



The Regulation and
Quality Improvement
Authority

PRIMARY ANNOUNCED INSPECTION

Name of Agency:	Glencarn House
Agency ID No:	10763
Date of Inspection:	12 May 2014
Inspector's Name:	Joanne Faulkner
Inspection No:	17889

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	Glencarn House
Address:	388 Antrim Road Glengormley Belfast, BT36 5EJ
Telephone Number:	02890879191
E mail Address:	glencarn@threshold-services.co.uk
Registered Organisation / Registered Provider:	Dr Raman Kapur Threshold (Richmond Fellowship NI Ltd)
Registered Manager:	Mr Darren Alan Black
Person in Charge of the agency at the time of inspection:	Darren Alan Black
Number of service users:	12
Date and type of previous inspection:	Announced Primary Inspection 20 May 2013
Date and time of inspection:	12 May 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	3
Staff	2
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	8	2

From the questionnaires returned it was identified that two staff had received safeguarding vulnerable adults training. During the inspection the staff who met with the inspector stated that they had received training in safeguarding vulnerable adults. All staff who spoke to the inspector stated that the training was appropriate and could describe the process for identifying and reporting safeguarding concerns. The inspector noted that the one staff who returned the questionnaires had not received training in handling service users' finances; staff who met with the inspector stated that the finance policy and procedures had been discussed at the staff meeting and that they received finance awareness training during their initial induction programme.

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. Three requirements and four recommendations have been assessed as being fully met.

Profile of Service

Glencarn House, located on the upper Antrim Road in Belfast is a supported living type domiciliary care agency provided by Threshold Care Services. The service 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, with the aim of each individual moving towards independent living.

The service is developed around the model of a therapeutic community; service users are accepted into the service for an initial period of two years. With support from staff, service users are encouraged to live as independently as possible. The age of service users ranges from 18 to 65 years.

Eight domiciliary care staff, which includes a manager and a deputy manager, provide support to fourteen service users. Service users have a licence agreement for up to two years. After two years the service users will be supported to move on to more independent living accommodation. Helm Housing is the landlord for the property the service users reside in.

At the time of the inspection there were twelve service users' living in Glencarn House.

Detail of Inspection Process:

Summary of Inspection

The announced inspection was undertaken on 12 May 2014 at the registered office located within the service. The inspector was supported throughout the inspection by the Manager, Mr Darren Black.

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

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

Staff Comments:

"I enjoy working in Glencarn"

"Feel supported by the manager and senior staff"

"Service users are very involved in care planning"

"First time, I have seen care planning is not just a paper exercise."

The returned questionnaires indicated the following:

- Staff have received Vulnerable Adult training
- Training was rated as very good
- One staff member had received Human Rights training
- One staff member had 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 trust representatives at the time of inspection identified their involvement in the development of individual care and support plans. The care and support plans examined 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 three service users who described an individualised, person centred 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 that their needs are assessed regularly.

Comments:

- "Feel I can talk to staff"
- "Anxious at times, but staff reassure me"
- "Staff are very good"
- "Staff are approachable"
- "I am very friendly with another service user, we go for walks and to the cinema together, this has helped me "
- "Good support from my Keyworker"
- "Glencarn has helped me gain my confidence back, I hope to move on soon"
- "Not restricted in anyway"

Service User Representatives:

The inspector met with one HSC trust professional responsible for commissioning the care of individual service users; they informed the inspector that they were involved in all discussions relating to the care and support received by the service users and informed of any changes in service users' needs. The representative informed the inspector that the staff in Glencarn endeavour to support service users in a way that encourages independence, thus enabling the service users to live more independently in the future.

Comments of Service User Representatives:

- “Communication is very good with staff”
- “Staff support service users to be as independent as possible.”
- “Care is individualised”

The inspector would like to thank the service users, 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 “Moving towards compliance” 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 examined details clearly 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 HSC commissions 14.5hrs per week for each service user for care services.

The acting 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 contributes for two members of staff to eat the evening meal with the service users; this money is paid directly into the food monies 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.

Requirement 1 is listed in the QIP in respect of this finding.

The agency is not in receipt of benefits or allowances for any of the service users. 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 of all the agency's policies and procedures; the inspector examined records which verified this process. It is recommended that the registered person should ensure that the agency's policies and procedures are reviewed

Recommendation 1 is listed in the QIP in respect of this finding.

The inspector identified that a number of the agency's policies and procedures in place did not record a date when issued, reviewed or revised; the inspector viewed documentation which detailed an ongoing process for reviewing all of the agency's policies and procedures. It is recommended that the registered person should ensure that the agency's policies and procedures are dated when issued, reviewed or updated.

