

PRIMARY ANNOUNCED INSPECTION

Name of Agency:	Dumbarton House
Agency ID No:	10762
Date of Inspection:	28 July 2014
Inspector's Name:	Joanne Faulkner
Inspection No:	18309

The Regulation And Quality Improvement Authority
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General Information

Name of Agency:	Dumbarton House
Address:	79 Somerton Road Belfast BT15 4DG
Telephone Number:	02890872121
E mail Address:	dumbarton@threshold-services.co.uk
Registered Organisation / Registered Provider:	Threshold (Richmond Fellowship NI Ltd) Dr Raman Kapur
Registered Manager:	Ms Elizabeth Anne King
Person in Charge of the Agency at the Time of Inspection:	Ms Elizabeth King
Number of Service Users:	11
Date and Type of Previous Inspection:	20 November 2013 Primary Announced Inspection
Date and Time of Inspection:	28 July 2014 09:30- 16:30
Name of Inspector:	Joanne Faulkner

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	4
Staff	3
Relatives	0
Other Professionals	1

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

Issued To	Number issued	Number returned
Staff	9	6

Inspection Focus

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

The following three quality themes were assessed at this inspection:

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

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

The inspector reviewed the Quality Improvement Plan issued following the previous inspection. One requirement and two recommendations have been assessed as being fully met.

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

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

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

Dumbarton House, located on Somerton Road in Belfast, is a supported living type domiciliary care agency, provided by Threshold Care Services. The agency provides personal, domestic, social and financial support to service users with mental ill-health issues. The support focuses upon the promotion of good mental health and independence.

The agency has the capacity to provide a service for 12 service users within the facility of Dumbarton House. Referrals are accepted for people aged 45 years to 65 years. However, tenants can remain in their home if their care needs change or increase, as they have a secure tenancy.

Nine domiciliary care staff, which includes a manager and a deputy manager, provide support to twelve service users.

At the time of the inspection there were 11 service users living in Dumbarton House.

Detail of Inspection Process:

Summary of Inspection

The announced inspection was undertaken 28 July 2014 at the registered office, located within the service. The inspector was supported throughout the inspection by the Registered Manager, Ms Elizabeth King.

During the inspection the inspector had the opportunity to meet with four service users, one HSC Trust representative and three staff.

During the inspection the inspector examined a number of care records which described individualised, person centred practices. Staff who met with the inspector stated that service users are provided with the necessary support to remain as independent as possible. Prior to the inspection six staff members forwarded to RQIA completed questionnaires in relation to the quality of service provision; the inspector also spoke to three members of staff on duty during the inspection and has added their comments to this report.

Staff Comments:

"Training is good"

"I feel supported"

"Very happy working here"

"Service users are encouraged to live as independently as possible"

The returned questionnaires indicated the following:

- Staff have received Vulnerable Adult training
- Training was rated as excellent or very good
- Five staff have received Human Rights training
- One staff member has received training in handling service users' monies
- Service users have in place individual service agreements
- Staff have received training on Restraint

Records viewed by the inspector support the above statements. Discussions with staff, service users and their representatives at the time of inspection identified their involvement in the development of individual care and support plans and in the review process with the HSC trust. The care and support plans read by the inspector indicate that the service is individualised and person centred on the basis of the recorded information.

Service Users' Comments:

During the inspection, the inspector met with four service users who described an individualised approach to the care and support they received; they informed the inspector that they were involved in developing their individual care and support plans.

The service users described in detail the care and support they were receiving and were fully aware of any charges paid to the agency for services received. The service users informed the inspector that their rights and wishes were respected at all times and did not feel that any practice presently in place was restrictive. The service users informed the inspector that they receive regular visits from their trust representative and are encouraged to participate in their review with the HSC Trust.

Comments:

- "I like visiting my friend"
- "Enjoy the company"
- "I know who my keyworker is"
- "Staff very helpful"
- "I enjoy going to the theatre and out for dinner"
- "I take my own tablets"
- "I keep my money safe in my room"
- "I can go out when I want"

Service User Representative:

The inspector met with one HSC trust professional who visits the agency frequently. The representative stated that service users are supported to live as independently as possible and that staff report any concerns.

Comments of Service User Representative:

- "Communication is good"
- "Staff inform me of any concerns"

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

Detail of Inspection Process:

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

It was the inspector's assessment that the agency is "Not compliant" in this theme.

