



The Regulation and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Agency:	Clearwater House
Agency ID No:	10764
Date of Inspection:	7 May 2014
Inspector's Name:	Joanne Faulkner
Inspection No:	17888

**The Regulation And Quality Improvement Authority
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General Information

Name of agency:	Clearwater House
Address:	3 - 5 Brookhill Avenue Belfast BT14 6BS
Telephone Number:	02890872233
E mail Address:	clearwater@threshold-services.co.uk
Registered Organisation / Registered Provider:	Dr Raman Kapur Threshold (Richmond Fellowship NI Ltd)
Registered Manager:	Ms Mary Ann Champion
Person in Charge of the agency at the time of inspection:	Mr John Calvert (Acting Manager)
Number of service users:	10
Date and type of previous inspection:	28 May 2013 Announced Primary Inspection
Date and time of inspection:	7 May 2014 9:30-17:00
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	8
Relatives	0
Other Professionals	4

Prior to the inspection, questionnaires were provided to eight staff to find out their views regarding the service; three questionnaires were returned to RQIA.

Issued To	Number issued	Number returned
Staff	8	3

The questionnaires returned identified that three staff had received safeguarding vulnerable adults training. The inspector noted a comment from the returned questionnaires that one person had stated that this training was irrelevant. During the discussion with staff the inspector discussed this comment; 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 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. One requirement and four 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

Clearwater House is located on Brookhill Avenue in the north of the city of Belfast and is a supported living domiciliary care service provided by Threshold. The service provides personal, domestic, social and financial support to service users with mental ill-health issues.

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.

The agency is registered to provide domiciliary care and employs eight staff. There are presently 10 service users in the service. Oaklee is the landlord for the property the service users reside in.

Detail of Inspection Process:

Summary of Inspection

The announced inspection was undertaken on 7 May 2014 at the registered office located within the service. The inspector was supported throughout the inspection by the Acting Manager, John Calvert.

During the inspection the inspector had the opportunity to meet with four service users, four HSC Trust representatives and eight 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 3 staff members forwarded to RQIA completed questionnaires in relation to the quality of service provision; the inspector also spoke to eight members of staff on duty during the inspection and has added their comments to this report.

Staff Comments:

"Training is good"

"Feel supported by the manager and senior staff"

"Promote independence of service users; encourage them to go to things in the community"

The returned questionnaires indicated the following:

- Staff have received Vulnerable Adult training
- Training was rated as excellent
- Staff have received Human Rights training
- Staff have not 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. 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 four 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:

- "Hard to settle at the start, but staff helped me settle in"
- "Enjoy the company; we go out to laser quest and the cinema"
- "I know who my keyworker is; I can report any issues to her"
- "Staff helps you"
- "I like living with others"
- "Clearwater staff have helped me become more independent, I am hoping to move to a new flat soon with less help"

Service User Representatives:

The inspector met with four HSC trust professionals 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. One representative informed the inspector that the staff in Clearwater 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 good; staff keep us informed of any changes"
- "Clearwater is a good resource to the trust"
- "Staff are very knowledgeable, and have a good understanding of the service users' needs"

The inspector would like to thank the service users, acting manager, staff, and trust representatives for their support and cooperation 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 Trust pays 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 a member 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.

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 acting 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. A recommendation has been made within the QIP.

One requirement 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 updated and reviewed accordingly.

Theme 2: Responding to the needs of service users

It was the inspector's assessment that the agency is "Moving towards compliance" 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 opinions were reflected.

Records examined reflect a range of interventions used in the care and support of individual service users. Relevant human rights of service users is 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.

Staff stated they received two weeks' induction training at the commencement of employment covering many topics including human rights; however it was noted that a number of staff have not received training in handling service users monies. Staff informed the inspector that they receive quarterly supervision.

From the documentation examined 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 contains detail relating to restrictive practice; however it was noted by the inspector that no reference was made to practices that may be restrictive within the statement of purpose. A requirement has been made within the QIP.

One requirement has been made requiring the registered person to review the statement of purpose to ensure information relating to restrictive practices is included .

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 acting 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 trust representatives it was identified that care plans are agreed with the commissioning trust and are reviewed six monthly 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.