Recommendation 2 is listed in the QIP in respect of this finding.

The agency has in place a list of signatures of staff that are responsible for handling service users monies deal with service users' monies, it was viewed by the inspector and noted that it did not contain all signatures of staff presently employed. The registered person must ensure that a list of staff signatures is maintained and updated as required.

Requirement 1 is listed in the QIP in respect of this finding.

One requirement and two recommendations have been made in relation to this theme and are contained within the Quality Improvement plan.

Theme 2: Responding to the needs of service users

It was the inspector's assessment that the agency is "Not 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 contained 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 opinions were reflected.

Records examined reflect a range of interventions used in the care and support of individual service users. The relevant human rights of service users are explicitly recorded within their care and support plans; it was identified that these are reviewed quarterly or more frequently if required.

All service users have received at least one review with their commissioning HSC Trust representative in the previous year. The manager highlighted a difficulty in receiving copies of the review meeting minutes from the HSC Trust.

Staff stated they received induction training at the commencement of employment covering many topics including human rights; however it was noted that a number of staff required updates to training. Staff informed the inspector that they received fortnightly supervision. It is requirement that registered person must ensure that employees of the agency receive training which is appropriate to the work he is to perform.

Requirement 2 is listed in the QIP in respect of this finding.

It was noted that the service user guide and the statement of purpose did not make reference to restrictive practice. A requirement has been listed within the QIP that requires the registered person to keep under review and, where appropriate, revise the statement of purpose and the service user's guide to include information relating to restrictive practices.

Requirement 3 is listed in the QIP in respect of this finding.

From the documentation examined and discussion with the manager, service users and staff it was identified that there are practices which may be deem restrictive in nature. It was confirmed to the inspector that any such practices were implemented with the agreement of service users; this was verified by the service users with whom the inspector met. The inspector discussed with the manager the need to ensure that appropriate risk assessments are in place for any restrictive practices.

Requirement 4 is listed in the QIP in respect of this finding.

Three requirements have been made and are detailed in the QIP.

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 charges for care received. 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 manager and staff clearly described the amount and type of care provided to individual service users; they described practices which were person centred and individualised to the identified needs of the service users.

From the documentation in place and discussion with a trust representative it was identified that care plans are agreed with the commissioning trust at the review meeting.

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.

The representative from the trust stated that they participate in the review of service users' needs annually or as required.

A copy of the review documentation is retained by the agency and the inspector noted that this documentation is signed by the service user and a trust representative.

The service user agreement clearly outlines the process for the cancellation of services.

Additional Matters Examined

Charging Survey

Prior to the inspection the agency were requested to return a charging survey to RQIA, outlining charging arrangements and any charges incurred by service users in a supported living service. During the inspection the manager informed the inspector that the relevant trust commissions 14.5hrs per week for care for each individual service user; no service users are paying additional charges for care to the agency. Agency staff do not act as appointee or agent for any of the service users. The manager stated that no service user had been assessed as lacking capacity in relation to managing their finances.

Statement of Purpose:

The agency's statement of purpose, reviewed in February 2013 was examined and did not make reference to the nature and range of services provided or detail relating to practices that may be restrictive. **A requirement has been made.**

Annual Review of Service Users' Needs by HSC Trusts:

Records examined 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 fully in the review process. The manager informed the inspector that the agency experiences delay in receiving the minutes of the review meetings.

Complaints

The inspection viewed the agency's complaints book, one compliant had been received. The inspector discussed the compliant with the manager. The inspector was satisfied that the correct procedure had been implemented.

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.

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	6 (1) (b)	The registered person must ensure that the option of not contributing to the communal groceries/meals provision and criteria for a reduction in the contribution (£5 per day) if a service user is absent from the service for one day or more is included in the service user agreement.	<p>The inspector examined two service user agreements which detailed a reduction in the contribution made by the service user for communal food if absent from the service. Service users' who met with the inspector confirmed that this process was in place.</p> <p>This requirement has been assessed as fully met.</p>	Once	Fully met.
2	14 (a) (b) (e)	The registered person must ensure that the agency has developed a working definition of 'restrictive practice' which includes the use of physical restraint in compliance with DHSSPS guidance on restrictive practice.	<p>The inspector read the agency's Restraint and seclusion policy, August 2013 and noted that it contains a definition of 'restrictive practice'.</p> <p>This requirement has been assessed as fully met.</p>	Once	Fully met.
3	15 (12) (b)	The registered person must ensure that RQIA are notified within 24 hours of any vulnerable incident reported to the police.	<p>The inspector viewed the agency's Incident policy, May 2013 which states the process for reporting incidents to RQIA.</p> <p>The manager states that all staff have been informed of importance of adherence to the policy.</p>	Once	Fully met.

