

Primary Announced Care Inspection

Name of Agency:	NIAMH Altigarron Court
RQIA Number:	10802
Date of Inspection:	18 December 2014
Inspector's Name:	Joanne Faulkner
Inspection ID:	20492

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Agency:	NIAMH Altigarron Court
Address:	6 Westrock Gardens Belfast BT12 7RF
Telephone Number:	02890237977
Email Address:	altigarron@beaconwellbeing.org
Registered Organisation / Registered Provider:	Mr William Henry Murphy NI Association for Mental Health
Registered Manager:	Mrs Patricia Sarah Sadlier
Person in Charge of the Agency at the Time of Inspection:	Mrs Patricia Sarah Sadlier
Number of Service Users:	11
Date and Type of Previous Inspection:	Primary Announced Care Inspection 13 June 2013
Date and Time of Inspection:	18 December 2014 09:30- 16:30
Name of Inspector:	Joanne Faulkner

2.0 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.

3.0 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.

4.0 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.

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service Users	4
Staff	6
Relatives	2
Other Professionals	1

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

Issued To	Number issued	Number returned
Staff	12	7

6.0 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 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.

7.0 Profile of Service

Niamh Altigarron Court is a supported living type domiciliary care agency, situated in a residential area on the outskirts of Belfast. The agency offers domiciliary care and housing support to service users with enduring mental health needs.

The agency's aim is to provide care and support to service users; this includes helping service users with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of promoting good mental health and maximising quality of life.

The agency's staff currently provided care and support to 11 service users, seven in the main house and four in an adjacent bungalow. Staff are available to support tenants 24 hours per day and each service user has an identified 'key worker.'

All referrals are made by the HSC trust mental health services.

The registered office is located in the service users' home.

8.0 Summary of Inspection

The announced inspection was undertaken on 18 December 2014 at the registered office, located within the service. The inspector was supported throughout the inspection by the registered Manager, Mrs Patricia Sadlier.

During the inspection the inspector had the opportunity to meet with four service users and six staff; the inspector spoke to the relatives of two service users and a service user HSC trust representative.

The inspector viewed a number of care records which outlined the care and support provided to individual service users. Staff who met with the inspector stated that service users are provided with the necessary support to live as independently as possible.

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

8.1 Staff Comments

"Training is good"

"I feel supported by the manager; everyone is approachable"

"Very happy working here"

"Service users are supported to live as independent as possible"

"Service users can access all areas of their home"

"We bring our own food; tea and coffee is supplied by NIAMH"

"I recently received training on managing peoples monies"

"I get supervision and appraisal"

"We have monthly staff meetings"

"Service users are given more choice in Supported Living"

The returned questionnaires indicated the following:

- Staff have received Vulnerable Adult training
- Training was rated as excellent or very good
- Seven staff have received Human Rights training
- Staff have received training on handling service users' monies
- Service users have in place individual service agreements
- Staff are aware of the whistleblowing policy

Records viewed by the inspector support the above statements. Discussions with staff, service users and their representatives at the time of inspection identified their involvement in the development of individual care and support plans and in the review process with the HSC trust.

8.2 Service Users' Comments

During the inspection, the inspector met with four service users who described an individualised approach to the care and support they received; they stated that they were involved in developing their individual care and support plans and in their review meetings involving their HSC trust representative.

Service users could describe the care and support they receive and are aware of any charges paid to the agency for services received. The service users informed the inspector that their views and wishes were respected.

Comments

"Staff are good"

"I go out socialising"

"Can't say a bad word about the staff"

"I look after my own money"

"I go shopping with friends"

"We are given choice"

"I can come and go as I please"

"I can do what I want"

"I like it here"

"I have my own key"

"My keyworker talks to me"

"I go to the bank to collect my money"

"I go out with my sister"

"I go to bingo"

"I am encouraged to be more independent"

"I make my own food"

"Any problems I talk to the staff"

"I am happy with everything"

"There are no restrictions"

"The care reviews are boring; I decide if I want to attend"

8.3 Service User Representative

The inspector spoke to the relatives of two service users who stated that service users are supported to live as independently as possible; they stated that they are invited to review

meetings but cannot always attend. The inspector spoke to a HSC trust representative of one service user who visits regularly; who stated that staff encourage service users to live as independently as possible and that the care and support is individualised to meet the needs of the service users.

