assessment of need.

The arrangement in place for the apportionment of costs associated with the agency's office location within the home of three service users was discussed. The inspector was advised that there are separate electricity bills for both of the homes of service users and for the office accommodation. The inspector was further advised that the costs of oil were shared equally between all of the service users.

The arrangements for staff to avail of a meal when working with service users were discussed and agency staff confirmed that staff supply their own food and make their own arrangements for funding and storing tea and coffee. The 'Statement of Purpose and Tenant's Guide' advise service users of the charges associated with eating out with staff support. The service users' payments for staff meals when eating out (staff contribute the first £3) was discussed and the inspector raised concerns in relation to the appropriateness of this arrangement and any governance in relation to it. The inspector advised the registered person this policy must be reviewed and measures put in place to limit the amount of the service user contribution for staff meals. The registered person is required to put in place arrangements to prevent service users suffering financial disadvantage in these circumstances.

The agency maintains finance policies and procedures and these outline the responsibilities of agency staff, the registered manager and the registered person. The agency maintains records of the income and expenditure of five service users, with one service user's relative acting as their appointee and forwarding to agency a personal allowance.

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

Statement 2:

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;
- 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;

COMPLIANCE LEVEL

<ul style="list-style-type: none"> • 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 assessment of need details the needs and level of support required for service user's to manage their finances.</p> <p>Records are kept of all monies paid by/in respect of all service users.</p> <p>Records are kept of all financial transaction. Each transaction is signed and dated by a member of staff and where possible the service user receiving/giving the money. If the service user can not sign, the transaction is witnessed and co-signed by a second member of staff.</p> <p>Agreements are in place to authorise purchases on behalf of the service user.</p> <p>If service users require access to their money at short notice, this is facilitated.</p> <p>Receipts are kept for all transactions. Receipts are kept up to date and filed chronologically. Checks are carried out on receipts monthly.</p> <p>Ledgers are kept of savings. These are checked against bank statements and reconciled each month. Ledgers are signed to verify they have been checked and are correct.</p> <p>The agency acts as appointee for 5 current service users and there is authorisation for this as well as it being documented in agreements.</p> <p>No member of staff acts as an agent.</p>	<p>Compliant</p>

<p>There is authorisation from OCP to operate accounts on 5 service users behalfs.</p> <p>If there is evidence of a service user becoming incapable of managing their own finances and property, the registered person reports this, in writing to the Trust.</p> <p>The Trust is notified annually of the amount of savings each service user has.</p>	
<p>Inspection Findings:</p>	
<p>As stated in the self-assessment, the agency maintains records of all payments made by service users to the agency. Copies of invoices for all payments made by service users were examined and included payments for accommodation, maintenance, care, support.</p> <p>There were also records maintained of personal allowances paid to individual service users and of agency staff signing each transaction and maintaining receipts in relation to purchases made with and on behalf of service users.</p> <p>At the time of the inspection the registered person was acting as appointee for five service users. All of the service users were described by agency staff as lacking the capacity to manage their finances, however there were no HSC Trust assessments to confirm this. Service users' individual care records reflected the HSC Trust's needs assessment in relation to the management of finances and outlined the arrangement for the registered person to act as appointee for five service users.</p> <p>The agency maintains correspondence from the Social Security Agency confirming the registered person's authorisation to act as appointee.</p>	<p>Substantially 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
<p>Provider's Self-Assessment</p> <p>Any monies or valuables stored for a service user are kept in a locked cabinet and a record held of each transaction with 2 signatures.</p> <p>Service users are aware of the arrangements for safe storage. The support agreement states that they have access to their own financial records.</p> <p>There are no restrictions in relation to a service user's access to money.</p> <p>Reconciliation of money and valuables held are carried out each month.</p>	Compliant

Inspection Findings:	
<p>The arrangements in place for safeguarding service users' finances were discussed and the inspector was advised that the agency keeps service users' property in a locked cabinet in the agency's office.</p> <p>The agency maintains finance policies and procedures and these outline the responsibilities of the registered person and the registered manager. The registered person undertakes monthly reconciliations of service users' income and expenditure and this includes monitoring the monies held by the agency within the registered office.</p> <p>The inspector was advised that only the senior member of staff on duty has access to the locked cabinet and that the balance of the service users' cash amounts is checked following each transaction. It was noted that the amounts held by the agency were not being checked regularly and in one instance a balance wasn't checked for five days.</p> <p>It was noted that the registered manager had not been undertaking checks associated with the service users' finances held within the agency office in accordance with the agency's finance policy and procedures. A recommendation was made regarding this.</p>	<p>Substantially compliant</p>