Representatives from the trust stated that they participate in the review of service users' needs six monthly 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 details 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 procedures in place and any charges incurred by service users in a supported living service. The agency did not return the charging survey prior to the inspection. During the inspection the acting 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 care to the agency. Agency staff do not act as appointee or agent for any of the service users. The agency have since returned the charging survey.

Statement of Purpose:

The agency's statement of purpose was examined and reflected the nature and range of services provided by the agency at the time of inspection; this was reviewed in June 2014.

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 of their needs.

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 (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 examined the Restraint and seclusion policy, August 2013; and noted that a definition of restrictive practice is included; the documentation also describes the procedure relating to the use of restraint.</p> <p>This requirement has been assessed as fully met.</p>	One	Fully met

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	2.2	It is recommended that the registered person requests that Oaklee housing amend their license agreement so that refusal of care services is not grounds for the landlord terminating the license agreement.	The inspector examined the amended licence agreement and is satisfied that this recommendation has been fully met.	One	Fully met
2	2.1	It is recommended that the registered person ensures that service users receive information specifically relating to their human rights in an accessible format.	<p>The inspector viewed the care records of one service user. Records describe that information on human rights was provided to the service user in an accessible format; service user has signed documentation that information was received.</p> <p>This recommendation is assessed as being fully met</p>	One	Fully met
3	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 a number of care and support plans and noted that human rights are explicitly outlined.</p> <p>The inspector has assessed that this recommendation has been fully met.</p>	One	Fully met

4	14.10	It is recommended that the registered person ensures that training on the protection of children for staff is updated at least every two years.	<p>The inspector examined the staff training records and observed that all staff have received child protection training.</p> <p>This recommendation is assessed as being fully met</p>	One	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.

<p>Provider's Self-Assessment</p>	
<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 receives an operational policy document .</p> <p>All charges payable and their method are detailed as above.</p> <p>This is currently not applicable to the service.</p> <p>Costs are shared through the organisation paying a cost for staff food equal to the service 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.</p> <p>In terms of quantification see above</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 noted by letter 4 weeks in advance sent to that service user personally by the agencies finance department. Any service charge increase would also be noted by letter to the service user with notification of the subsequent service agreement change to be changed</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The inspector discussed the theme with the acting manager; who stated that none of the service users are charged for 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 care. The commissioning trust pays the agency 14.5hrs per week for each</p>	<p>Moving towards compliance</p>

individual service user; this was confirmed by the trust representatives who met with the inspector. This amount is the rate the trust has agreed to pay for each service user irrespective of their needs.

From the records examined service users' have in place a signed service users' agreement which clearly details all services provided and any related charges.

Service users are charged £50 per week to cover food and heating and electricity; £35 per week is for food and this is an opt in/out service –the decision is clearly recorded in the individual care and support plan. The inspector spoke to one service user who stated that he prepared his own meals and did not contribute to the agency for food; he informed the inspector that the agency have provided him with facilities to safely store and prepare his food.

Service users informed the inspector that they are given the necessary support by staff, to participate in preparing and cooking of the food on a rota basis and make out a shopping list collectively each week. Some of the service users described the support they require to cook the meal and also to shop.

The acting manager informed the inspector that each service user pays £15 per week for heating and electricity, and the remainder of the bill is paid by the agency. The manager stated that cost are much higher due to the nature and age of the building.

The acting manager informed the inspector that staff on the evening shift have the option of eating the evening meal with the service users. The agency make a contribution of £35 per week for this meal; staff who met with the inspector confirmed this. However, many of the staff stated that they prefer to provided their own food. Service users who met with the inspector were aware that the agency made a contribution towards staff food. The acting manager stated that there is presently no policy in place in relation to staff meals. A recommendation has been made.