			<p>Staff who spoke to the inspector were able to describe the process.</p> <p>This requirement has been assessed as fully met.</p>		
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	2.1	It is recommended that the registered person ensures that service users are provided with information in an accessible format in relation to their human rights.	<p>The inspector read the service user guide which makes reference to human rights. Service users confirmed that they are provided with a copy of the service users' guide.</p> <p>This recommendation has been assessed as fully met.</p>	Once	Fully met.
2	3.3	It is recommended that the registered person ensures that service users' human rights are explicitly outlined on their support plans.	<p>The inspector read two care and support plans and noted that the human rights of service users are explicitly outlined within.</p> <p>This recommendation has been assessed as fully met.</p>	Once	Fully met.
3	8.12	It is recommended that the registered person ensures that an annual report evaluating the quality of services provided is completed by the agency.	<p>The inspector read the agency's annual report which clearly evaluates the quality of services provided.</p> <p>This recommendation has been assessed as fully met.</p>	Once	Fully met.

4	14.7	<p>It is recommended that the registered person ensures that if the Trust's VA case discussion minutes are not received by the agency from the Trust within a reasonable timescale, they are requested, and records kept of the correspondence with the Trust on this matter.</p>	<p>The inspector observed a copy of the VA case discussion minutes and noted that these were secured in the service users care records.</p> <p>This recommendation has been assessed by the inspector as being fully met.</p>	Once	Fully met.
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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	
<p>A service user agreement is given to all service users to sign this outlines service costs. These costs are also stated in the service user guide. Each service user also revcieves an operational policy</p> <p>All charges payable and their method are detailed as above.</p> <p>The service does not charge the service user for any additional care.</p> <p>Costs are shared through the organisation paying a cost for staff food equal to the sevice user contribution (if the service user chooses to opt in to that scheme). A nominal set fee is agreed via the service user agreement. However the bulk of utility fees is paid for by the organisation. Any change to electricity and gas costs are discussed in a service user lead group, and put in writing at least 4 weeks in advance.</p> <p>The service user guide clarifies arrangements for staff on duty in the home</p> <p>When the service supports a service user with financial issues this is noted in the service users support plan which is signed by the service user. Records are kept in clients files and in a service change book which is signed by the service user and a member of the agency staff.</p> <p>The agency has a policy and procedure to support service users to manage their finances properly</p> <p>Any increase in Housing executive cost are notified by letter 4 weeks in advance sent to each service user.</p>	<p>Compliant</p>

Inspection Findings:	
<p>The inspector discussed this theme with the registered manager who stated that no service user is charged for care provided by the agency. The registered manager informed the inspector that the commissioning trust pay the agency for 14.5 hours per week for each service user.</p> <p>The inspector examined the service user guide which clearly outlines the charges made to the service user by the agency and noted that the relevant trust commissions 14.5hrs per week for care for each individual service user and that service users do not pay any additional monies for personal care. The inspector also examined two service user agreements which detailed the charges paid by the service user to the agency and what the charges relate to.</p> <p>The registered manager stated that service users' pay £50 per week to the agency; £35 for food and the remaining £15 for heat and electricity. This money is paid to the agency and each service user has an individual record book. The manager stated that the money for utilities is forwarded to head office weekly. Service users who spoke with the inspector were aware of the charges made; and stated that they could opt out of the communal food contribution. Service users who met with the inspector could describe the process for creating a menu plan; shopping and preparing the food and were able to describe the necessary support they required.</p> <p>The registered manager informed the inspector that the organisation contributed £70 per week for staff to avail of a meal on the evening shift. This is forwarded from head office and recorded in the food monies book; staff who met with the inspector confirmed this but also informed the inspector that they also bring their own food with them. The inspector viewed the food monies book and noted that £70 was included weekly. Service users who met with the inspector were aware that the agency made a contribution towards staff food. The registered manager stated that there is presently no policy in place in relation to staff meals. A requirement has been made within the QIP.</p> <p>The inspector viewed the agency's financial policies in plan, it was noted that these had not been reviewed and did not contain adequate detail of procedures for staff handling monies; the policies did not contain a review date or details of who compiled the policy. The registered manager stated that all policies are presently under review and provided a copy of the review plan. Two recommendations have been made within the QIP.</p>	<p>Moving towards compliance</p>

The agency has in place a list of signatures of staff that are responsible for handling service users' monies, this was viewed by the inspector and it was noted that it did not contain all of the staff signatures. The inspector informed the registered manager that this should be updated regularly and reflective of the staff presently employed in the service.