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

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

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

Service users do not pay additional charges for care services provided by the agency; the relevant HSC Trust pays 14.5hrs per week for each service user for personal care services.

The registered manager informed the inspector that service users contribute £15 per week for heating and electricity; the cost of heating and electricity is much higher than the amount paid by service users due to the nature of the building; the remainder of the costs are paid by the agency. The agency makes a contribution for two members of staff to eat with the service users; this money is paid directly into the service users' food monies account by the agency on a fortnightly basis. There is no policy in place in relation to staff meals. A requirement has been made within the Quality improvement plan that requires the registered person to develop policies and procedures in relation to staff meals.

The HSC trust is appointee for one service user; the agency staff support the service users with budgeting. The agency has a locked safe facility within the office; this is managed in accordance with the agency's finance policy.

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

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

The inspector viewed the agency's financial policies in place; it was noted that these had not been reviewed and did not contain adequate detail of the procedures for staff handling service users' monies. The manager discussed with the inspector the ongoing process for reviewing the agency's policies and procedures; the inspector viewed records which verified this process. A recommendation has been made within the QIP.

The inspector identified that the safe contents are reconciled daily and signed by one staff member. It is recommended that where possible two signatures are obtained.

Two requirements and one recommendation have been made in relation to this theme.

These relate to the registered person ensuring that robust finance policies and procedures are in place and are updated and reviewed accordingly.

Theme 2: Responding to the needs of service users

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

Prior to admission the agency receive comprehensive assessments from the referring trust; service users are also assessed by the manager prior to admission to the service.

The records examined by the inspector had in place comprehensive, individualised care and support plans; service users who met with the inspector stated that they are involved in developing these and that their choices and views were reflected.

Records read by the inspector reflect a range of interventions used in the care and support of individual service users. Relevant human rights of service users are explicitly recorded within their care and support plans; it was identified that these are reviewed six monthly or as required. The agency has in place information relating to human rights in an easy read format. All service users have received at least one review with their commissioning HSC Trust representative in the previous year.

Staff stated they received two weeks' induction training at the commencement of employment covering a range of topics including human rights, safeguarding vulnerable adults, child protection, assessment and care planning. Staff informed the inspector that they receive fortnightly supervision and annual appraisal.

From the documentation viewed and discussion with the manager, service users and their representatives it was identified that there are presently no restrictive practices in place within the service.

The service user guide and statement of purpose contains detail relating to restrictive practice.

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

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

Service users have in place individual service agreements which clearly detail the amount and type of care provided by the agency.

The agency has in place referral information provided by the HSC Trust; this information forms part of the initial assessment of need and care planning.

Service users can describe the amount and type of care provided by the agency and are fully aware of all charges. All service users are in receipt of care services funded by an HSC Trust. None of the service users are paying additional charges to the agency for personal care services.

The registered manager and staff clearly described the amount and type of care provided to individual service users; they described practices which were individualised to the identified needs of service users.

From the documentation viewed and discussion with trust representatives it was identified that care plans are agreed with the commissioning trust and are reviewed six monthly or as required.

Service users informed the inspector that they are encouraged to participate in the review process and given opportunity to contribute their views and opinions. Service users informed the inspector that they receive regular visits from their trust representative.

A copy of the review documentation is retained by the agency and the inspector noted that it is signed by the service user.

The service user agreement details the process for the cancellation of services.

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. During the inspection the manager informed the inspector that the commissioning trust pays 14.5hrs per week for care for each individual service user; no service users are paying additional charges for personal care to the agency. The agency acts as an agent for one service user.

Statement of Purpose:

The agency's statement of purpose was read by the inspector, it outlined the nature and range of services provided by the agency at the time of inspection.

Annual Review of Service Users' Needs by HSC Trusts:

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").

Records viewed by the inspector identify that services users have received an annual review involving the HSC Trust; a number of service users have received two in the last year. Service users informed the inspector that they are encouraged to participate in the review meeting and are given the opportunity to express their views and wishes.