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 acting 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:

COMPLIANCE LEVEL

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

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

<ul style="list-style-type: none"> • If a member of staff acts as an agent, a record is kept of the name of the member of staff, the date they acted in this capacity and the service user on whose behalf they act as agent; • If the agency operates a bank account on behalf of a service user, written authorisation from the service user/their representative/The Office of Care and Protection is in place to open and operate the bank account, • Where there is evidence of a service user becoming incapable of managing their finances and property, the registered person reports the matter in writing to the local or referring Trust, without delay; <p>If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the agency on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user's agreement.</p>	
<p>Provider's Self-Assessment</p>	
<p>Hsc input is given throughout the assessment period and Panel meeting. Again through visits to the service user and in bi annual 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 check. 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 acting manager.</p> <p>The acting manager states that the agency to not act as agent or 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. The trust act as appointee for one service user. This is clearly recorded in his care and support plan; the service user is supported by the staff to access his money from his bank account.</p> <p>Service users pay the agency the weekly agreed amount for utilities and food; this is recorded in the ledger and all transactions are signed by the service user and two staff members. Money for food is kept 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 acting manager could describe to the inspector the process for referral to trust for capacity assessment.</p>	<p>Compliant</p>

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<p>Statement 3:</p> <p>Where a safe place is provided within the agency premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained:</p> <ul style="list-style-type: none"> • Where the agency provides an appropriate place for the storage of money and valuables deposited for safekeeping, robust controls exist around the persons who have access to the safe place; • Where money or valuables are deposited by service users with the agency for safekeeping and returned, a record is signed and dated by the service user/their representative, and the member of staff receiving or returning the possessions; • Where a service user has assessed needs in respect of the safety and security of their property, there are individualised arrangements in place to safeguard the service user's property; • Service users are aware of the arrangements for the safe storage of these items and have access to their individual financial records; • Where service users experience restrictions in access to their money or valuables, this is reflected in the service user's HSC trust needs/risk assessment and care plan; <p>A reconciliation of the money and valuables held for safekeeping by the agency is carried out at regular intervals, but least quarterly. Errors or deficits are handled in accordance with the agency's SVA procedures.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p> <p>staff hold the only key which can access the safe in line with the keys policy</p> <p>Pocessions 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 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 also have keys for their rooms. Staff state that service users are encouraged to keep their valuables safe.</p> <p>The inspector read the Residents Monies Valuables Policy, 2009, in place. It was noted by the inspector that the policy had not been reviewed and did not clearly record that it was in relation to the agency. The acting manager stated that the agency is currently reviewing all policies. A recommendation has been made.</p> <p>Staff informed the inspector that the safe contents are reconciled daily by two members of staff and could describe the necessary steps if a discrepancy was identified. The senior member of staff on duty holds the key for the safe. The acting manager states that spot checks are carried out by himself and a senior on duty; this was verified by the inspector from the records examined during the inspection.</p> <p>Money for food is kept in the safe, the inspector viewed the ledger in place which denotes monies in/out and available balance; receipts are available and are numbered. Service users informed the inspector that they can access this money at all times.</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. 	
<p>Provider's Self-Assessment</p>	
<p>the agency does not run a transport scheme</p>	<p>Not applicable</p>
<p>Inspection Findings:</p>	
<p>The acting manager stated 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 a number of care and support plans and identified 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 acting manager stated that service users are supported to apply for relevant benefits.</p> <p>The inspector was informed by the acting manager that service users who need attend essential appointments and have insufficient funds for transport would be able to access monies from petty cash; however these monies are recoverable from the service user.</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	
Statement 1:	COMPLIANCE LEVEL
<p>The agency responds appropriately to the assessed needs of service users</p> <ul style="list-style-type: none"> • The agency maintains a clear statement of the service users’ current needs and risks. • Needs and risk assessments reflect the input of the HSC Trust and contain the views of service users and their representatives. • Agency staff record on a regular basis their outcome of the service provided to the individual • Service users’ care plans reflect a range of interventions to be used in relation to the assessed needs of service users • Service users’ care plans have been prepared in conjunction with the service user and their HSC Trust representative(s) and reflect appropriate consideration of human rights. 	
Provider’s Self-Assessment	
<p>The agency 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 a number of service users individual care records and identified that prior to</p>	Compliant

admission the agency receive comprehensive multi-disciplinary assessments from the HSC Trust; the records examined also show consultation with hospital staff, consultants and in most instances a pre discharge, multidisciplinary case discussion has taken place prior to admission to Clearwater House

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 few occasions prior to admission, during which they have the opportunity to meet those presently residing in the service. The manager also informed the inspector that any prospective tenants are discussed with those presently residing in the service at the weekly meeting and that their views are considered. A panel meeting also takes place to discuss the suitability of any new tenants. The inspector read minutes of a panel meeting and the 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 four service users and each service user has in place 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 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.

