



The Regulation and
Quality Improvement
Authority

PRIMARY ANNOUNCED CARE INSPECTION

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| Name of Agency: | Mencap |
| Agency ID No: | 10773 |
| Date of Inspection: | 10 July 2014 |
| Inspector's Name: | Joanne Faulkner |
| Inspection No: | 18307 |

The Regulation And Quality Improvement Authority
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General Information

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| Name of Agency: | MENCAP |
| Address: | 67 - 69 Princetown Road Bangor BT20 3TD |
| Telephone Number: | 02891273190 |
| E mail Address: | sinead.murphy@mencap.org.uk |
| Registered Organisation / Registered Provider: | Mr Barry Joseph McMenamin MENCAP, Eastern Area Office |
| Registered Manager: | Mrs Sinead Murphy |
| Person in Charge of the Agency at the Time of Inspection: | Sinead Murphy Gerard McBride –Team manager |
| Number of Service Users: | 14 |
| Date and Type of Previous Inspection: | 24 October, 2013 Announced Primary Inspection |
| Date and Time of Inspection: | 10 July 2014 09:30 - 16:00 |
| 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 | 3 |
| Staff | 4 |
| Relatives | 0 |
| Other Professionals | 0 |

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

| Issued To | Number issued | Number returned |
|-----------|---------------|-----------------|
| Staff | 18 | 6 |

Inspection Focus

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

The following three quality themes were assessed at this inspection:

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

Review of Action Plans/Progress to Address Outcomes from the Previous Inspection

The inspector reviewed the Quality Improvement Plan issued following the previous inspection. Two requirements and one recommendation have been assessed as being fully met, one requirement has been assessed as being partially met and will be restated within the QIP.

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

Mencap, Bangor is a supported living type domiciliary care agency located in the Princetown Road area of the town. The agency can provide care and support to a maximum of 15 tenants with a learning disability. The development was built in 2008. There are presently 14 service users residing in the service. The majority of the current service users previously lived in the residential care home which occupied the site prior to the re-development. Service users' live in either single or double self-contained apartments.

Service users are provided with support to maintain their tenancy, to develop independent living skills and to be involved in the local community. Specific services can include assistance with personal care, medication, budgeting, shopping, cleaning, laundry and social activities, dependent upon service users' needs, interests and wishes.

Summary of Inspection

The announced inspection was undertaken on 10 July 2014 at the registered office located within the service. The inspector was supported throughout the inspection by the Team Manager, Gerard Mc Bride. The registered manager, Sinead Murphy was present for a period of the inspection.

During the inspection the inspector had the opportunity to meet with three service users and two staff.

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

Staff Comments:

"Assist service users to be as independent as possible"

"Team manager has done a great job"

"Enjoy working here"

"Staff morale is very high, very close team"

The six returned questionnaires indicated the following:

- Staff have received Vulnerable Adult training
- Training was rated as excellent or very good
- Staff have received Human Rights training
- Service users have in place individual service agreements
- Staff are aware of whistleblowing policy and its significance
- Staff have received training on the supported living model

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. Information on the returned questionnaires indicated that staff had not received training on restraint, this was discussed with the team manager and staff during the inspection; they confirmed that restraint is not used in the agency and that it is covered in the training on management of challenging behaviours.

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 stated that they are encouraged to be as independent as possible. They informed the inspector that they receive regular visits from their trust representative and that their needs are assessed regularly.

Comments:

- "I have lived here for a long time"
- "Enjoy the company; I am going on holiday"
- "I can come and go as I please, I have my own key"
- "I work in McDonalds on Monday and Wednesday, I get paid for working"
- "I'm okay here"
- "I can spent my money on whatever I want"
- "I have a girlfriend"
- "It my birthday today and we are all having a party tonight"
- "If I am not happy with my support plan I can change it"
- "My social worker comes to do a review, to see how I am getting on"
- "Staff are very good, you can talk to them , they help me set my iPad up"

The inspector would like to thank the service users, registered manager, team manager and staff 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

- Financial / Budget support plan
- Care and support agreement
- Financial information within the tenants 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 relevant HSC Trust pays a fixed amount for care per week to the agency for each service user.

The team manager informed the inspector that service users pay an equal share of the utility bills; a percentage of the costs are paid by the agency for the space that they occupy. The landlord is pursuing an arrangement to enable service users to pay only for the utilities used.

A requirement stated in the QIP issued following the previous inspection has been assessed as being partially met and will be restated within the Quality improvement plan.