Monthly Quality Monitoring

The inspector viewed the agency's quality monitoring documentation in place and noted that monthly monitoring visits are completed by a manger from another service. From the

documentation read the views of service users, their families and professionals had been recorded. The documentation records detail of any incidents or safeguarding concerns.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1	14 (b) & (d)	The registered person must ensure that the service user guide and the agency's policies and procedures confirm the agency's contribution towards utility costs for the office accommodation located in the service user's home, and confirm that service users have been consulted and consent to sharing their groceries with staff members.	<p>The inspector viewed the service user guide and the operational policy. They contain details of the agency's contribution towards utility cost.</p> <p>The agency pay for staff to eat with service users, the agency have in place documentation which service users have signed to consent that they agree to staff eating with them.</p> <p>Staff do not eat food purchased by the service users.</p> <p>This requirement has been assessed as being fully met one.</p>	Once	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 receive information about their human rights in an accessible format, and that their human rights are explicitly outlined on their support plans	<p>The agency has in place information for service users relating to their human rights, it is available in an easy read format. This was viewed by the inspector.</p> <p>The inspector read two care and support plans and noted that relevant human rights considerations are recorded throughout.</p> <p>This recommendation has been assessed as being fully met.</p>	Once	Fully met
2	14.10	It is recommended that the registered person ensures that staff receive training on the protection of children and young people at least every two years.	<p>The inspector viewed the agency's training records and noted that staff have received children protection training.</p> <p>This recommendation has been assessed as being fully met one.</p>	Once	Fully Met

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

Statement 1:

COMPLIANCE LEVEL

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

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

Provider's Self-Assessment	
<ul style="list-style-type: none"> - Each service user is given a Service agreement to sign which outlines all service costs. An operational policy is also provided. - Charges payable are detailed in service agreement. Methods of payment will be in line with the service users wishes - The organisation pays the cost for food for two staff to eat with the service user. This cost is equal to the cost the service user pays. The bulk of the utility fees is paid for by the organisation, and the cost paid by service user is in line with what they would pay if they were living alone. Changes in payment for utility costs are discussed with service users before any changes are made. The utility costs are reviewed annually by the organisations accountant. -This is stated in the Service Agreement and in the service user guide. - Not applicable - This is clarified in the Service agreement - This will be specified in the support plan which is signed by the service user. Records in relation to any financial arrangements and transaction will be recorded on file - Residents money and valuables policy, operational policy and financial governance are in place to enable service users to manage their finances and valuables. - Any increase in housing costs are stipulated in a letter to the service user 4 weeks in advance, this is sent by the finance department. All efforts are made to ensure the house is homely and comfortable and does not look like a work place. Service users are involved in the decisions in relation to furnishing and decoration to ensure inclusion. 	Compliant
Inspection Findings:	
<p>The inspector discussed the theme with the registered manager who stated that none of the service users are charged for personal care provided by the agency.</p> <p>The inspector viewed a number of service user agreements and observed that the service users are not paying additional charges for personal care. The relevant HSC trust commissions 14.5hrs of care per week for each individual service user; this amount is the rate the trust has agreed to pay for each service user irrespective of their needs.</p> <p>From the records examined, service users have in place a signed service user agreement which clearly details all services provided and any related charges.</p> <p>Service users were able to describe to the inspector details of any services which they received from the</p>	Not compliant

agency and the cost incurred for such; they were aware that personal care provided to them by the agency was funded by the relevant hsc trust. Service users stated that they pay £55 per week for food and utilities; £15 is for electricity and heating. The manager stated that due to the nature of the building the heating costs are much higher than the charges made to the service users, the remainder of the cost is paid by the agency

The service users informed the inspector that they pay £40 per week towards food and have the option to opt out of this arrangement. Service users who met with the inspector stated that they have full access to the kitchen at all times and are provided with the necessary support to prepare food. Service users clearly described to the inspector the process in place for developing a menu and subsequently shopping for food. All service users are encouraged to participate in the preparation of food and staff provide agreed support to the service users; this was reflected in the individual care and support plans viewed by the inspector. Service users described to the inspector the support that they received in relation to shopping and food preparation. The staff stated that those service users unable to participate in the weekly shop will be supported by staff to visit the smaller, local shops.

The manager informed the inspector that the agency pays for two staff to eat with the service users. The agency makes a payment of £80 per week; staff who met with the inspector confirmed this. However, some staff stated that they prefer to provide their own food. Service users who met with the inspector were aware that the agency made a contribution towards staff food. The manager stated that there is presently no policy in place in relation to staff meals.

A requirement has been made.

The inspector examined a ledger in place for the food monies and noted that it all transactions in or out and the available balance are recorded; receipts are retained by the agency for each purchase made. Service users described to the inspector the process for cancelling any services provided by the agency. The service user agreement details the process for the cancellation of services; of the records viewed service users had in place a signed service user agreement.