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

Statement 4:

COMPLIANCE LEVEL

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

- The needs and resources of the individual service user are considered in conjunction with the HSC Trust assessment;
- The charges for transport provision for an individual service user are based on individual usage and are not based on a flat-rate charge;
- Service users have the opportunity to opt out of the transport scheme and the arrangements for opting out are detailed within the agency's policies and procedures;
- Written agreement between the service user and the agency is in place, detailing the terms and conditions of the transport scheme. The agreement includes the charges to be applied and the method and frequency of payments. The agreement is signed by the service user/ their representative/HSC trust where relevant and a representative of the service;
- Written policies and procedures are in place detailing the terms and conditions of the scheme and the records to be kept;
- Records are maintained of any agreements between individual service users in relation to the shared use of an individual's Motability vehicle;
- Where relevant, records are maintained of the amounts of benefits received on behalf of the service user (including the mobility element of Disability Living Allowance);
- Records detail the amount charged to the service user for individual use of the vehicle(s) and the remaining amount of Social Security benefits forwarded to the service user or their representative;
- Records are maintained of each journey undertaken by/on behalf of the service user. The record includes: the name of the person making the journey; the miles travelled; and the amount to be charged to the service user for each journey, including any amount in respect of staff supervision charges;
- Where relevant, records are maintained of the annual running costs of any vehicle(s) used for the transport scheme;
- The agency ensures that the vehicle(s) used for providing transport to service users, including private (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

<p>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 offer a transport scheme.</p> <p>Service users are supported with their transport needs. Service users may make use of staffs private vehicles or public transport. The cost of travelling in staff vehicles is £0.415 per mile, divided equally by the service users travelling.</p> <p>SOP:031 is in place to outline transport arrangements.</p> <p>All journeys made in staff vehicles are recorded and service users are issued with a receipt. The receipt states: the date, destination, number of miles travelled and the cost of the journey. The member of staff/driver and the servcie user sign the receipt as confirmation. A copy of all receipts is kept of invoicing purposes.</p> <p>A record is kept of all staff driving licenses, valid insurance and MOT certificates.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The inspector was advised that the agency provide transport to service users and that a car belonging to the registered person and staff cars are available for these purposes. The inspector was advised of the registered person's arrangements for ensuring that vehicles used for the provision of transport meet the relevant legal requirement regarding road worthiness and insurance.</p> <p>Service users who avail of the agency's transport are charged 41.5p for the miles travelled and these charges are outlined within the 'Statement of Purpose and Tenants' Guide' and within the service users' individual financial agreements.</p> <p>None of the service users were reported to be using a Motability vehicle.</p> <p>The records pertaining to the payments made by service users for transport were examined and reflected some inconsistencies in their quality. In particular, it was not always clear which member of staff had undertaken the journey or the purpose of the journey. The inspector was advised that the agency does not have a policy to guide staff in relation to the provision of transport. The inspector raised a concern in relation to the governance arrangements relating to transport provision.</p>	<p>Substantially compliant</p>

The registered person must ensure that charging for transport provision is in accordance with journeys taken that are planned, necessary and in accordance with the wishes and preferences of service users.

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

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

THEME 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>Transition reports, which were compiled pre-admission, are in place. Support plans are tailored to each individual and are updated when any changes are made or following annual/ biannual multi-disciplinary review meetings. Review reports and minutes (compiled by the Social Worker) are available in the support plans. 'All about me' plans are person centred plans that inform staff of the preferred support needs of the tenant and allows the tenant to have a central role in their support. Annual satisfaction surveys are distributed to tenants and their families. Contact details for family, GP, Social Worker, PBSS, Psychiatrist is available in the support plan. Managing Challenging Behaviour policies and procedures are in place. All staff receive Human Rights training annually. Support plans detail how Human Rights of tenants are upheld/ impacted upon. Any care practices that do impact on their Human Rights are only agreed on, by a multidisciplinary team and fully documented. Complaints records are in place, non conformities are recorded and Senior Management are informed. Incident records are completed and filed. All seniors are aware of the On Call arrangements - Team Leader/ Project Manager; Dr On Call; Out of Hours Social Worker.</p>	Compliant
Inspection Findings:	
<p>The care records of four service users were examined and reflected HSC Trust assessments of needs and risks. Discussion with the relatives of service users provided strong evidence of their involvement in the development of care and support plans. Agency staff and service users’ relatives who participated in the inspection described positive and supportive working relationships with HSC Trust professionals. All of the</p>	Compliant

staff who returned a questionnaire to RQIA indicated that all of the service users have a care plan that meets their needs and that the views of service users are taken into account. These staff also indicated that the HSC Trust have been involved in the care and support planning process.