Service users are supported to purchase their own food and prepare it in their individual apartments. Staff members provide their own food whilst on duty; the agency has in place a policy for staff meals, this was viewed by the inspector.

The agency is not in receipt of benefits or allowances for any of the service users. The agency has a locked safe facility within a store cupboard; this is managed in accordance with the agency's finance policy.

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

Service users are provided with the support required to manage their finances, all service users have a bank account.

The agency provides a transport service, which service users have the choice to opt in to; those service users who choose to opt out are supported to avail of public transport as required. The agency has in place a Transport policy; service users who opt into the service have a transport agreement. Service users are charged a fixed amount each month and pay for each trip.

The inspector viewed the agency's financial policies in place.

One requirement from the previous Quality improvement plan has been assessed as being partially met and has been restated.

Theme 2: Responding to the needs of service users

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

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

The records examined by the inspector had in place comprehensive, individualised care and support plans; service users who met with the inspector stated that they are involved in developing these and that their choices and opinions were reflected. Staff also record a daily learning log for each service user; these record details of the care and support provided.

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

Thirteen service users have received at least one review with their commissioning HSC Trust representative in the previous year, one review was outstanding at time of inspection, however had been scheduled.

Staff stated they had received induction training at the commencement of employment covering many topics including human rights, safeguarding vulnerable adults and care planning. Staff informed the inspector that they receive monthly supervision and six monthly appraisal.

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 tenant's user guide and the agency's statement of purpose contain detail relating to restrictive practice.

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

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

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

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

Service users could describe the amount and type of care provided by the agency and were aware of charges for services received. Service users described a varied range of individualised activities that they participate in; with the support of the agency's staff. 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 team 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 service users it was identified that care plans are agreed with the commissioning trust and are reviewed annually at the review meeting or more frequently if required.

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

A copy of the review documentation is retained by the agency.

The service user agreement details the process for the cancellation of services; service users who spoke to the inspector were aware of their right to choose the services they required.

Additional Matters Examined

Charging Survey

Prior to the inspection the agency were requested to return a charging survey to RQIA, outlining the agency's charging arrangements in place and any charges incurred by service users in a supported living service. During the inspection the team manager informed the inspector that the commissioning trust pays a fixed amount 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. All service users have capacity to manage their finances with the agreed support.

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 on 26 June 2014.

Annual Review of Service Users' Needs by HSC Trusts:

Records viewed by the inspector identified that 13 of the 14 services users have received an annual review involving the commissioning HSC Trust; the inspector was informed by the team manager that the one outstanding review was planned to take place in the next month. Service users informed the inspector that they are encouraged to participate fully in the review of their needs.

Monthly Quality monitoring

The agency has in place records of Monthly Quality monitoring; these were available for the inspector to view. The inspector identified that the views of service users, their representatives and relevant professionals had been recorded. It was noted by the inspector that the monthly monitoring of the agency had been completed by the registered manager; this conflicts with guidance provided by RQIA which recommends that the monitoring visit should be completed by someone who is not the manager.

A requirement has been made in relation to this issue and is contained within the QIP.

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 (e) | The registered person must ensure that arrangements for archiving records do not infringe upon the service users' right to privacy. Access to the agency's records must not be via the service users' apartment. | <p>Agency records have been relocated to an area which is used solely by the agency and is not accessed via a service user's apartment.</p> <p>This requirement has been assessed as being fully met.</p> | Once | Fully met |
| 2 | 6 (b) | The registered person must ensure that service users are billed according to their individual usage of gas and electric. | <p>The inspector viewed documentation which details that the landlord is presently pursuing an arrangement to enable service users to be billed individually for their utilities.</p> <p>The inspector noted the service users are presently paying an equal share of the utility bills.</p> <p>This requirement has been assessed as being partially met and will be restated.</p> | Once | <p>Partially met.</p> <p>This requirement will be restated.</p> |
| 3 | 14 (a) (b) (e) | The registered person must ensure that its policy on restrictive practice includes the full range of restrictive practices and is compliant with the DHSSPS guidance in relation to restrictive practices. | <p>The inspector viewed Appendix 1 of the agency's restrictive practice policy and noted that various types of restrictive practice are detailed.</p> <p>This requirement has been assessed as being fully met.</p> | Once | Fully met. |

| No. | Minimum Standard Ref. | Recommendations | Action Taken - As Confirmed During This Inspection | Number of Times Stated | Inspector's Validation Of Compliance |
|-----|-----------------------|--|--|------------------------|--------------------------------------|
| 1 | 1.1 | It is recommended that the registered person ensures that service users' human rights are explicitly outlined on their support plan. | <p>The inspector read two care and support plans in place and noted that relevant human rights are explicitly outlined.</p> <p>The inspector has assessed that this recommendation has been fully met.</p> | Once | Fully met. |