The inspector viewed the agency's financial policies in place. It was noted that these had not been reviewed and did not contain adequate detail of the procedures for staff handling service users monies; the policies did not detail when they were due for review or details of who had compiled the policy. The manager informed the inspector that the agency were in the process of reviewing all policies and procedures.

A recommendation has been made.

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;

COMPLIANCE LEVEL

<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>-HSC provide written care plan at referral, and their input is given throughout the assessment period and admissions panel. Service user review is held after first six weeks, and then six monthly thereafter. Agency staff follow the instructions of the HSC representatives and the service user through including financial work in the support/care plan.</p> <p>- All money paid in by service user, is signed by them and a staff member.</p> <p>- When service users require financial support, benefits payments are noted in support/care plan and signed by the service user. If a service user is unable to sign in relation to finances, two staff will sign initially until the service user is able to do so.</p> <p>- Before any item or service bought with service users monies, a discussion will take place and signed permission will be requested.</p> <p>- Contingency arrangements are covered by a weekly petty cash check. Service users are never denied access to their finances or property. Residents use monies from their food contributions to purchase food needed.</p> <p>Records and receipts are kept up to date and noted daily in safe contents book. P.C. book and food book, residents have access to these books.</p>	Compliant

<ul style="list-style-type: none"> - A reconciliation of monies or possessions held by the agency on service users behalf is carried out daily. - Agency staff do not act as appointees or agents. This function may be carried by care co-ordinator or nominated trust staff and noted in care/support plans. <p>-The agency does not operate bank accounts for service users. Residents capability issues are reported immediately.</p>	
Inspection Findings:	
<p>The inspector discussed this theme with the registered manager.</p> <p>The manager states that the agency do not act as appointee for any of the service users. Any support required in relation to management of monies or budgeting is agreed with the service users and their representatives; this is clearly recorded in their care and support plans.</p> <p>The relevant HSC trust is appointee for one service user, the agency receive money on a weekly basis from the trust and staff support the service user with budgeting. The agency has in place a finance agreement for the service user and the inspector noted that it was signed by the service user. The service user is supported by the staff to access his money; the care and support plan clearly records the support required. The inspector viewed the service user's individual ledger which records all transactions and the available balance; it is signed by the service user and a staff member. Service users can access there monies at any time.</p> <p>Service users pay the agency the weekly agreed amount for utilities and food; this is recorded in their individual ledger and all transactions are signed by the service user and two staff members. Money for food is secured in the safe; service users have access to these monies at any time. Service users informed the inspector that they compile a shopping list weekly. The agency retain receipts for all food purchased; this is recorded in the food ledger and is reconciled on a daily basis.</p> <p>The manager could describe to the inspector the process for referral to the trust for a capacity assessment.</p>	Compliant

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<p>Statement 3:</p> <p>Where a safe place is provided within the agency premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained:</p> <ul style="list-style-type: none"> • Where the agency provides an appropriate place for the storage of money and valuables deposited for safekeeping, robust controls exist around the persons who have access to the safe place; • Where money or valuables are deposited by service users with the agency for safekeeping and returned, a record is signed and dated by the service user/their representative, and the member of staff receiving or returning the possessions; • Where a service user has assessed needs in respect of the safety and security of their property, there are individualised arrangements in place to safeguard the service user's property; • Service users are aware of the arrangements for the safe storage of these items and have access to their individual financial records; • Where service users experience restrictions in access to their money or valuables, this is reflected in the service user's HSC trust needs/risk assessment and care plan; <p>A reconciliation of the money and valuables held for safekeeping by the agency is carried out at regular intervals, but least quarterly. Errors or deficits are handled in accordance with the agency's SVA procedures.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Management of keys policy and keys handover book ensure safe access to safe and medication</p> <p>-Residents possessions deposited for safe keeping are signed in and out and are recorded in the safe contents book</p> <p>- Individual needs will be reflected in support plans and will be reflected in the trust care plans were applicable.</p> <p>- Residents are aware of the procedures to ensure the safety of their possessions and property. They have access to their records.</p> <p>- Any restrictions in relation to residents monies will be reflected in record keeping. Support plans, HSC trust needs assessments, risk assessments and agreed by the resident.</p>	Compliant