The agency's care records contained explicit references to the service users' human rights. Agency staff record on a regular basis the outcome of their input into the service users' care and support plan and there were robust arrangements in place in relation to communication between agency staff and the service users' day care provider.

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 are trained in line with recommendations of RQIA and by further external training courses. Staff receive regular supervision sessions and training and competency is discussed. All staff are aware of the projects policies and procedures in Managing Challenging Behaviours and there continues to be open discussions, updates and reviews between all involved, Support is provided in individual service users on a person centred approach to ensure that the individuals rights are not compromised. All interventions are recorded and sent to the Positive Behaviour Support Service and Trust Governance for review. Vulnerable Adult Procedure and Whistle Blowing Policy are in place to detect and raise any concern.</p>	Substantially compliant
Inspection Findings:	
<p>The provision of training and guidance for agency staff in the implementation of care practices was discussed with agency staff. Agency staff have received training in RESPECT (management of violence and aggression) and the registered person advised the inspector that he is an accredited trainer in RESPECT. Agency staff described supportive working relationships with HSC Trust professionals and in particular the guidance provided to staff in relation to positive behaviour support.</p>	Substantially compliant

Discussion with agency staff provided evidence of their understanding of the human rights implications of a range of care practices undertaken. Agency staff could demonstrate their ability to evaluate the impact of these practices on individuals and on other service users and had regularly liaised with the HSC Trust in the review of these care practices.

The agency maintains policies in relation to challenging behaviour, physical interventions and restrictive practices. Some of the agency's policies had not been reviewed since their development in 2009 and a recommendation was made with regard to this.

All of the staff who returned a questionnaire indicated that they were aware of the agency's whistle blowing policy.

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>Statement of Purpose is in place and includes the ethos of the project. Service User guide is in place and reviewed when required. All tenants have a daily report and any discussions with family or multidisciplinary team are recorded. If there are any changes to tenants needs, the PBSS and Adult LDT are informed and care plans are reviewed and risk assessments are amended. All care plans and 'All about Me' plans are in place and can be accessed by both the tenant and their family/ representatives at any time.</p>	Substantially compliant
Inspection Findings:	
<p>The agency’s ‘Statement of Purpose and Tenant’s Guide’ was examined and the registered person is required to further develop this document to reflect the range and nature of service provision, particularly in relation to the provision of specialist behavioural interventions including restrictive practices, as prescribed by the HSC Trust.</p> <p>The inspector was advised of the agency’s referral arrangements and that all of the service users who were referred by the HSC Trust to the service in 2008 continue to receive a supported living service from the agency. The registered person advised the inspector that future referrals would be considered from a range of sources.</p>	Moving towards compliance

<p>The service users' capacity to consent to or decline care practices was discussed and there were references to this within the care records. Agency staff advised the inspector that while service users lack the capacity to consent to many of the interventions within their care / support plan, agency staff closely monitor the service users' cooperation and use a range of communication strategies to secure this.</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 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p> <p>All staff have partaken in a 3 day RESPECT course which is renewed annually. Staff are trained in all physical interventions and are aware of when to use these interventions. As with all interventions, the least restrictive is used first and for the shortest period of time. Only interventions agreed by a multidisciplinary team are used unless in an emergency . All documentation is forwarded to the PBSS and forwarded to the Trust Governance. All relevent policies are in place - Managing Challenging Behaviours; Use of Restrictive Practice and Deprivation of Liberty Safeguards and Human Rights. All interventions are reviewed at regular intervals by the Clinical Psychologist and by the registered person through his monthly monitoring visits. During staff supervision sessions, Interventions are discussed to ensure staff remain confident and are using</p>	<p>Provider to complete</p>