Comments

"I am kept informed of any changes"

"I am really pleased"

"Staff are very good"

"Nice atmosphere; I can call at any time"

"Care is great"

"No concerns at all"

"Staff are excellent and are approachable"

"This place is much better than the hospital"

"My relative has more confidence"

"Nothing I am unhappy with"

"My relative is very contented"

"I attend the review meeting and am given opportunity to discuss any issues or concerns"

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

8.4 Detail of Inspection Process:

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

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

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

- Service user guide/agreements
- Financial care and support plans

The records viewed by the inspector outline any charges in respect of service provision including the terms and conditions and methods of payment.

Records viewed indicate that service users do not pay additional charges for care services provided by the agency; the manager stated that the relevant HSC trust commissions the care provided by the agency to the service users.

The agency's office is located within the service users' home; service users do not contribute towards the cost of the agency's office; the manager stated that the agency pays a proportion of the utility costs.

Service users currently pay a weekly agreed amount for food and utilities; service users are supported to prepare meals. Service users described to the inspector the process for cancelling any services no longer required from the agency.

Staff provide their own food whilst on duty in a service user's home; the agency has a policy relating to staff meals. It was noted by the inspector that the service user guide did not detail the arrangements for staff accessing food whilst on duty. A requirement has been made.

The agency provides each service user with the agreed support required to manage their finances; this is recorded in the service users' individual care and support plans. Service users are supported to manage their money and stated that they can access their money at all times; however it was noted that the 'Safe keeping of valuables' declaration record detailed that service users could access their monies at a specified time period. A requirement has been made.

The agency maintains a record of all monies or valuables held on behalf of service users. Individual ledgers are maintained; that was identified that they record any transactions and are maintained in accordance with the agency's finance policy.

Service users have a locked facility in their individual rooms to store valuables and monies; the agency provides them with a key.

The agency has a locked safe facility located in the agency's office; it is managed in accordance with the agency's finance policy. Records are maintained and were available for the inspector to view; it was identified by the inspector that the agency has in place a list of staff signatures and a record of safe contents.

The agency does not provide a transport service; service users are provided with the necessary support to avail of appropriate public transport and are supported to obtain appropriate benefits.

The inspector viewed the agency's finance and transport policies.

Two requirements have been made in relation to this theme.

8.4.2 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 receives a range of multi professional needs assessments from the referring HSC trust; these assist staff in developing individual care and support plans in conjunction with service users and their relatives.

Records viewed by the inspector contained a range of assessments provided to the agency by the referring HSC trust and individualised care and support plans. Service users and their relatives informed the inspector that they are involved in developing their care and support plans; it was noted that care and support plans are signed by service users. Agency staff record daily the care and support provided to each service user.

Records viewed by the inspector reflect a range of interventions used in the care and support of individual service users. Relevant human rights of service users are recorded within their care and support plans; it was identified that these are reviewed following a review involving the relevant HSC representative, at least annually or as required.

Staff stated that regular monitoring of care practices occurs to ensure that any practice deemed as restrictive is identified. Service users have full access to all areas of their home at any time and are provided with a key.

The inspector discussed with the manager a restriction in place; the manager stated that the restriction had been implemented following an incident in the service users' home and had been agreed with service users during a partnership meeting. It was identified that the agency did not have in place a risk assessment relating to the restriction in place or record of service user consultation and agreement; individual care and support plans did not contain detail of such restriction. A requirement has been made.

From records viewed all service users presently in receipt of services from the agency have received at least one review with their commissioning HSC trust representative in the previous year; a copy of the review documentation is retained by the agency.

Staff stated they had received induction training at the commencement of employment covering many areas including human rights, safeguarding vulnerable adults, care planning and restrictive practice. Staff informed the inspector that they receive individual supervision four to six weekly and annual appraisal.

The agency maintains an electronic record of staff training; this was viewed by the inspector.

The inspector read the agency's service user guide and statement of purpose; they clearly outline the nature and ranges of services provided; and make appropriate reference to restrictive practice.

Staff could describe practices which could be deemed as restrictive and were aware of the agency's whistleblowing policy.

One requirement has been made in relation to this theme.

8.4.3 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 user agreements/ breakdown records and care and support plans; they outline the amount and type of care provided by the agency to individual service users; it was noted that they are updated annually or as required.