- Reconciliation is done on a daily basis, and safe contents book signed by staff.	
Inspection Findings:	
<p>The agency has a safe located in the office; a record of the contents was available for the inspector to view. Service users have a lockable facility within their individual rooms and have keys for their rooms. Staff stated that service users are encouraged to keep their valuables safe.</p> <p>The inspector read the agency's current finance policy. It was noted by the inspector that the policy had not been reviewed within the recommended timescales and did not clearly record that it was in relation to the agency. The manager stated that the agency is currently reviewing all policies. A recommendation has been made.</p> <p>The senior member of staff on duty holds the key for the safe. The staff informed the inspector that a reconciliation of monies held by the agency are reconciled daily, and could describe the necessary steps if a discrepancy was identified. The inspector viewed the ledger for the safe contents and noted that only one staff signature was recorded. It is recommended that where possible two signatures are obtained. A requirement has been made.</p> <p>Money for service users food is secured in the safe. The inspector viewed the ledger records in place which denote any transactions and available balance; receipts are available and are numbered. The manager stated that the ledger is reconciled weekly. Service users informed the inspector that they can access this money at all times. Each service user has an individual book recording any monies paid to the agency for food or utilities; the inspector identified that they denote each transaction and are signed by a staff member and the service user.</p> <p>Service users informed the inspector that they have a locked cupboard in their rooms.</p>	Not compliant

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 scheme by a service user, the agency ensures that the above legal documents are in place;	
<ul style="list-style-type: none"> Ownership details of any vehicles used by the agency to provide transport services are clarified. 	
Provider's Self-Assessment	
The agency does not run a transport scheme	Not applicable
Inspection Findings:	
The manager informed the inspector that the agency does not provide a transport service to the service users. The inspector discussed the theme with staff and service users who stated that they are supported to use public transport. The level of assistance required is clearly agreed with the service user and detailed in their individual care and support plan. The inspector viewed two care and support plans and identified that appropriate arrangements were in place to support service users to avail of suitable transport. Service users who avail of public transport pay the cost directly to the transport company. The manager stated that service users are supported to apply for relevant benefits.	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
	Not compliant

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 1:</p> <p>The agency responds appropriately to the assessed needs of service users</p> <ul style="list-style-type: none"> • The agency maintains a clear statement of the service users' current needs and risks. • Needs and risk assessments reflect the input of the HSC Trust and contain the views of service users and their representatives. • Agency staff record on a regular basis their outcome of the service provided to the individual • Service users' care plans reflect a range of interventions to be used in relation to the assessed needs of service users • Service users' care plans have been prepared in conjunction with the service user and their HSC Trust representative(s) and reflect appropriate consideration of human rights. 	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Trust care plans risk assessment are provided, Threshold Support plans, risk assessment clearly state the residents current needs and risks</p> <p>- Trust input and resident input forms the basis of care review actions and are contained in review reports. Risk assessment are done with referral agents and passed on to Care Management</p> <p>- Outcomes are recorded through care/support plan review sessions with the residents and through questionnaires</p> <p>-Support/care plans are review regularly and updated with the residents.</p> <p>- support/care plans all include human rights explicitly hsc trust representatives have access to these and are given copies on request and at reviews.</p>	Compliant
Inspection Findings:	
<p>The inspector discussed the theme with the registered manager and read the individual care records for two service users. From records read it was identified that prior to admission the agency receives comprehensive multi-disciplinary assessments from the HSC Trust. The records record consultation with hospital staff, consultants and in most instances a pre discharge; multidisciplinary case discussion has taken place prior to admission.</p>	Compliant

The inspector discussed the admission process with the manager who stated that the agency encourages all prospective service users to visit the service on a number of occasions prior to admission, during which they have the opportunity to meet those presently residing in the service. The manager informed the inspector that any prospective tenants are discussed with those service users presently residing in the service at the weekly meeting and that their views are considered. The inspector read minutes of a service users' weekly meeting and noted that the views of service users had been recorded.

All service users have a needs assessment completed by the manager prior to admission; this highlights risk and assists in identifying the needs of the service users.

The inspector examined care records of two service users; they contained an individualised, updated care and support plan which is developed in conjunction the service users and their representatives. It is noted by the inspector that these are updated six monthly or as required. The service users who met with the inspector stated that they are involved in this process and that their choices and opinions were reflected. Staff complete a daily record for each service user, detailing any care and support given by the agency.