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

Statement 1:

COMPLIANCE LEVEL

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

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

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| <p>Provider's Self-Assessment</p> | |
| <p>All tenants have a tenants guide which is an individual written agreement detailing the amount of support and care provided by Mencap and the cost of this and method of payment for all charges to the tenant. Currently none of our tenants in Princetown Road pay for additional personal care services. The tenants guide also details the pooled money costs that tenants can choose to be part of and what they are for. It also provides tenants with information on who pays for the office costs and the staff sleepover room. The tenants guide also states that the tenant pays Mencap a service charge for the maintenance and upkeep of the communal areas of the building. The guide states the arrangements for staff meals while they are working in the tenants home. There is a section on supporting the tenant with their money with details of the arrangements and records to be kept. There is also a section on supporting the tenant to manage their property There is a statement in the tenants guide that details the requirement to give 4 weeks notice of any increase in the charges payable tby the tenant.</p> <p>Each tenants home and the snug/communal areas is personalised to their taste and does not look like a workplace for our staff .</p> | <p>Compliant</p> |
| <p>Inspection Findings:</p> | |
| <p>The inspector discussed the theme with the team manager, who stated that none of the service users are charged for personal care provided by the agency.</p> <p>The inspector viewed a number of service user agreements and observed that the service users are not paying additional charges for care. The commissioning trust pays the agency an agreed amount per week for each individual service user; service users who spoke to the inspector were aware that the agency receives payment from the trust for personal care provided.</p> <p>From the records examined service users have in place a signed service users' agreement which details services provided and any related charges.</p> <p>Staff stated that service users are supported to prepare their own food in their individual apartments, the support required is detailed in the service users' individual care and support plans. The inspector read two care and support plans and daily learning logs; it was noted that these describe in detail the support required by each service user. Service users informed the inspector that they are supported individually to shop and purchase their own food and to prepare food in their own apartment.</p> | <p>Moving towards compliance</p> |

The staff who met with the inspector stated that they provide their own food whilst on duty in a service user's home. The inspector viewed the agency's policy in relation to staff meals; it details the process for service users making a contribution towards staff food whilst on outings or on holiday.

The team manager informed the inspector that utility bills are divided equally between all service users and that the agency contributes 20%, which is proportionate to the space occupied solely for the purpose of the agency. The landlord is currently pursuing arrangements that will ensure that service users will pay for the individual utilities used within their individual apartments.

A requirement made following an announced inspection on 24 October, 2013 and recorded in the corresponding QIP; has been restated for a second time.

The inspector viewed the agency's financial policies in place; it was noted that policies in place clearly outline the procedure for staff handling service users monies.

The service user guide and agreement records the process for service users in relation to cancellation of services for which they are charged.

| THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED | |
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| <p>Statement 2:</p> <p>Arrangements for receiving and spending service users' monies on their behalf are transparent, have been authorised and the appropriate records are maintained:</p> <ul style="list-style-type: none"> • 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>COMPLIANCE LEVEL</p> |

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| <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>Each tenant has a needs assessment which is completed initially by the South Eastern Trust and then reviewed by Mencap annually or if the persons needs change. It identifies the level of support which Mencap should provide across all activities of daily living including managing finance. Mencap have a Management of Service User Finance Policy. The service keeps a locked tin for pooled money. The tenants pay the weekly agreed amount to staff and it is written on the tenants personal money record sheet. This is signed by the tenant and two staff. The pooled money is counted every day by two staff and recorded. Tenants are issued with invoices from Mencap for payment of their utility bills at present. Staff support the tenant to go to the bank and pay these. This transaction is then written onto their personal money record sheet and signed by two staff and the tenant, if they can sign. The personal money record sheet is reconciled with the tenants bank statement once a month, when the statement comes in the post.</p> <p>All tenants are able to access their money at short notice by going into their bank. If the tenant wishes to purchase an item such as a holiday then a holiday pack is completed which is signed of by the team manager and this is discussed thoroughly with their care manager at all times and family, if appropriate. No staff act as an agent to any tenant. None of the tenants have appointees. All tenants have financial capacity at the service.</p> | <p>Compliant</p> |