<p>the least restrictive method.</p>	
<p>Inspection Findings:</p>	
<p>There were a range of interventions within service users' care records which were considered by agency staff as restrictive in nature. These included the use of listening devices (monitors), the use of specialist clothing, securing exit and internal doors, restricted access to personal property, night time checks on service users and physical interventions.</p> <p>It was noted during the inspection that service users cannot freely leave their home and there are door locks and access controls in place for the front door and for the door leading to the service users' kitchen which leads to the outdoor areas.</p> <p>Agency staff described a discussion with HSC Trust staff in relation to three service users' access arrangements to their kitchen. Agency staff advised the inspector that the HSC Trust had agreed to restrictions becoming more relaxed and only put in place in particular circumstances. The agency's care records however did not reflect these revised arrangements and it was not clear during the inspection whether service users could access their kitchen without restriction, or what circumstances would necessitate any restriction.</p> <p>The registered person must ensure that service users' access to their kitchen is accordance with the HSC Trust assessment of needs and risks; the registered person must ensure that any restrictions in relation to this are clearly outlined within individuals' care records.</p> <p>The arrangements for service users to secure their private accommodation (bedrooms) were discussed as it was apparent that a service user who shares their home with other service users presents with behaviours and risks associated that could compromise other service users' property. The inspector was advised that service users can not secure their private accommodation and therefore could not prevent unwanted intrusions into their private accommodation. The inspector noted the emergency access arrangements necessary for agency staff to access service users' homes in particular circumstances.</p> <p>The registered person must ensure that service users who share their home with service users who present with risks have their property safeguarded.</p> <p>The inspector was advised of the night time needs of several service users, some of whom were receiving regular checks from staff, in accordance with the HSC Trust assessment of risk.</p>	<p>Not compliant</p>

<p>The inspector noted the inclusion of physical interventions within one service user’s care plan and examined the HSC Trust records and agency records in relation to this. There was a detailed protocol in place to guide staff and this had been signed by agency staff. It was evident from the records and from discussion with agency staff that these interventions were being undertaken in accordance with the HSC Trust care plan and that detailed records were being forwarded to the HSC Trust on each occasion a physical intervention is used.</p> <p>It was recommended that the agency maintains records of contact with the service user’s representative or main carer following the implementation of physical interventions.</p> <p>There was evidence within the care records of the HSC Trust review of the restrictive interventions in place and of less restrictive options being introduced in response to reassessment of risks and needs.</p>	
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<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>Not compliant</p>

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. 	
<p>Provider’s Self-Assessment</p> <p>Service users/representatives are aware and in agreement with the amount and type of care provided by the agency as stipulated in the service users support agreements and support plans.</p> <p>Staff are aware of the care requirements for individual service user's.</p> <p>Support planning policy in place.</p> <p>All tenants have a support plan and support agreement.</p> <p>Support plans detail the amount and type of care provided.</p>	Substantially compliant
<p>Inspection Findings:</p> <p>The agency has provided individual service users with ‘A Guide to Your Support’ which contains information about the care and support hours allocated. It was noted that all service users are in receipt of 48 hours of care and support each week and that the guide had been presented in a user friendly format.</p> <p>Agency staff who participated in the inspection demonstrated a detailed knowledge of the service users and could describe the care and support provided to the individuals in respect of their assessed needs and risks.</p>	Not compliant

The amount and type of care and support provided was outlined identically within each guide. The inspector raised a concern that the description of the care and support within the guide was not reflective of the service users' individual care and support plans. For example, the information in the 'A Guide to Your Support' document refers to supporting service users to settle into their homes. The registered manager acknowledged the inappropriateness of this, given that all of the service users moved to their address in 2008.

It was recommended that each service user has a written individual service agreement which contains the information outlined in Minimum Standard 4.2.

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	
The care plan and service agreement details the care and support that will be provided. Each element of the provision is itemised on the monthly invoice. Rent is detailed seperately.	Substantially compliant
Inspection Findings:	
<p>The inspector was advised that the information provided to service uses in the 'A Guide to Your Support' documents had not been shared with the service users' relatives. The inspector was also advised that service users do not purchase any additional hours from their income.</p> <p>As outlined earlier in the report, it was not possible to determine what service users were receiving for the payments they were making for domiciliary care.</p> <p>A significant number of the relatives of service users who participated in the inspection provided very positive feedback in relation to the care and support provided to their relative. Service users' relatives advised the inspector that their relatives are very well cared for, are safe and are happy living at their address.</p>	Not compliant