The care and support plans read by the inspector were written in an individualised format; those examined clearly outlined the consideration of the service users' human rights. Those care plans read by the inspector were signed by the service users and were reviewed at the six monthly review or as required.

All service users who spoke with the inspector were able to identify their individual keyworker in the service; they informed the inspector that they meet regularly with their keyworker to discuss their care and support needs. Service users could also identify their trust representative and stated that they received regular contact from them.

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>Training file is available to record staff's statutory training events including - manual handling, fire safety, food hygiene, health and safety, child protection, safeguarding adults. Yearly competency is carried out in relation to medication to evaluate practice.</p> <ul style="list-style-type: none"> - Training is evaluated in supervision and in an Impact on Training appraisal carried out yearly - Human rights is included in support plans, and all staff are aware of the legislation and working within it. Residents have been provided with an easy read on Human Rights. - Policies and procedures relating residents needs include - Out of hours contact, Vulnerable Adults, Missing person, needs and support planning, restraint and seclusion, quality monitoring, complaints and review procedures. - Care practices and changes in need are discussed with HSC staff at reviews, and through visits from HSC staff - In relation to poor practice, residents are assisted through the complaints procedure, staff are aware of the 	Compliant

Whistle blowing policy and Vulnerable adult procedures.	
Inspection Findings:	
<p>The inspector discussed this theme with the registered manager and agency staff.</p> <p>Staff who met with the inspector stated that they had received an initial two week induction at the commencement of their employment and further training during the first six months of employment. Staff also stated that they receive and fortnightly supervision, and are encouraged to identify any training needs they may have either during supervision or when the need is identified. Staff informed the inspector that they have an annual appraisal and stated they have the necessary skills to carry out the requirements of their role. Staff stated that they feel supported by the registered manager.</p> <p>The inspector examined the staff training records in place; from those viewed it was identified that staff have received training in human rights, safeguarding of vulnerable adults, manual handling, record keeping and management of medication. Staff have received training on restrictive practice in their staff meetings and informed the inspector of the detail of the policy in place. The manager informed the inspector that the agency have recently appointed a training manager.</p> <p>The agency has in place the following policies: Protection of Vulnerable Adults, Violence and Aggression 2013 and Restraint 2013; these were viewed by the inspector.</p> <p>Staff who met with the inspector could describe practices which could be viewed as restrictive and stated that there is currently no restrictive practice in place.</p> <p>Staff outlined the process for highlighting any changes to service users' needs and described instances when they are in regular contact with the service users trust representatives; trust representatives informed the inspector that staff are in regular contact with them and could identify any changes in service users' needs.</p> <p>Staff could describe the necessary actions in relation to whistleblowing and had knowledge of the policy in place.</p>	Compliant

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
<p>Provider's Self-Assessment</p> <ul style="list-style-type: none"> - Any restricted practices are discussed, agreed and signatures provided by all relevant parties involved in decision making - The Statement of Purpose and operational policy is clear about the nature of Service provision which includes provisions for any restrictions. - All residents are aware of their right to decline care, or choose another provider as stated in the Service Agreement. - Residents all have a copy of the Care/support plan. It is written with them to ensure it is in format that meets their needs (similarly for Reviews) External support is listed in our complaints procedure and service user guide. - The impact of any potential practice that is restrictive is discussed in Large groups with Residents and agreed with residents consent. 	Compliant

Inspection Findings:	
<p>The inspector read the agency's service user guide, statement of purpose and operational policy; they outline the nature and range of services provided and make reference to restrictive practices. It was noted that the documents contain detail on the right for service users to choose what services they require from the agency.</p> <p>Service users who met with the inspector stated that they are encouraged to make their own decisions and that their views and wishes are respected. The service users informed the inspector that they are involved in the completion of their individual care and support plans and are provided with a copy by the agency. Service users stated that agency staff support them in understanding the content of their care and support plans. Service users stated that they sign their support plans if they are in agreement to the detail.</p> <p>Service users informed the inspector that any practices deemed as restrictive, such as closing side gates at night, was discussed with them at the weekly meeting and agreement made.</p> <p>The registered manager informed the inspector that there are no restrictive practices in place; service users are provided with a key and can leave the house when they wish. The inspector read two care and support plans and could not identify any practices that could be deemed restrictive in nature.</p>	Compliant