A requirement has been made within the QIP.

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

Statement 2:

COMPLIANCE LEVEL

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

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

<p>as nominated appointee;</p> <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 input is given throughout the assessment period and Panel meeting. Again through visits to the service user and in biannual care reviews. Agency staff follow the instructions of HSC representatives and service users through noting financial work in the support/care plan.</p> <p>The agency notes all monies paid in, signed by service users and staff.</p> <p>When service users require financial support, benefits payments are noted in support/ care plan signed by the service user. If a service user is unable to sign (at that time) re monies coming to the service two staff do this initially and then seek the service users signature.</p> <p>Before any item or service bought with service users monies a discussion takes place and signed permission is requested.</p> <p>Contingency arrangements are covered by a weekly petty cash cheque. Service users are never denied access to their property. In terms of food shopping, residents use monies available from their food contribution</p> <p>Records and receipts are kept up to date and noted daily in a safe contents book, PC book and food book residents have access to these books.</p>	<p>Compliant</p>

<p>A reconciliation of monies or possessions held by the agency are on service users behalf is carried out daily.</p> <p>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> <p>The agency does not operate bank account for service users. When the office of care and protection assit a service user this function is carried out as above</p> <p>In a service user capability issues are reported immediately</p>	
<p>Inspection Findings:</p>	
<p>The inspector discussed this theme with the registered manager.</p> <p>The registered manager states that the agency do not act as appointee for any of the service users.</p> <p>The registered manager informed the inspector that the agency presently support one service user to budget; the inspector spoke to the service user who confirmed that he had made the choice to accept support of staff with budgeting; he informed the inspector that he withdraws his money from the bank and then decides the amount to place in the safe.</p> <p>The service user informed the inspector that he can access his money at any time and is required to sign for any transactions in his individual ledger. The service user informed the inspector that he gives money to staff on a weekly basis when he receives his benefits; and feels it is a better option for him at present.</p> <p>The inspector viewed the individual ledger record for the service user which records all transactions in or out and the available balance; it was noted by the inspector that the service user signature and staff signature are inserted. The inspector viewed the service users support plan which clearly records what support is required in relation to budgeting monies this was signed by service user.</p> <p>The registered manager informed the inspector that one service user has a trust appointee; the inspector viewed the care and support plan for the service user and noted that a trust care plan was in place and that the service user had signed to agree to the necessary support. The service user is supported to access</p>	<p>Compliant</p>

money from the bank and keeps it in a locked facility within their flat.

The registered manager and staff who met with the inspector stated that monies held on behalf of service users are reconciled daily and require two staff signatures.

The registered manager informed the inspector that none of the service users have been deemed incapable of managing their finances; the manger described to the inspector the process for referral to the trust for a capacity assessment.

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>Staff hold the only key which can access the safe in line with the keys policy</p> <p>Possessions held in the safe are signed in and out in the service users finance book, and recored in the safe contents book</p> <p>Any individulised needs will be notes in the care support plan when needed to safe guard property.</p> <p>service users are aware of the safe and staff procedures to safe guard their monies and have access to all</p>	Compliant

<p>records.</p> <p>Reconciliation is done on a daily basis. restrictions are reflected in hsc trust/ risk assessments and care plans.</p>	
<p>Inspection Findings:</p>	
<p>The manager informed the inspector that all service users' have a lockable facility within their own flats. Service users have keys for this facility and for their flats. This was confirmed to the inspector by the service users. Staff who spoke to the inspector stated that service users' are encouraged to keep their valuables safe and to lock their flats when leaving.</p> <p>The manager informed the inspector that the food monies are kept in the safe; the inspector examined the food record book which details money in/out and available balance; receipts are also kept.</p> <p>The registered manager states that no one currently has restrictions on finances .The inspector spoke to one service user who requires support with budgeting; he informed the inspector that he requested that staff support him with budgeting. The service user informed the inspector that he can access his money at any time and has a book which records all transactions. The service user described the process for accessing money and stated that he signs his recording book when making any transactions. The inspector viewed the individual recording book for the service user which detailed each transaction and was signed by the service user and a staff member.</p> <p>The manager stated that safe contents are reconciled daily, and signed by two staff.</p> <p>The inspector read the agency's finance policy and noted that it did not provide adequate detail for staff in relation to handling service users' monies. The manager provided records which evidenced that the agency were currently in the process of updating all policies.</p> <p>A requirement has been made within the QIP.</p>	<p>Moving towards compliance.</p>