It was recommended that the service users' agreements are shared with the service users' relatives / representatives.	
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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>Care plans are reviewed annually and this involves agreement from the trust with the care provided. Service agreements are not, however, this year, we were informed that is not trust policy to sign service level agreements.</p> <p>The agency contributes to annual reviews for all service users and there are both reports from the agency and the HSC trust.</p> <p>Reviews are held at least annually and earlier if required. Care plans are updated following review if necessary.</p>	Substantially compliant
Inspection Findings:	
<p>From discussion with agency staff and examination of agency records, it was evident that the service users’ needs assessments and care plans are reviewed at least once annually, in conjunction with the HSC Trust. There was also evidence of more frequent reviews initiated by the HSC Trust and by agency staff. Agency staff advised the inspector that the HSC Trust are regularly contacted in relation to the changing</p>	Substantially compliant

needs of service users. Agency staff also reported good working relationships with HSC Trust's community learning disability team and in particular nursing, social work and positive behaviour support staff. There was evidence within agency records of HSC Trust epilepsy management plans, health checks, and ongoing monitoring of mental health issues.

The relatives of service users who participated in the inspection confirmed that they are involved in the review of their relatives' needs and care plan and several reported that they attend review meetings.

The reports prepared by agency staff in advance of service users' reviews were sampled and noted to be of a high standard. The reports contained comprehensive and descriptive information in relation to the individual's care and support plan.

The review of financial agreements and fees was discussed and the HSC Trust review records contained evidence of discussion and monitoring of balances within service users' bank accounts and of each service users' receipt of a weekly 'personal allowance'.

The review records did not refer to the agreements between the service users and the agency in respect of payments being made by service users for domiciliary care services.

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
	Not compliant

Any other areas examined

Complaints

In accordance with an information request from RQIA, a summary of complaints received by the agency during the period 1 January 2013 – 31 December 2013 was forwarded to RQIA in advance of this inspection.

One complaint had been received during this period and the records of this were examined and discussed with the registered manager. It was evident that the matter had been resolved. There have been no complaints received by the agency in 2014.

Quality improvement plan

The details of the Quality Improvement Plan appended to this report were discussed with Victoria Jane Derbyshire, Registered Manager as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

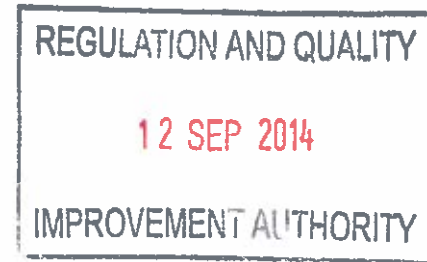
Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of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

Enquiries relating to this report should be addressed to:

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



The Regulation and
Quality Improvement
Authority



Quality Improvement Plan
Announced Primary Inspection
Fairways - Woodford Park Project
18 July 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 Victoria Jane Derbyshire (registered manager) during the inspection visit.

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

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

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

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

Statutory Requirements

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

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	5 (1)	The registered person must ensure that the statement of purpose includes the full range of services staff provide to service users i.e. specialist behavioural interventions, restrictive care practices.	Two	<i>This information has been added to the agency's statement of purpose.</i>	Within two months of the date of inspection – 12 September 2014
2	15 (9)	The registered person shall make arrangements, by training or by other measures, to prevent service users being harmed or suffering abuse or neglect or being placed at risk of harm, abuse or neglect. This requirement refers to the charging arrangements in place for service users when receiving support from staff to eat out.	One	<i>The agency has amended policy whereby staff service users are not responsible for staff meals when receiving support to eat out.</i>	Within two months of the date of inspection – 12 September 2014
3	15 (9)	The registered person shall make arrangements, by training or by other measures, to prevent service users being harmed or suffering abuse or neglect or being placed at risk of harm, abuse or neglect. This requirement refers to the arrangements in place to ensure that charges for transport provision are in accordance with journeys taken that are planned, necessary and in	One	<i>Policy has been strengthened to ensure all journeys by tenants which they are charged for are planned, necessary and agreed to be in accordance with the wishes of service user.</i>	Within two months of the date of inspection – 12 September 2014

		accordance with the wishes and preferences of service users.			
4	15 (9)	<p>The registered person shall make arrangements, by training or by other measures, to prevent service users being harmed or suffering abuse or neglect or being placed at risk of harm, abuse or neglect.</p> <p>This requirement refers to the payments taken from service users for their personal care. Actions as per notice of failure to comply issued to the registered person on 12 August 2014.</p>	One	<p>Having previously agreed funding arrangements with NHSCT, SU's & their representatives, the registered person has now re-engaged with NHSCT to ascertain how the issue should be resolved with minimal negative impact on service users.</p>	<p>In accordance with the timescale outlined in the FTC/11320/01/2014-15, 4 November 2014.</p>
5	15 (2)	<p>(2) 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>(a) be consistent with any plan for the care of the service user prepared by any Health and Social Services Trust or Health and Social Services Board or other person with responsibility for commissioning personal social services for service users;</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>	One	<p>See overleaf →</p>	<p>Within two months of the date of inspection – 12 September 2014</p>