Four care and support plans were read by the inspector and it was identified that they were written in an individualised format and were person centred; 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 indicated that reviews had taken place on a monthly basis or more frequently if 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>Agency staff receive statutory training event incl. manual handling, fire safety, food hygiene, health safety, child protection and VA training also, boots training re medication and annual competency checks to evaluate their practice.</p> <p>manager has attended formal human rights training, Agency staff learn human rights law from on sight 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 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 acting manager informed the inspector that the agency have recently appointed a training manager.</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 three - monthly supervision, and are encouraged to identify any training needs they may have either at supervision or when the need is identified. Staff informed the inspector that they have the necessary skills to carry out the requirements of their role and feel supported by the acting manager.</p> <p>The agency have 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 will highlight 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> <p>The inspector highlighted to the manager that one staff member required updated competency training in relation to medication; the manager was able to provide documentation to confirm that this training need had been identified and would be completed in June 2014.</p>	<p>Compliant</p>

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 3:</p> <p>The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency</p> <ul style="list-style-type: none"> • Service users and their relatives and potential referral agents are advised of any care practices that are restrictive or impact on the service users’ control, choice and independence in their own home. • The agency’s Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions • Service users are advised of their right to decline aspects of their care provision. Service users who lack capacity to consent to care practices have this documented within their care records. • Service users are provided with a copy of their care plan (in a format that is appropriate to their needs and level of understanding) and receive information in relation to potential sources of (external) support to discuss their needs and care plan. • The impact of restrictive practices on those service users who do not require any such restrictions. 	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>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>The impact of any potentially restrictive practice is discussed in large group service user lead groups with consent.</p>	Compliant

Inspection Findings:	
<p>The inspector read the statement of purpose and the service users' guide provided by the agency. The statement of purpose details the nature and range of services provided. The service user guide contains detail relating to restrictive practice; however it was noted by the inspector that no reference was made to practices that may be restrictive within the statement of purpose. A requirement has been made.</p> <p>Service users who met with the inspector stated that they can make their own decisions and have the right to refuse services which they do not want; they informed the inspector that they are provided with a copy of their care and support plans and staff support them in understanding the detail of same. Service users stated that if they sign their support plans id they are in agreement to the detail.</p> <p>The acting manager informed the inspector that there are no restrictive practices in place. The inspector examined two care and support plans and from those examined could not identify any practices that could be deemed restrictive in nature.</p>	<p>Moving towards compliance</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>There are no current restririctive practices, nor have there been since last inspection. however in the event of these practices being risk assessed as nessecary. Our policy clearly includes the porcesses as listed above and would be included in quality monitoring documentation as well as the records listed above.</p>	Compliant

<p>Inspection Findings:</p>	
<p>The inspector discussed this theme with the acting manager who stated that there are presently no restrictive practices in place within the service. The acting manager states that care practices are regularly monitored to ensure that practices which are restrictive are identified.</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 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>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 have 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>Complaint</p>

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

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Moving towards compliance

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 reflects how service agreements are devised. care plans accurately detail the amount and type of care provided.</p>	Compliant
Inspection Findings:	
<p>The inspector examined a number of individual service user agreements and care plans which record the amount and type of care provided to the service user by the agency staff. Service users who met with the inspector described the care received by the agency and informed the inspector that they were involved in the development of their individual care and support plans. Service users were aware that the trust funded the care provided to them by the agency.</p> <p>Staff who met with the inspector could clearly describe 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. Staff who spoke to the inspector demonstrated their awareness of the need to ensure</p>	Compliant

that service users were consulted in relation to all aspects of their care and support. Staff also discussed with the inspector the importance of choice and human rights.

From the documentation in place and discussion with trust representatives it was 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.