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

Statement 4:

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

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

COMPLIANCE LEVEL

<ul style="list-style-type: none"> • 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; • Ownership details of any vehicles used by the agency to provide transport services are clarified. 	
Provider's Self-Assessment	
<p>The agency does not run a transport scheme</p>	<p>Not applicable</p>
Inspection Findings:	
<p>The registered manager stated that the agency does not provide a transport scheme to the service users'. The inspector discussed the theme with service users and staff; who stated that they are supported to use appropriate public transport. The level of assistance required is agreed with the service user and detailed in the individual care and support plans.</p> <p>The manager informed the inspector that all service users' are supported to apply of appropriate benefits to assist with the cost of public transport.</p> <p>The inspector was informed by the manager that two service users have their own cars and are responsible for the running costs of same.</p> <p>Service users who met with the inspector stated that they are supported to use public transport.</p>	<p>Compliant</p>

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
	Moving towards compliance

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>The agency maintains a clear statement of needs and risk in line with the needs assessment and support planning policy.</p> <p>Trust input CRAs and service user input forms the basis of care review actions and are contained in review reports. Risk assessments are done with referral agents and passed on to care managers</p> <p>outcomes are recorded through care / support plan review sessions with clients and through client questionnaires</p> <p>support /Care plans are reviewed and updated regularly with the service user.</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 examined care records for two service users and noted that information is received from the trust prior to admission; the records examined contained a range of assessments completed by various professionals. The registered manager informed the inspector that pre admission meetings are held to discuss the needs of the service user.</p> <p>The inspector discussed the admission process with the registered manager who stated that all prospective service users are encouraged to visit the service prior to admission; during which they have the opportunity to meet with other service users. The manager informed the inspector that prospective tenants are discussed with the other service users at the weekly meeting. Service users who met with the inspector confirmed that they are consulted in relation to new tenants.</p> <p>The registered manager informed the inspector that prior to admission each service user is assessed by the manager; this is used in conjunction with the assessments received from the commissioning trust to highlight risk and identify the individual needs of the service users.</p> <p>Records examined by the inspector contained copies of assessments completed in conjunction with the hsc trust; care and support plans were individualised, detailed a range of interventions and had been reviewed, updated and signed by the service user and the trust representative. Those records examined outlined the consideration of relevant human rights of service users'. The service users and the trust representative who met with the inspector confirmed that they were involved in the process of regularly reviewing their care and support plans.</p> <p>Staff who met with the inspector stated that they are keyworkers for a number of service users and are responsible for the development and review of the care and support plans. From the records examined by the inspector it was identified that staff record daily the care and support provided to the service users.</p> <p>Service users who met with the inspector could identify their keyworker and informed the inspector that they met on a monthly basis to review care and support plans. The service users informed the inspector that they receive regular contact from their identified trust representative.</p>	<p>Compliant</p>

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>Agency staff receive statutory training including manual handling, fire safety, food hygiene, health and safety, child protection and Adult Safeguarding, Boots provide initial training re medication and the manager completes annual competency checks to evaluate their practice.</p> <p>Manager has attended formal human rights training, Agency staff learn human rights law from on site materials through staff discussion and individual supervision and can identify potential restrictive practices</p> <p>Policies and procedure relating to service user needs incl. out of hours contact, VA, missing person, needs and support planning, restraint and seclusion, quality monitoring, complaints, review procedures.</p> <p>Care practices and changes in need are discussed with HSC staff at reviews and through visits from Hsc staff.</p>	Compliant

<p>re poor practice service users are assisted through the complaints procedure, staff are aware of whistle blowing and the Vulnerable adults procedures.</p>	
<p>Inspection Findings:</p>	
<p>The inspector examined the staff training records in place; from those viewed it was identified that the majority of staff have received training in Human Rights, Safeguarding of vulnerable adults, manual handling 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 inspector highlighted to the manager a few instances of outstanding training; one member of staff required Safeguarding vulnerable adults training, two staff members required updates on management of challenging behaviour. The acting manager informed the inspector that the agency have recently appointed a training manager who will co-ordinate training and was able to provide the inspector with evidence that training needs which were outstanding were being addressed. The manager provided to the inspector dates planned to address this issue. One member of staff with outstanding training needs is presently on sick leave.</p> <p>A requirement has been made within the QIP in relation to these findings.</p> <p>Staff who met with the inspector stated that they had received induction training at the commencement of their employment. Staff also stated that they receive fortnightly supervision, and are encouraged to identify any training needs they have. Staff informed the inspector that they have the necessary skills to carry out the requirements of their role and feel supported by the manager.</p> <p>The agency have in place the following policies Protection of vulnerable adults; Violence and aggression, 2013; 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 were able to describe the impact such practices could have for the service users. Staff stated that any practice deemed as restrictive was discussed at the weekly meeting with all service users or at the review of service user needs.</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 will highlight any changes in service users' needs.</p>	<p>Moving towards compliance</p>