Prior to admission the agency receives a range of multi-disciplinary needs assessments.

Service users and their relatives could describe the amount and types of care provided by the agency and were aware of charges for services provided by the agency; they described a range of activities that they participate in, with the support of the agency's staff. All service users are in receipt of care services funded by the HSC trust.

The registered manager and staff could describe the amount and type of care provided to individual service users.

From documentation viewed and discussion with service users, the inspector noted that care and support plans are reviewed following a review meeting involving the HSC trust or as

required in conjunction with the service user, their representative and their allocated keyworker within the service and at least annually.

Service users and their representatives stated that they participate in the review process and are given the opportunity to express their views; service users stated that a review is completed at least annually with their HSC trust representative.

A copy of the review documentation is retained by the agency; it was noted that the documentation retained had been signed by attendees.

The service user guide outlines the process for service users wishing to opt in /out or cancel services.

8.5 Additional Matters Examined

8.5.1 Charging Survey

At the request of RQIA and in advance of this inspection, the agency submitted to RQIA a completed survey in relation to the arrangements for charging service users. During the inspection the registered manager informed the inspector that the relevant HSC trust commissions the care provided by the agency to the service users; the manager stated that no service users are paying additional charges for care. Service users have in place financial support plans which detail the amount of support required to be provided by the agency to enable them to manage their monies.

8.5.2 Statement of Purpose:

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

8.5.3 Annual Review of Service Users' Needs by HSC trusts:

The registered manager completed and returned to RQIA a questionnaire which sought information about the role of the HSC trust in reviewing the needs and care plans of service users during the period 1 April 2013 – 31 March 2014 (in accordance with In accordance with the DHSSPS Circular HSC (ECCU) 1/2010 "Care Management, provision of services and charging guidance").

Records viewed by the inspector identify that services users have received an annual review involving the relevant HSC trust; a number of service users receive more frequent reviews. Service users and their relatives informed the inspector that they are encouraged to participate in the review meeting and are given the opportunity to express their views. The inspector identified that review documentation was retained by the agency and had been signed by attendees.

8.5.4 Monthly Quality Monitoring Visits by the Registered Provider

The inspector viewed the agency's quality monitoring documentation in place and noted that monthly monitoring visits are completed by a service manager. From the records viewed the views of service users, their families and professionals had been recorded on some of the visits; however, it was identified by the inspector that on a number of the records no reference was made to views of service user relatives or professionals. The documentation contains

detail of any incidents or safeguarding concerns and contains an action plan. A requirement has been made.

8.5.5 Medication

During the inspection it was identified that medication belonging to service users living in the adjacent bungalow was stored in the main house. The manager stated that service users came to the main house to receive their medication. The inspector discussed the advantages of safely storing the service users' medication in their own home. A requirement has been made.

9.0 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	15 (2)	The registered person must ensure that the service user's agreement specifies the number of support hours available to them individually.	<p>The agency has in place breakdown sheets for individual service users; the inspector viewed two of the records. They detail the number of care and support hours available to each service user.</p> <p>This requirement has been assessed as being fully met.</p>	Once	Fully met
2	14 (a-f)	The registered person must ensure that a working definition of 'restrictive practice' specific to service users with mental health needs is developed and implemented.	<p>The inspector viewed the agency's Statement of Purpose and the Service user guide; they contain a definition of 'restrictive practice'.</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	2.2	It is recommended that the registered person ensures that the member's responsibilities contract refers to the criteria for the withdrawal of care/support services not the termination of a tenancy. The revised member's responsibilities contract should be forwarded to RQIA by 13 August 2013.	<p>The agency no longer has in place the 'member's responsibilities contract'. The inspector viewed the service user guide it details that care and support is separate from tenancy agreement.</p> <p>Service users have in place separate service user support and tenancy agreements.</p> <p>This recommendation has been assessed as being fully met.</p>	Twice	Fully met
2	2.2	It is recommended that the registered person ensures that the agency's policies and procedures state that tenants' can remain in their accommodation even if the provision of care is no longer required or no longer meets their needs. The revised policy and procedure should be forwarded to RQIA by the 13 August 2013.	<p>The inspector viewed the agency's accommodation policy and the service user guide they detail that service users can remain in their accommodation even if care is no longer required.</p> <p>This recommendation has been assessed as being fully met.</p>	Twice	Fully met
3	2.2	It is recommended that the registered person ensures that the agency's organisational	The service user guide details that service users can choose who provides their support; it was viewed	Twice	Fully met