| Inspection Findings: | |
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| <p>The inspector discussed this theme with the team manager.</p> <p>The team manager stated that the agency do 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.</p> <p>Assessment documentation was viewed by the inspector; it was noted it had been completed in conjunction with the trust representative prior to the admission of service users to the service; it described the level of support required by the service user to manage their finances.</p> <p>Staff informed the inspector that all service users have individual bank accounts and are provided with the agreed support to manage these. Service users who met with the inspector stated that they managed their own monies with support from the staff; they informed the inspector that they have the facility to store money and valuables in their individual apartments.</p> <p>Service users make a contribution towards the drinks and snacks for consumption in the shared lounge area; these monies are held by the agency in the safe facility. The inspector viewed the ledger in place and noted it recorded the date of transactions, monies in or out and the available balance, receipts are kept and numbered, and two staff had signed each transaction. Staff informed the inspector that these monies are reconciled daily this and was observed by the inspector.</p> <p>Service users receive an invoice from the agency for utilities and are provided with the necessary support to pay these bills at the bank. This is recorded in the service users individual ledger in their apartment; the inspector observed that all transactions are signed by the service user and two staff members.</p> <p>The team manager could describe to the inspector the process for referral to trust for capacity assessment and described the procedure for ensuring that financial arrangements are discussed with the trust representative at the annual review meeting. The team manager stated that all service users have capacity to manage their finances with agreed support.</p> | <p>Compliant</p> |

| THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED | |
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| <p>Statement 3:</p> <p>Where a safe place is provided within the agency premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained:</p> <ul style="list-style-type: none"> • Where the agency provides an appropriate place for the storage of money and valuables deposited for safekeeping, robust controls exist around the persons who have access to the safe place; • Where money or valuables are deposited by service users with the agency for safekeeping and returned, a record is signed and dated by the service user/their representative, and the member of staff receiving or returning the possessions; • Where a service user has assessed needs in respect of the safety and security of their property, there are individualised arrangements in place to safeguard the service user's property; • Service users are aware of the arrangements for the safe storage of these items and have access to their individual financial records; • Where service users experience restrictions in access to their money or valuables, this is reflected in the service user's HSC trust needs/risk assessment and care plan; <p>A reconciliation of the money and valuables held for safekeeping by the agency is carried out at regular intervals, but least quarterly. Errors or deficits are handled in accordance with the agency's SVA procedures.</p> | COMPLIANCE LEVEL |
| <p>Provider's Self-Assessment</p> <p>The service does not currently store money or valuables for the tenants. If required tenants are supported to keep personal items safely in their homes.</p> <p>All tenants are supported to keep their own key fob to their apartment and to carry out weekly health and safety checks in their home. These include checking the security of their home.</p> | Compliant |

| Inspection Findings: | |
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| <p>The inspector discussed this theme with the team manager who stated that the agency do not store any valuables belonging to service users. The agency has a locked cupboard which is used to store petty cash and fuel monies. The inspector viewed the ledgers for all monies held which denoted all transactions in or out, available balance and were signed by two staff members; receipts were in place for all transactions and were numbered.</p> <p>The agency has in place a list of staff signatures, this was viewed by the inspector; one signature was not recorded, the team manager informed the inspector that the staff member was currently on maternity leave.</p> <p>Service users informed the inspector that they keep money and valuables in a locked cupboard in their apartments. Staff informed the inspector that service users are encouraged to keep their valuables safe and are provided with the necessary support to safely manage their monies.</p> <p>The inspector viewed the agency’s finance policy which records the procedures for safe storage of service users’ monies and the management of safe keys. Staff who met with the inspector could describe the content of the policy.</p> <p>Staff informed the inspector that the contents of the agency’s locked cupboard 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 locked cupboard. The team manager stated that regular spot checks are carried out by himself and the registered manager; this was verified by the inspector from the records examined during the inspection. The team manager stated that the agency undertake a financial audit every two years.</p> | <p>Compliant</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