<p>Staff could describe to the inspector the necessary actions in relation to whistleblowing and had knowledge of the agency's policy, reviewed 2013.</p>	
<p>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</p>	
<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. 	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment</p>	
<p>Any restrictive practices are discussed in formal meetings with all relevant parties.</p> <p>the statement of purpose and service user guide is clear about the nature of service provision which includes provisions for restrictions</p> <p>all service users are aware of their right to decline care or choose another provider as in the service agreement.</p> <p>service users all have a copy of their care support plan it is written with them to ensure it is at their needs level (similarly for reviews). External support is listed in our complaints procedure and service user guide.</p>	<p>Compliant</p>

<p>The impact of any potentially restrictive practice is discussed in large group service user lead groups with consent.</p>	
<p>Inspection Findings:</p>	
<p>The inspector read the statement of purpose and the service user guide provided by the agency; the inspector identified that the statement of purpose did not make reference to the nature and range of services provided or detail relating to practices that may be restrictive. A requirement has been made within the QIP.</p> <p>Service users who met with the inspector stated that they can make their own decisions and have the right to refuse services; they informed the inspector that they are provided with a copy of their care and support plan and are supported to understand the detail of same. Service users stated that they sign their support plans if they are in agreement to the detail. The inspector viewed three care and support plans and noted that they had been signed by the service users. Service users confirmed that any practice deemed as restrictive is discussed at the weekly meeting and an agreement made.</p> <p>The inspector discussed with the registered manager the impact of restrictive practices, the manager stated that all potential restrictive practices are discussed with the service users at the weekly community meeting and agreement made. The inspector viewed minutes of the weekly and noted that discussions had taken place in relation to the storage of knives.</p> <p>The registered manager stated that all service users have a key to the main door and to their individual flats. The inspector discussed the storage of medication, services users are supported to self-medicate however the manager stated that some service users require support to take medication, this was reflected in a care and support plan viewed by the inspector.</p>	<p>Not compliant</p>

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 4</p> <p>The registered person ensures that there are robust governance arrangements in place with regard to any restrictive care practices undertaken by agency staff.</p> <ul style="list-style-type: none"> • Care practices which are restrictive are undertaken only when there are clearly identified and documented risks and needs. • Care practices which are restrictive can be justified, are proportionate and are the least restrictive measure to secure the safety or welfare of the service user. • Care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance. • The agency evaluates the impact of restrictive care practices and reports to the relevant parties any significant changes in the service user’s needs. • The agency maintains records of each occasion restraint is used and can demonstrate that this was the only way of securing the welfare of the service user (s) and was used as a last resort. • Restraint records are completed in accordance with DHSSPS (2005) Human Rights Working Group on Restraint and Seclusion: Guidance on Restraint and Seclusion in Health and Personal Social Services. • The agency forwards to RQIA and other relevant agencies notification of each occasion restraint is used • The registered person monitors the implementation of care practices which are restrictive in nature and includes their on-going assessment of these practices within the monthly quality monitoring report 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p> <p>Our Restraint and Seclusion policy clearly includes the processes as listed above and would be included in quality monitoring documentation as well as the records listed above. The agency does not approve restraint or seclusion. Practices that can be seen as restrictive include storage of knives in the staff office, an intruder alarm being activated at night, restrictions on alcohol on the premises. The registered manager ensures these practices</p>	Compliant