		The registered person must ensure that service users' access to their kitchen is accordance with the HSC Trust assessment of needs and risks; the registered person must ensure that any restrictions in relation to this are clearly outlined within individuals' care records.		This has been prescribed & risk assessed for each individual and is clearly documented in care records	
6	14 (d)	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— (d) so as to ensure the safety and security of service users' property, including their homes; The registered person must ensure that service users who share their home with service users who present with risks have their property safeguarded.	One	Appropriate door locking mechanisms have been agreed which safeguard service users property yet allow emergency access by staff only in event of SU needing immediate attention	Within two months of the date of inspection – 12 September 2014
7	25	Subject to regulation 5(3), the registered person shall not use the premises for the purpose of an agency unless the premises are suitable for the purpose of achieving the aims and objectives of the agency set out in the statement of purpose.	One	Renovation to separate office area from tenants home is to ^{has} been currently being agreed with families. Landlord	Within four months of inspection date – 7 November 2014
8	14 (c)	Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to	One		Three months from the date of inspection –

		<p>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>This requirement refers to the arrangements in place to promote the independence of service users in the areas of individual budgets for food and utilities.</p>		<p>Agreement has been reached to separate food & utilities from rent. Meetings currently being held with tenants/peps and it is envisaged that this will be in place from 1-10-14.</p>	<p>10 October 2014</p>
9	14 (e)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided—</p> <p>(e) in a manner which respects the privacy, dignity and wishes of service users, and the confidentiality of information relating to them;</p> <p>This requirement refers to the location of the agency premises within the home of three service users. The registered person must ensure that service users' privacy is maximised.</p>	Two	<p>Renovation to separate office area from one house is currently being agreed with families. Landlord has agreed to carry out the required renovations.</p>	<p>Within four months of the date of inspection – 7 November 2014</p>

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	8.10	<p>Working practices are systematically audited to ensure they are consistent with the agency's documented policies and procedures and action is taken when necessary.</p> <p>This recommendation refers to the implementation of the agency's financial procedures and in particular the registered manager's role in ensuring that service users' money is managed in accordance with the procedures.</p>	One	<p><i>Policy has been reviewed and amended to ensure robust procedures as raised during inspection process.</i></p>	<p>Within two months of the date of inspection – 12 September 2014</p>
2	9.5	<p>Policies and procedures are subject to a systematic 3 yearly review, and the registered person ratifies any revision to or the introduction of new policies and procedures.</p> <p>This recommendation refers to the agency's policies on restrictive practice, challenging behaviour and physical interventions.</p>	One	<p><i>The review of these policies is in progress and will be completed within timescale</i></p>	<p>Within four months of the date of inspection – 7 November 2014</p>
3	5.2	<p>It is recommended that the agency maintains records of contact with the service user's representative or main carer about matters or concerns regarding the health and well-being of the service user;</p>	One	<p><i>Registered Manager has met with the relevant service user's representative and agreed the</i></p>	<p>Within two months of the date of inspection – 12 September</p>

		This recommendation refers to the contact with the relative / representative of a service user following the implementation of physical interventions.		level of contact preferred to update on any use of physical interventions. This contact will be recorded.	2014
4	4.2	It is recommended that each service user has a written individual service agreement which contains the information outlined in Minimum Standard 4.2	One	The individual service agreements are currently being revised to ensure they meet standard 4.2.	Within two months of the date of inspection – 12 September 2014
5	4.1	It is recommended that the service users agreement is shared with the service users' relatives / representatives.	One	Once completed they will be shared with NHSCT named workers and service users' relatives.	Within two months of the date of inspection – 12 September 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	Victoria Derbyshire.
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	ROBERT ANTHONY DUNLAP

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	<i>[Signature]</i>	12/09/14
Further information requested from provider			