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| <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>Tenants are all made aware of the range of transport options available to them such as public transport, rail, bus, door to door, taxis and encouraged to use them. They are also made aware of the service vehicle and the arrangements for using it.</p> <p>Mencap have a Transport Policy and Procedure in place. The vehicle at this service is a leased vehicle which is managed by Mencap and used by tenants who pay into the pooled agreement for using the car. They pay a fixed amount for the lease, insurance and maintenance each month, and then they pay a rate per mile when they use the vehicle. If a number of tenants are travelling together this cost is shared between the passengers. There is a written car agreement in place. Tenants can opt out of the car agreement at any time. It is reviewed annually or if someone opts out or moves on from the service. Records are kept of all journeys, the miles travelled, amount to be charged to the tenants. The mileage rate is reviewed at least annually to ensure that the costs of the car journey's are being met. The service vehicle is maintained in line with legal requirements. Its serviced annually and receives regular checks.</p> | Compliant |
| Inspection Findings: | |
| <p>The team manager informed the inspector that the agency has a leased vehicle for the use of service users. The inspector noted that the service user guide contains details of the transport service and of the service users' choice to opt in or out of this service; service users who opt out are supported to access alternative transport of their choice.</p> <p>Service users who opt in to the service have in place a car agreement which clearly outlines all charges to be made by the service user. Service users are charged a monthly fee; the team manager informed the inspector that the monthly fee is calculated by dividing the monthly cost of the vehicle by the number of service users who have opted into the scheme. This is reviewed by the agency on a monthly basis and service users can choose at any time to opt in/out of the service. Service users are charged for individual usage and the mileage rate as devised in conjunction with AA motoring cost recommendations, 2012. Service users are billed monthly for the use of the vehicle and this money is retained by the agency to purchase fuel. The inspector viewed the ledger for fuel which records transactions in /out and signed by two</p> | Compliant |

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| <p>members of staff; receipts are retained and numbered.</p> <p>The inspector viewed the agreement of one service user and noted that all charges were clearly recorded and had been signed by the service user.</p> <p>The inspector viewed the insurance and service history documentation in place for the vehicle. Agency staff are required to maintain a record of all trips made denoting service users who were present; the staff stated that this information is required to ensure that service users are charged correctly.</p> <p>The inspector viewed the agency's transport policy, February 2012; it clearly records the procedure for use of the lease car.</p> | |
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| <p>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p> | <p>COMPLIANCE LEVEL</p> |
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| <p>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p> | <p>COMPLIANCE LEVEL</p> |
| | <p>Moving towards compliance</p> |

| THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS | |
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| 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. | |
| <p>Provider’s Self-Assessment</p> <p>Each tenants needs and risk assessments are reviewed at least annually or if their needs change. These reflect the input of the tenant, their representative and the South Eastern Trust. Mencap complete regular learning log/progress records which record the outcomes of the support the tenant receives. Each tenant has a range of support plans in place which detail the level of support they require to carry out tasks, participate in activities of daily living. Their support plans are referenced to the relevant article in the Human Rights Act. Tenants are supported by their keyworker to understand the Ministry of Justice leaflet on Human Rights and these are in the tenants files. Tenants are supported by an external advocate to complete a consultation survey every year. Tenants are also supported to use the Complaints procedure, if required. Mencap have robust health and safety reporting in place and out of hour oncall duty manager rota to support the services during these times.</p> | <p>Compliant</p> |

| Inspection Findings: | |
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| <p>The inspector examined a number of service users individual care records and identified that prior to admission the agency receive comprehensive multi-disciplinary assessments from the HSC Trust.</p> <p>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 and that their views are considered. 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. This information is reassessed and updated regularly following admission.</p> <p>The inspector examined care records of three service users and noted they each have 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 six monthly or as required. Those examined clearly outlined the consideration of the service users' human rights; it was noted by the inspector that they were signed by the service users and indicated that reviews had taken place on a six monthly basis or more frequently if required. Relevant human rights were explicitly referenced throughout. It was noted by the inspector that care plans and daily learning logs in place were detailed and described clearly the care and support to be provided.</p> <p>The service users who met with the inspector stated that they are involved in this process and that their choices and opinions were reflected. 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.</p> <p>The team manager informed the inspector that risk assessments are reviewed at least annually. The inspector viewed risk assessments in place which had been signed by trust representatives and reflected in the individual care and support plans.</p> <p>Staff who met with the inspector could describe the process for compiling care and support plans in</p> | <p>Compliant</p> |