		<p>policies, procedures, and service user guide clearly show how they underpin the principles of tenants choosing who supports them. The revised service user guide should be forwarded to RQIA by the 13 August 2013.</p>	<p>by the inspector.</p> <p>This recommendation has been assessed as being fully met.</p>		
4	1.1	<p>It is recommended that the registered person ensures that service users' human rights are explicitly outlined on their support plan.</p>	<p>The inspector viewed the care and support plans for three service users; reference was made to relevant human rights.</p> <p>This recommendation has been assessed as being fully met.</p>	Once	Fully met

10.0 Inspection Findings

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<p>Statement 1:</p> <p>The agency maintains complete and up to date records in respect of the terms and conditions of the provision of personal care</p> <ul style="list-style-type: none"> • The agency provides to each service user a written guide, including a personalised written agreement detailing the specific terms and conditions in respect of any specified service to be delivered, including the amount and method of payment of any charges to the service user; • The individual agreement details all charges payable by the service user to the agency, the services to be delivered in respect of these charges and the method of payment; • Where service users pay for additional personal care services which do not form part of the HSC trust's care assessment, documentation exists confirming that the HSC trust are aware of any arrangements in place between the agency and the service user; • The individual agreement clarifies what arrangements are in place to apportion shared costs between the agency and the service user(s). This includes those costs associated with any accommodation used in connection with agency business, where this is conducted from the service users' home; • There are arrangements in place to quantify the costs associated with maintaining any unused areas within the service users' home which they do not have exclusive possession of; • The service user guide/ individual agreement clarifies what the arrangements are for staff meals while on duty in the service users' home; • Where the agency is involved in supporting a service user with their finances or undertaking financial transactions on the service user's behalf, the arrangements and records to be kept are specified in the service user's individual agreement; • The agency has a policy and procedure in place to detail the arrangements where support is provided by agency staff to enable the service users to manage their finances and property; • The agency notifies each service user in writing, of any increase in the charges payable by the service user at least 4 weeks in advance of the increase and the arrangements for these written notifications are included in each service user's agreement 	<p>COMPLIANCE LEVEL</p>

Provider's Self-Assessment	
<p>A Service User Guide is available for each person & includes details about the personal care services paid by the HSC Trusts. Service users do not have to pay for any additional personal care services, only 'Scheme Charges', (with opt-out availabilities re: food & telephone) which are detailed in the Guide & the Finance Policy & Procedures also. These are discussed at the point of referral and is available to all of the service users/their statutory key worker/Care Management. The Scheme Charges are discussed with & signed by each serviced user & a copy is retained in their personal files. Any increases in scheme charges are communicated 4 weeks in advance in writing. There is a robust Financial Policy & Procedure in place to detail the arrangements where support is provided by staff to enable the service users to manage their finances and property. Any financial activity is clearly documented/reasons stated on their Risk Assessment and Support Plan and records are kept in their individual files when support is given.</p> <p>The household bills are evenly divided between the 11 service users; Niamh is counted as the 12th tenant. The Service User Guide contains a section of explanation around staff costs. We promote a homely environment. The service user's home looks like his/her home and does not look like a workplace for care/support staff, & areas which staff use are kept to a minimum. Individuals are aware they can access outside services. However, this is not currently in place. Each person has exclusive possession of their own bedroom, & have access to all communal areas.</p>	Compliant
Inspection Findings:	
<p>The inspector discussed the theme with the registered manager who stated that none of the service users are charged for personal care provided by the agency; the HSC trust commissions 15 hours per week for each service users for care provided by the agency.</p> <p>The inspector viewed the service user agreements for two service users and noted that it indicated that service users are not paying additional charges for personal care.</p> <p>From the records viewed, service users have in place a service user agreement which detail services provided and any related charges; they are signed by the service users. Service users' and their relatives could describe the process for cancelling services provided by the agency no longer required.</p> <p>The service users informed the inspector that they pay an agreed amount per week for food and utilities, and could describe the process for purchasing food; service users are encouraged to participate in the preparation of food with the support of staff, dependant on their ability; this was reflected in the individual care and support plans viewed by the inspector. Staff stated that a number of service users eat collectively</p>	Substantially compliant.

whilst others choose to cook independently. Service users stated that they can access the kitchen at any time and are provided with the necessary support to prepare food.