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 4</p> <p>The registered person ensures that there are robust governance arrangements in place with regard to any restrictive care practices undertaken by agency staff.</p> <ul style="list-style-type: none"> • Care practices which are restrictive are undertaken only when there are clearly identified and documented risks and needs. • Care practices which are restrictive can be justified, are proportionate and are the least restrictive measure to secure the safety or welfare of the service user. • Care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance. • The agency evaluates the impact of restrictive care practices and reports to the relevant parties any significant changes in the service user's needs. • The agency maintains records of each occasion restraint is used and can demonstrate that this was the only way of securing the welfare of the service user (s) and was used as a last resort. • Restraint records are completed in accordance with DHSSPS (2005) Human Rights Working Group on Restraint and Seclusion: Guidance on Restraint and Seclusion in Health and Personal Social Services. • The agency forwards to RQIA and other relevant agencies notification of each occasion restraint is used • The registered person monitors the implementation of care practices which are restrictive in nature and includes their on-going assessment of these practices within the monthly quality monitoring report 	COMPLIANCE LEVEL
Provider's Self-Assessment	
- There are no current restrictive care practices, nor have there been since last inspection. However, in the event of something being restricted, risk assessment will be carried out as necessary. Our policy clearly includes the processes as listed above and would be including in Quality Monitoring documentation as well as the records listed above	Compliant

Inspection Findings:	
<p>The inspector discussed this theme with the manager who stated that there are presently no restrictive practices in place within the service. The manager states that care practices are regularly monitored to ensure that practices which are may be deemed as restrictive are identified.</p> <p>From the training records examined and discussion with staff the inspector noted that staff have received training in human rights, management of challenging behaviours, and protection of vulnerable adults.</p> <p>Staff who met with the inspector were able to describe practices which may be viewed as restrictive; they stated that there are no such practices in place within the service. Both the manager and staff informed the inspector that all service users are provided with a key for the front door and their individual rooms; they stated that service users are encouraged to lock their doors. The staff informed the inspector that the gates at the side of the garden are closed over at night, service users informed the inspector that this had been discussed and agreed with them.</p> <p>The inspector viewed the agency's Restraint and Seclusion Policy, August 2013; it outlines the procedure for recording and reporting any restrictive practice or instances where restraint has been used.</p>	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 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 <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. 	COMPLIANCE LEVEL
Provider's Self-Assessment - Residents can describe the amount and type of care they receive as this is stated in the service agreement - Staff are aware and can describe the amount and type of care provided to residents - The policy, service user guide statement of purpose and operational policy reflects how service agreements are devised. Care plans detail the amount and type of care provided	Compliant
Inspection Findings: The inspector discussed the theme with the manager who stated that the relevant HSC Trust commission 14.5 hrs per week to the agency for personal care for each service user The inspector examined a number of individual service user agreements and care plans; they clearly record the amount and type of care provided to the service user by the agency. Service users who met with the inspector described the care received by the agency and were aware that the trust funded the care provided to them. Service users stated that they were involved in the development of their individual care and support plans.	Compliant

Staff could describe to the inspector the amount and type of care provided to individual service users; they described a range of practices which were person centred and individualised to meet the identified needs of the service users. Staff who spoke to the inspector demonstrated their awareness of the need to ensure that service users were consulted in relation to all aspects of their care and support. Staff also discussed with the inspector the importance of service users' choice and human rights. Staff described the importance of providing the necessary support whilst promoting the independence of the service users.

From the documentation in place and discussion with service users the inspector noted that care plans are agreed with the commissioning trust and are reviewed at least annually. The service user agreement clearly records the type and amount of care hours provided to the individual. The care and support plans viewed by the inspector had been signed by the service users.

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	
<ul style="list-style-type: none"> - This is all stated in the service agreement and residents are aware of this - We currently have no self funded residents, Self funders would be aware of being able to refuse or cancel care and choose another provider. - The service agreement notes how many hours of Care, and at what rate - Service users are aware that accommodation (Tenants rights) are completely separate from Care provided. 	Compliant
Inspection Findings:	
<p>The inspector examined three service user agreements; these clearly outlined any charges made to the service user by the agency. The documentation details the amount of care funded by the commissioning trust.</p> <p>The manager informed the inspector that the relevant HSC trust commissions 14.5 hrs per week for care for each service user. The manager stated that service users are not paying the agency additional charges for personal care.</p>	Compliant

Service users were able to describe to the inspector details of any services which they received from the agency and the cost incurred for such; they were aware that personal care provided to them by the agency was funded by the relevant hsc trust. Service users stated that they pay £55 per week for food and utilities; £15 is for electricity and heating and £40 for food.