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| conjunction with the service users and their representatives and described to the inspector the significance of the daily learning log completed for each service user on a daily basis. | |
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| THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS | |
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| <p>Statement 2:</p> <p>Agency staff have the appropriate level of knowledge and skill to respond to the needs of service users</p> <ul style="list-style-type: none"> • Agency staff have received training and on-going guidance in the implementation of care practices • The effectiveness of training and guidance on the implementation of specific interventions is evaluated. • Agency staff can identify any practices which are restrictive and can describe the potential human rights implications of such practices. • The agency maintains policy and procedural guidance for staff in responding to the needs of service users • The agency evaluates the impact of care practices and reports to the relevant parties any significant changes in the service user’s needs. • Agency staff are aware of their obligations in relation to raising concerns about poor practice | COMPLIANCE LEVEL |
| Provider’s Self-Assessment | |
| <p>All support workers receive their mandatory and statutory training for their post. Each support worker is supported and supervised under Mencap's Shape Your Future' performance management tool. Competency observations are used to assess competency in the Administration of Medication and Management of Service User Finance. Staff complete Training Evaluation forms, following all training which are used by the Training Co-ordinator, to determine the level of understanding and initial success of the training. These are then discussed with the relevant manager who will review in team meetings, supervision as required. Service specific training is also arranged as and when required.</p> <p>All staff receive Human Rights Training, Challenging Behaviour training which includes restrictive practice and physical interventions, Safeguarding Training and Professional Boundaries Training. There is a speaking out number staff can ring if they wish to report a concern. Mencap also have a Whistleblowing policy in place. Staff are fully aware of their obligations in relation to professional conduct and reporting any concerns</p> | Compliant |

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| <p>about a vulnerable adult or child.</p> <p>Support workers carry out monthly keyworker meetings with their key tenant and 6 monththly support plan reviews are also carried out. Staff report changes in needs of tenants to the team manager who will link with the care manager or social worker. Care management reviews are generally held annually or more often if the tenant requires it.</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, finance training, food hygiene, risk assessment and care planning and management of medication. Staff have received training on managing challenging behaviours and staff informed the inspector that restrictive practice was included in this training. Records viewed identified that one support worker required an update of manual handling training; the team manager informed the inspector that the support worker was relief staff.</p> <p>Staff who met with the inspector stated that they had received induction training at the commencement of their employment. Staff stated that they each have a six month probationary period during which they receive regular supervision, training and support. Staff also stated that they receive 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 management. Staff stated that following training they are required to complete a training evaluation proforma, which is then discussed at their supervision or at team meetings.</p> <p>The team manager informed the inspector that the agency has in place an appraisal/performance management tool , 'shape your future'; staff who spoke to the inspector stated that they receive six monthly appraisal.</p> <p>The agency has in place the following policies: Protection of Vulnerable Adults and whistleblowing policy; these were viewed by the inspector.</p> <p>Staff who met with the inspector could describe practices which could be viewed as restrictive and the impact that they could have on the service users.</p> <p>Staff outlined the process for highlighting any changes to service users' needs and described instances when</p> | <p>Compliant</p> |

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| <p>they are in regular contact with the service users trust representatives.</p> <p>Staff could describe the necessary actions in relation to whistleblowing and had knowledge of the policy in place.</p> | |
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| THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS | |
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| <p>Statement 3:</p> <p>The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency</p> <ul style="list-style-type: none"> • Service users and their relatives and potential referral agents are advised of any care practices that are restrictive or impact on the service users’ control, choice and independence in their own home. • The agency’s Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions • Service users are advised of their right to decline aspects of their care provision. Service users who lack capacity to consent to care practices have this documented within their care records. • Service users are provided with a copy of their care plan (in a format that is appropriate to their needs and level of understanding) and receive information in relation to potential sources of (external) support to discuss their needs and care plan. • The impact of restrictive practices on those service users who do not require any such restrictions. | COMPLIANCE LEVEL |
| <p>Provider’s Self-Assessment</p> <p>The service Statement Of Purpose and Tenants Guide outlines the care practice and range of services that is provided at the service. Tenants are made fully aware of their rights, through person centred support planning that is used and everyone is supported in line with Mencap's ethos and values. Tenants files are kept in their apartments and staff take care to ensure that any information given to tenants is in easy read formats or using pictures if more appropriate to their needs. There are no tenants at the service who are impacted because of restrictions placed on other tenants. The service works closely with an independent Advocate from Bryson House who regularly visits the service and supports the tenants to complete surveys, give their opinions independently of Mencap.</p> <p>The results of the annual service user consultation survey 2014 can be seen on inspection.</p> | Compliant |