<p>are discussed at least annually through questionnaires, the AGM and house rules reviews and are done with the concensus of the service users.</p>	
<p>Inspection Findings:</p>	
<p>The inspector discussed this theme with the acting manager and viewed the agency’s restraint and seclusion policy, 2013. The inspector discussed with the manager the practice of storing sharp knives in the office; the manager provided minutes of a meeting were this had been discussed and agreed by service users residing in the house and the risks which lead to this consideration. The acting manager states that care practices are regularly monitored to ensure that practices which are restrictive are identified. The inspector discussed with the manager the need to ensure that appropriate risk assessments are in place for any restrictive practices. A requirement has been made within the QIP.</p> <p>Staff who met with the inspector were able to describe practices which may be viewed as restrictive and the impact they may have on the service users. Both the acting manager and staff informed the inspector that all service users are provided with a key for the front door and their individual rooms; service users are encouraged to lock their doors. The acting manager stated that service users have a locked box facility in their rooms to enable them to store valuables or self-medicate. A number of service users presently self-medicate; risk assessments are in place and level of support required is recorded in their individual care and support plans.</p> <p>Service users informed the inspector that they are not prevented from leaving the house and verified that they are involved in any decisions made relating to practices which may be deemed as restrictive. Those who spoke to the inspector stated that the presence of the intruder alarm made them “feel safer” in their own due to the proximity of the house to the main road.</p> <p>From the training records examined and discussion with staff the inspector noted that staff have received training in human rights, restraint, and protection of vulnerable adults.</p> <p>The agency has in place the following policies: Policy and Guidelines for Management of Violence and Aggression August, 2013 and Restraint and Seclusion Policy2013. These were read by the inspector. The staff who met with the inspector were aware of policies and procedures and were able to describe some of the detail contained within.</p>	<p>Not compliant</p>

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 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
Statement 1	COMPLIANCE LEVEL
<p>Evidence inspected confirms that service users/representatives have written information and/or had explained to them the amount and type of care provided by the agency</p> <ul style="list-style-type: none"> • Service users/representatives can describe the amount and type of care provided by the agency • Staff have an understanding of the amount and type of care provided to service users • The agency’s policy on assessment and care planning and the statement of purpose/service user guide describe how individual service user agreements are devised. • The agency’s service user agreement is consistent with the care commissioned by the HSC Trust. The agency’s care plan accurately details the amount and type of care provided by the agency in an accessible format. 	
Provider’s Self-Assessment	
<p>service users can describe the amount and type of care they receive as stated in the service agreement.</p> <p>staff can describe this care in terms of type and amount</p> <p>The policy, service user guide and statement of purpose reflect how service agreements are devised. care plans accurately detail the amount and type of care provided.</p>	Compliant
Inspection Findings:	
<p>The inspector examined two individual service user agreements and care and support plans which detailed the amount and type of care provided to the service user by the agency. Service users who met with the inspector could describe the care they received from the agency; they informed the inspector that they were involved in the development of their care and support plans. Service users were aware that the care provided by the agency was funded by the trust.</p> <p>The staff who met with the inspector could describe the amount and type of care provided to individual service users; they described practices which were person centred and individual to the needs of service</p>	Compliant

users. Staff informed the inspector that service users are consulted in relation to all aspects of the care and support they receive; they discussed the importance of respecting the choices and rights of the service users'.

From the documentation reviewed by the inspector and discussion with a trust representative it was noted that the care plans are formulated in conjunction with the service users and their trust representative and are reviewed at least annually. The service user agreement clearly records the type and amount of care hours provided to the individual by the agency.

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
<p>Provider's Self-Assessment</p> <p>service user can demonstrate an understanding of the funded care they receive.</p> <p>we currently have no self funded service uses nor have had any since previous inspection. They would be aware of being able to refuse, cancel care of choose another provider</p> <p>the service agreement notes how many hours of care and at what rate.</p> <p>Service users are aware that accomodation (tennant rights) are completely separate from care provided.</p>	Compliant

<p>Inspection Findings:</p> <p>The inspector examined two service user agreements; these clearly outlined any charges made to the service user. The registered manager informed the inspector that the HSC trust pay for 14.5 hours per week for each service user.</p> <p>Service users do not pay any additional charges for personal care received from the agency. Three service users who met with the inspector confirmed this; they stated that they are informed of all charges and are aware that the trust pay for all care provided.</p> <p>Service users informed the inspector that they pay £35 per week for shopping and £15 for electricity and heating. The manager stated that the money for heating and electricity is forwarded to head office on a weekly basis, the manager stated that the bills are subsidised by the agency.</p>	<p>Compliant</p>
<p>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</p>	
<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. 	<p>COMPLIANCE LEVEL</p>