The manager stated that food contributions are reviewed annually and any excess funds returned to the service users.

The manager stated that staff are required to provide their own food whilst on duty in the service users' home; this was confirmed by staff who spoke to the inspector; the agency provide tea and coffee for staff use. It was noted by the inspector that the service user guide did not detail the arrangements for staff accessing food whilst on duty. A requirement has been made.

The agency's office is located within the service; the manager stated that service users do not contribute towards the cost of the agency's office and that the agency pays an equal share of all utilities costs.

The inspector viewed the agency's finance policy; it outlines the procedures for staff involved in supporting service users to manage their money.

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

The inspector viewed correspondence which had been forwarded by the agency to all service users informing them of the revised charges.

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

Statement 2:

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

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

COMPLIANCE LEVEL

<ul style="list-style-type: none"> • If a member of staff acts as an agent, a record is kept of the name of the member of staff, the date they acted in this capacity and the service user on whose behalf they act as agent; • If the agency operates a bank account on behalf of a service user, written authorisation from the service user/their representative/The Office of Care and Protection is in place to open and operate the bank account, • Where there is evidence of a service user becoming incapable of managing their finances and property, the registered person reports the matter in writing to the local or referring Trust, without delay; <p>If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the agency on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user's agreement.</p>	
Provider's Self-Assessment	
<p>The HSC Trust's assessment of need describes the individual needs & capabilities of the service user & appropriate level of support to each service user re: managing their finances. Service users who become incapable of managing their finances have this identified to the HSC Trust & Risk Assessments/Support Plans are subsequently changed in response to this. This is further discussed and finances reported on at their reviews. Monies/valuables held for the service users are kept in a locked safe and only staff on duty have access to this. Personal records are kept for each service user re: monies received/distributed to them. All transactions are signed & dated by the service user/their representative and 1 staff (or 2 if a service user is unable to sign). Purchases of items/services on behalf of the service user is agreed by the HSC Trust and records kept of these. Scheme charges are usually paid by Standing Order & records are kept by the Finance Department, & shared with staff/service users. Where scheme charges are paid directly to the scheme, separate records are kept & balance checks are signed by staff. Service users can access their money and property at short notice as negotiated with the service user/statutory key worker. The Home Manager an Appointee for one service user, agreed by Trust and all relevant forms completed. All staff act as agents re: holding these items on behalf of the service user/accompanying them to the bank to withdraw money for themselves. Staff do not operate a bank account for any service user nor do the staff know, or have access to their PIN at any time.</p>	Compliant
Inspection Findings:	
<p>The agency has in place service user agreements, safekeeping of valuables record and care and support plans detailing the support required by individual service users to manage their monies. The inspector viewed the documentation for two service users and noted they detailed the support required by service</p>	Compliant.

users to manage their finances.

The agency retains details in individual service users care records of their appointee and financial capacity assessments; service users are supported to manage their monies as previously agreed. The agency acts as appointee for one service user.

The manager stated that all service users have a bank account and are provided with the agreed support to access their monies.

Service users and their representatives who met with the inspector stated that they have been involved in discussions and agreements in place in relation to their monies. Service users informed the inspector that they can access their money at any time and choose how to spend their money; they described to the inspector the process of safely storing their monies in their individual rooms.

The inspector viewed the ledger of one service user; it details any transactions and is signed by the service users where applicable and by two members of staff. Reconciliation of monies held on behalf of service users is carried out three times per day by agency staff; an annual audit is completed by the agency's finance department.

The agency has in place a finance policy which details the procedure for staff handling service users' monies; this was viewed by the inspector.

The manager could describe the procedure for referral of a service user for a capacity assessment and stated that all service users have had a capacity assessment completed a number of years ago.