| Inspection Findings: | |
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| <p>The inspector read the agency’s service user guide and statement of purpose; they clearly outline the nature and range of services provided and makes reference to restrictive practices. It was noted that both documents contain detail on the right for service users to choose what services they require.</p> <p>Service users who met with the inspector stated that they are encouraged to make their own decisions and that their views and wishes are respected. The service users informed the inspector that they are involved in the completion of their individual care and support plans and are provided with a copy by the agency. Service users’ stated that agency staff support them in understanding the content of their care and support plans. Service users stated that they sign their support plans if they are in agreement to the detail.</p> <p>The team 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>Compliant</p> |

| THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS | |
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| <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>All restrictions in place have been assessed and agreed to by the tenant, their representative and the South Eastern Trust. They are in place because they provide a necessary safeguard for the person against harm from others or from doing harm to themselves. They are in line with the DHSSPS guidance. All restrictions are reviewed on an ongoing basis and any issues reported through to the Trust. Restraint is</p> | Compliant |

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| <p>not used in any of Mencap's housing services in NI. The team managers review any restrictions in place on a monthly basis and include this in their monthly report to the Sector Manager who will discuss any changes when carrying out the monthly monitoring visit in the service.</p> | |
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| Inspection Findings: | |
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| <p>The inspector discussed this theme with the team manager who stated that there are presently no restrictive practices in place within the service. The team manager states that care practices are regularly monitored to ensure that practices which are may be deemed as restrictive are identified.</p> <p>From the training records examined and discussion with staff the inspector noted that staff have received training in human rights, management of challenging behaviours, and protection of vulnerable adults.</p> <p>Staff who met with the inspector were able to describe practices which may be viewed as restrictive; they stated that there are no such practices in place within the service. Both the team manager and staff informed the inspector that all service users are provided with a key for the front door and their individual apartments; they stated that service users are encouraged to lock their doors. The staff stated that service users have a locked facility in their apartments to store valuables and medication.</p> <p>The team manager discussed with the inspector the use of CCTV which is currently in place at the main entrance, a fire door and a locked store where the agency safe facility is in place. The inspector viewed the system and was satisfied that the human rights of service users were not compromised. Service users who met the inspector were aware of the location of the CCTV monitoring equipment and stated that it had been discussed and agreed with them.</p> | <p>Compliant</p> |

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

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

| THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY | |
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| <p>Statement 1</p> <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. | COMPLIANCE LEVEL |
| <p>Provider’s Self-Assessment</p> <p>Each tenant has a tenant’s guide which details the amount of care and support that will be provided by Mencap. Each tenant then has a full breakdown of the care and support they get each day in their files. The staff in the service are supported to get to know the tenants when they start working at the service and they are kept up to date through supporting them day to day, through staff and tenant meetings, tenant reviews, liaising with families, other professionals. Mencap have a comprehensive Assessment and Support Planning Policy in place which staff learn about when they do support plan training. The Statement of Purpose for the service explains how individual agreements are put in place with each tenant. The amount of care and support hours identified on the tenants guide are consistent with what the Trust puts in place for that person.</p> | Compliant |
| <p>Inspection Findings:</p> <p>The inspector examined a number of individual service user agreements and care plans which clearly 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. The inspector was informed by the team</p> | Compliant |

manager that the HSC Trust pay a fixed amount for each service user. Service users were aware that the trust funded the care provided to them by the agency.

Staff who met with the inspector could clearly describe the amount and type of care provided to individual service users; they described to the inspector a wide range of 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 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. Staff described the emphasis of providing the necessary support whilst promoting the independence of the service users'

From the documentation in place and discussion with service users 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.

The team manager informed the inspector that the office space within the home is funded by the agency, and that they are responsible for any internal decoration of shared areas. The team manager stated that service users are consulted about choice of furnishings or decoration. This was verified by the service users who met the inspector. Service users are encouraged to personalise their individual living area.

| THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY | |
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| <p>Statement 2</p> <p>Evidence inspected confirms that service users/representatives understand the amounts and method of payment of fees for services they receive as detailed in their individual service agreement.</p> <ul style="list-style-type: none"> • Service users/representatives can demonstrate an understanding of the care they receive which is funded by the HSC Trust • Service users/representatives can demonstrate an understanding of the care which they pay for from their income. • Service users/representatives have an understanding of how many hours they are paying for from their income, what services they are entitled to and the hourly rate. • Service users/representatives have an understanding of how to terminate any additional hours they are paying for from their income • Service users/representatives have been informed that cancellation of additional hours they are paying for from their income will not impact upon their rights as a tenant. | COMPLIANCE LEVEL |
| Provider's Self-Assessment | |
| Tenants take part in their care management reviews and are aware of the care they get which is funded by the South Eastern Trust. This can be discussed with tenants during the inspection visit. None of the tenants at the service pay for additional care. | Compliant |
| Inspection Findings: | |
| <p>The inspector examined three service user agreements; these clearly outlined any charges made to the service user by the agency. The documentation details the amount of care funded by the commissioning trust. The tenants guide clearly outlines charges for shared services such as window cleaning; it clearly details that this is an optional service of which service users can opt in/out of.</p> <p>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</p> | Compliant |

trust.

The inspector was informed by the team manager that presently service users pay an equal share of the utility bills. The agency pays 20% of the cost with the remainder being split equally amongst the service users. The landlord is currently in the process of pursuing a system whereby service users will pay only for the utilities they use.

Service users informed the inspector that they receive a bill for utilities and are supported individually to make payment at the bank.

Service users described to the inspector the support that they received in relation to individual shopping and food preparation. The inspector noted that the support required was detailed clearly in the individual care and support plans viewed.

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 | |
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| <p>Statement 3</p> <p>Evidence inspected confirms that service users’ service agreements, care plans are reviewed at least annually confirming that service users/representatives are in agreement with the care provided and the payment of any fees.</p> <ul style="list-style-type: none"> • Service users/representatives confirm that their service agreement, care plans are reviewed at least annually by the commissioning HSC Trust, and confirm that they are in agreement with the care provided and the payment of any fees. • Records and discussion with staff confirm that the agency contributes to the HSC Trust annual review. • Records and discussion with staff confirm that reviews can be convened as and when required, dependent upon the service user’s needs and preferences. • Records confirm that service users’ service agreements, care plans are updated following reviews. Authorisation from the HSC Trust and consent from the service user/representative is documented in relation to any changes to the care plan or change to the fees paid by the service user. | COMPLIANCE LEVEL |
| Provider’s Self-Assessment | |
| <p>Support Workers in the service carry out a 6 monthly review of all support plans with their key tenant and inform the tenants care manager of any changes to what is in place. The South Eastern Trust generally hold annual care management review meetings which are attended by the team manager and the tenant and their keyworker and family/representative. Reviews can be requested to address issues or concerns as and when required. The tenants support plans are updated following reviews, and the tenants guide, if required.</p> | Compliant |
| Inspection Findings: | |
| <p>Prior to the inspection the agency were requested to forward to RQIA details of service users annual reviews. The information received and the records examined by the inspector identify that 13 of the 14 service users have received an annual review involving the commissioning trust. The team manager informed the inspector that the outstanding review was planned to take place in the next month.</p> | Compliant |

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 annual 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 they attended a formal review annually involving their trust representative. Service users informed the inspector they can request a review if they have any concerns relating to the care and support they receive. One service user informed the inspector that they regularly receive a visit from their trust representative

A copy of the review documentation is retained by the agency. The team manager highlighted to the inspector the difficulties in obtaining a copy of the review minutes from the trust representatives.

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

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

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.

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

Any Other Areas Examined

Complaints

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

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr Gerard McBride, Team 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



A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk



Quality Improvement Plan

Announced Primary Inspection

Mencap, Bangor

10 July 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mr Gerard McBride, Team manager during the inspection visit.

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

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

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

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

Statutory Requirements

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

| No. | Regulation Reference | Requirements | Number Of Times Stated | Details Of Action Taken By Registered Person(S) | Timescale |
|-----|----------------------|--|------------------------|---|--|
| 1. | 6 (b) | The registered person must ensure that service users are billed according to their individual usage of gas and electric. | Twice | | Six months from the date of inspection: 10 January 2015 |
| 2. | 23.(1) | <p>The registered person shall establish and maintain a system for evaluating the quality of services which the agency arranges to be provided;</p> <p>This requirement refers to ensuring that monthly quality monitoring is completed by a person who is not the manager or the person responsible for the day to day running of the agency.</p> | Once | | Three Months from the date of inspection: 10 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:

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| NAME OF REGISTERED MANAGER COMPLETING QIP | |
| NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP | |

| QIP Position Based on Comments from Registered Persons | Yes | Inspector | Date |
|---|------------|------------------|-------------|
| Response assessed by inspector as acceptable | | | |
| Further information requested from provider | | | |