<p>Provider's Self-Assessment</p>	
<p>care reviews happen at least bi annually in the service.records of reviews will confirm this.</p> <p>the agency has quarterly quality assurance meetings with the Belfast Trust, we are trying to develop a similar arrangement with the Northern Trust</p> <p>reviews can be convened as and when required, service users, staff, and records will confirm this.</p> <p>records will confirm that care plans are updated following reviews signitures from the trust representative and service user are present.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Prior to the inspection the agency were requested to forward to RQIA details of annual reviews carried out by the HSC Trust.</p> <p>The information received and the records examined by the inspector identify all service users have received an annual review involving a trust representative, it was noted that a number of service users have had additional reviews completed. The registered manager informed the inspector that the agency have experienced difficulty in receiving review documentation from the HSC Trust following a review taking place.</p> <p>Service users informed the inspector that they are encouraged to participate in the review process; they feel that their views and opinions are respected and considered. Service users confirmed that they have received at least one annual review with their trust representative and informed the inspector that they have regular visits from their trust keyworker.</p> <p>The trust representative who met with the inspector stated that he participated in the review of service users' needs six monthly or as required.</p> <p>The inspector reviewed the care and support plans of two service users and identified that these were reviewed annually or as required. Staff who spoke to the inspector stated that care and support plans are reviewed and updated regularly or if any change in the service users' needs occurs.</p>	<p>Compliant</p>

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

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with **Mr Darren Black**, as part of the inspection process.

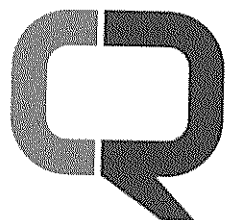
The timescales for completion commence from the date of inspection.

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

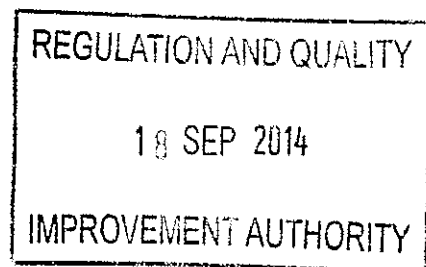
Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of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



The Regulation and
Quality Improvement
Authority



Quality Improvement Plan

Announced Primary Inspection

Glencarn House

12 May 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 Mr Darren Black either during or after the inspection visit.

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

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

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

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

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.	15.(9)	<p>The registered person is required to develop robust policies and procedures in relation to arrangements for staff to access food and drinks while on duty in a service user's home.</p> <p>The registered person is required to ensure that all staff have received training in the implementation of the policies and procedures outlined above.</p> <p>The registered person must ensure that a list of signatures of staff responsible for handling service users' monies is maintained and updated as required.</p>	Once	<p><i>The Area Manager will develop robust policies and procedures in relation to the arrangements for the provision of services enabling staff access to food etc while on duty. By 12/10/14</i></p> <p><i>The Area Manager will meet with Threshold Training Department to ensure staff are trained in the implementation of these policies. A list of staff signatures holding responsibility for monies will be introduced and update will immediately affect.</i></p>	Five months from the date of inspection, 12 October 2014.
2.	16.(2)(a)	<p>The registered person must ensure that each employee of the agency receives training and appraisal which are appropriate to the work he is to perform.</p> <p>This relates to ensuring that all staff training is kept updated.</p>	Once	<p><i>Threshold Training Dept does currently hold updated records however we will ensure "House" Records are updated to match the Training Dept by 12th Oct 2014</i></p>	Five months from the date of inspection, 12 October 2014.

3.	7. (a)(b)	<p>The registered person shall keep under review and, where appropriate, revise the statement of purpose and the service user's guide to include information relating to restrictive practices.</p> <p>A copy of the reviewed statement of purpose should be forwarded to RQIA by 12 October 2014.</p>	Once	<p><i>The statement of purpose will be reviewed to include information relating to restrictive practices by 12th Oct 2014.</i></p> <p><i>This revised statement will be forwarded to RQIA by 12th Oct 2014.</i></p>	Five months from the date of inspection, 12 October 2014.
4.	14.(e)	<p>The registered person must ensure that agency is conducted and prescribed services are arranged in a manner that respects the privacy, dignity and the wishes of services users.</p> <p>This relates to ensuring that the agency has in place risk assessments relating to any practice deemed as restrictive.</p>	Once	<p><i>The agency will ensure that risk assessments are followed through. There are risk assessment currently in place relating to any practice deemed Restrictive.</i></p>	Five months from the date of inspection, 12 October 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 9.5	It is recommended that the registered person should ensure that the agency's finance policy is reviewed and updated.	Once	<i>The agency's finance policy will be reviewed and updated by 12/10/14</i>	Five months from the date of inspection, 12 October 2014.
2.	Standard 9.4	It is recommended that the registered person should ensure that the agency's policies and procedures are dated when issued, reviewed or revised.	Once	<i>The agency's policies and procedures will be updated with dates of issue and date of review/revisions by 12/10/14</i>	Five months from the date of inspection, 12 October 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	Maria Mc Goldrick
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	DR RAMAN KAPUR (C.R.O)

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	J. Paul	24/09/14.
Further information requested from provider			