Service users described to the inspector the process for cancelling any services provided by the agency. The service user agreement details the process for the cancellation of services; of the records examined service users have in place a signed service user agreement.

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	
<ul style="list-style-type: none"> - Care reviews happen at least every 6 months. Records of reviews will confirm this - The agency has quarterly quality assurance meetings with the Trust - Reviews can be convened as and when required, service users, staff and records will confirm this. - Records will confirm that care plans are updated following reviews, signatures from the trust representatives and residents and provided. Minutes of reviews are recorded to ensure outcome are carried out 	Compliant
Inspection Findings:	
<p>Prior to the inspection 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").</p> <p>The inspector viewed the information returned which denoted that 12 service users had received an annual</p>	Compliant

review; the registered manager informed the inspector that the service users are reviewed six monthly by the commissioning HSC trust or more frequently if required.

The registered manager stated that prior to the review agency staff complete a Wisconsin 'Quality of life' questionnaire with the service user.

The inspector read two individual service user care and support plans and noted that they contained a copy of review documentation. Service users informed the inspector that they are encouraged to participate in the review process and given the opportunity to contribute their views and wishes; they stated that they attended a formal review six monthly involving their trust representative. Service users informed the inspector they can request a review if they have concerns relating to the care and support they receive and that they receive regular visits from their trust representative.

A copy of the review documentation is retained by the agency. The inspector viewed the documentation for two service users and noted the service users had signed the documentation and the views of the agency staff and the service users were recorded.

The inspector read two care and support plans and noted that they are reviewed on a six monthly basis by the service user and their allocated keyworker within the service or more frequently if required.

Staff who met with the inspector stated that the care and support plans are updated six monthly or as required and that following a review any agreed changes are actioned. Staff stated that they are encouraged to participate in the review meetings of the service users.

The inspector noted from the documentation viewed that the agency has in place service agreements which clearly record charges for services to the service user; these are signed by the service user and updated annually.

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

Any Other Areas Examined**Complaints**

The agency had three complaints for the period 1 January 2013 to 31 December 2013; this was verified by the returns forwarded by the agency to RQIA and from records available for inspection at the agency. Discussion with the registered manager and records viewed indicated that the correct procedures had been followed.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Elizabeth King, Registered Manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

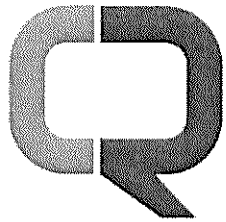
Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of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

Enquiries relating to this report should be addressed to:

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

Joanne Faulkner
Inspector/Quality Reviewer

Date



The Regulation and
Quality Improvement
Authority

REGULATION AND QUALITY

08 OCT 2014

IMPROVEMENT AUTHORITY

Quality Improvement Plan

Announced Primary Inspection

Dumbarton House

28 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 Ms Elizabeth King, registered manager, during the inspection visit.

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

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

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

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

Statutory Requirements

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

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	14. (b)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided-</p> <p>(b) so as to safeguard service users against abuse or neglect.</p> <p>This relates to the registered person ensuring that policies and procedures in relation to arrangements for staff accessing food and drink whilst on duty in a service user's home are developed and implemented.</p>	One	<p>This is being updated & is evidenced in Service Agreement & Financial Policy</p>	Four months from the date of inspection, 28 November 2014.
2.	14. (d)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided-</p> <p>(d) so as to ensure the safety and security of services users' property, including their homes.</p> <p>This relates to the registered person ensuring that two staff signatures are recorded in the safe contents reconciliations records.</p>	One	<p>From date of inspection, 2 signatures are recorded in the safe contents reconciliations record.</p>	Four months from the date of inspection, 28 November 2014.

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.	Standard 9.4	<p>It is recommended that the registered person ensures that policies are reviewed and are dated when issued, reviewed or revised.</p> <p>This recommendation relates to the Agency's finance policy.</p>	One	<i>This Policy is now being reviewed</i>	Four months from the date of inspection, 28 November 2014.

The registered provider / manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

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

SIGNED: E. A. King

NAME: ELIZABETH KING
Registered Provider

DATE 29.9.14

SIGNED: Ramona Kavanagh

NAME: DR RAMONA KAVANAGH
Registered Manager

DATE 7.10.14

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	JSFameba	8/10/14
Further information requested from provider			