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
Statement 2	COMPLIANCE LEVEL
<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. 	
<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 four service user agreements; these clearly outlined any charges made to the service user by the agency. The documentation records the amount of care funded by the commissioning trust and the support funded by the NIHE supporting people scheme.</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 the care provided by the agency was funded by trust. Service users stated that they pay £15 per week for electricity and heating; the remainder of the bill is paid by the agency. The acting 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 service users informed the inspector that they make a contribution of £35 per week towards food and stated they have the option to opt in or out of this arrangement. The inspector met with one service user who presently opts out of this service and prepares their food independently; the agency has provided a separate facility for the storage of this service users' food. All service users stated they have full access to the kitchen at all times; during the inspection the inspector observed service users being supported to prepare food or to make food independently.

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. 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 inspector examined a ledger in place for the food monies and noted that it records all transactions in or out and the available balance; 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 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	
Statement 3	COMPLIANCE LEVEL
<p>Evidence inspected confirms that service users’ service agreements, care plans are reviewed at least annually confirming that service users/representatives are in agreement with the care provided and the payment of any fees.</p> <ul style="list-style-type: none"> • Service users/representatives confirm that their service agreement, care plans are reviewed at least annually by the commissioning HSC Trust, and confirm that they are in agreement with the care provided and the payment of any fees. • Records and discussion with staff confirm that the agency contributes to the HSC Trust annual review. • Records and discussion with staff confirm that reviews can be convened as and when required, dependent upon the service user’s needs and preferences. • Records confirm that service users’ service agreements, care plans are updated following reviews. Authorisation from the HSC Trust and consent from the service user/representative is documented in relation to any changes to the care plan or change to the fees paid by the service user. 	
/Provider’s Self-Assessment	
<p>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 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>	Compliant
Inspection Findings:	
<p>Prior to the inspection the agency were requested to forward to RQIA details of service users annual reviews.</p>	Compliant

The information received and the records examined by the inspector identify that all service users have received an annual review involving the commissioning trust. The inspector examined two individual service user care and support plans and service user agreements, and noted that each service user had received a review 6-8 weeks following admission to the service and subsequent six monthly reviews. Documents reflected that all service users have had a yearly review completed which involved input from the trust; a number of service users have received six monthly reviews.

Service users informed the inspector that they are encouraged to participate in the review process and given opportunity to contribute their views and opinions; they stated that a formal review occurs at least yearly involving their trust representative; however many stated they had two per year. 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 this documentation is signed by the service user and a trust representative. The inspector noted that care and support plans are reviewed on a monthly basis by the service user and their allocated keyworker within the service or more frequently if required.

The inspector spoke with three representatives from the trust who each stated that they participated in the review of service users' needs six monthly or as required.

The inspector noted from the documents examined that the agency have 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

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr John Calvert, acting 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.

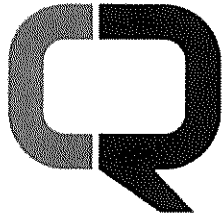
Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of 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 1 July 2014



The Regulation and
Quality Improvement
Authority

**Quality Improvement Plan
Announced Primary Inspection
Clearwater House
6 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 John Calvert, Acting Manager, 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)	The registered person must develop policies and procedures in relation to arrangements for staff accessing food and drink whilst on duty in a service user's home.	Once	The registered person will develop policies or procedures in relation to arrangements for staff accessing food or drink on duty in a service users home by date specified.	Four months from the date of inspection, 6 September 2014.
2	7. (a)(b)	The registered person shall keep under review and, where appropriate, revise the statement of purpose to including information relating to restrictive practices. A copy of the reviewed statement of purpose should be forward to RQIA.	Once	Review or revision of the statement of purpose will include information relating to restrictive practices or forwarded to the RQIA by date specified	Four months from the date of inspection, 6 September 2014.

* This policy is currently under review or will be complete by the 6th 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 9.1; 9.4; 9.5	It is recommended that the registered person should ensure that policies are reviewed and are dated when issued, reviewed or revised. This is in relation to the Agency's finance policy.	Once	<p>In relation to the Agency's finance policy, the registered person will ensure policies are reviewed and dated when issued or revised.</p> <p>The current policy is under review and will be complete by 6th October 2014</p>	Four months from the date of inspection, 6 September 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: Raman Kapur

NAME: DR RAMAN KAPUR
 Registered Provider

DATE 3/9/14

SIGNED: Ann Chamaon

NAME: ANN CHAMAON
 Registered Manager

DATE 2/9/14

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	BRUCEA	17/9/14
Further information requested from provider			