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<p>Statement 3:</p> <p>Where a safe place is provided within the agency premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained:</p> <ul style="list-style-type: none"> • Where the agency provides an appropriate place for the storage of money and valuables deposited for safekeeping, robust controls exist around the persons who have access to the safe place; • Where money or valuables are deposited by service users with the agency for safekeeping and returned, a record is signed and dated by the service user/their representative, and the member of staff receiving or returning the possessions; • Where a service user has assessed needs in respect of the safety and security of their property, there are individualised arrangements in place to safeguard the service user's property; • Service users are aware of the arrangements for the safe storage of these items and have access to their individual financial records; • Where service users experience restrictions in access to their money or valuables, this is reflected in the service user's HSC trust needs/risk assessment and care plan; <p>A reconciliation of the money and valuables held for safekeeping by the agency is carried out at regular intervals, but least quarterly. Errors or deficits are handled in accordance with the agency's SVA procedures.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Each service user is provided with a key for their own rooms to safeguard their personal valuables, and are encouraged to use personal safes or lockable boxes as well for extra security. The service users can avail of storage of money and valuables deposited for safekeeping is as well, and robust controls exist (Niamh Financial Policy and Procedures). Only staff members on duty have access to this. Any service-user wishing to avail of this facility will be asked to sign the 'Safe keeping of Valuables' declaration, which a copy of is kept in their personal file. This can, and is amended as the service user decides they want more or less support with their finances. Individual Records are kept for each service user, which is signed and dated by the service user and the member of staff receiving or returning the possessions and balanced checked by the staff members at each individual shift (including night cover). Service users are aware of the arrangements</p>	Compliant

<p>for the safe storage of these items and have access to their individual finances / financial records. 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. 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>	
<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 and is reconciled three times per day.</p> <p>Staff stated that service users have a safe facility within their individual rooms and are provided with a key. Staff stated that service users are encouraged to keep their valuables safe and provided with the required support to manage their monies. Individual care and support plans detail the support required by service users to manage their money.</p> <p>The agency's finance policy was viewed by the inspector; it details the procedures for staff handling service users' monies.</p> <p>The manager stated that staff on duty hold the key for the safe; staff informed the inspector that a reconciliation of monies held by the agency is completed three times per day by two staff members and could describe the necessary steps if a discrepancy was identified. The manager stated that the agency complete an annual finance audit.</p> <p>The inspector viewed the ledger for monies held on behalf of a service user and noted that it details all transactions and available balance and is signed by the service user and two staff. The inspector noted that the agency has in place a list of staff signatures. Service users informed the inspector that they can access their monies at any time; however it was noted that the 'Safe keeping of valuables' declaration record stated that service users could access their monies between 09:00 and 20:00; the manager stated that service users can access their monies at any time. A requirement has been made.</p> <p>Staff informed the inspector that they had received finance training during induction and subsequently more recently by the finance department.</p>	<p>Substantially compliant</p>

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED**Statement 4:****COMPLIANCE LEVEL****Arrangements for providing transport to service users are transparent and agreed in writing with the service user/their representative:**

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

<p>(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;</p> <ul style="list-style-type: none"> Ownership details of any vehicles used by the agency to provide transport services are clarified. 	
Provider's Self-Assessment	
<p>There are no transport agreements / arrangements at Altigarron and the service users are encouraged and supported to access and use public transport.</p> <p>There are occasions that staff members do have to use their own cars to facilitate and accompany service users to any appointments or outreach activities that is required as part of their support / care. However, the service users are not charged for this at any time, and do not pay any money to staff for this service.</p> <p>Where staff transport service-users in their own vehicles, it is a requirement to provide documentary evidence - current insurance certificate with business cover and current driving licence.</p>	Compliant
Inspection Findings:	
<p>The inspector discussed this theme with the registered manager who stated that the agency do not provide a transport scheme; staff informed the inspector that service users are supported to use public transport and given the necessary support to access appropriate benefits. Service users informed the inspector that they are supported by agency staff to access public transport and are responsible for costs incurred.</p> <p>The manager stated that staff are required to use their personal vehicle for business use occasionally; the agency requires that staff submit the necessary documentation on an annual basis; staff submit mileage claims directly to the agency and are reimbursed. The manager stated that no record is maintained of service user journeys and that they are not charged for such journeys. The agency's transport policy details the procedure for staff using personal vehicles to transport service users; it was viewed by the inspector.</p>	Compliant

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

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

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
Statement 1: The agency responds appropriately to the assessed needs of service users	COMPLIANCE LEVEL
<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 staff at Altigarron maintain a clear statement of the service users' current needs and risks.</p> <p>Service users' needs and risk assessments reflect the input of the HSC Trust and contain the views of service users and their representatives.</p> <p>Care and support plans are prepared in conjunction with the service user and their HSC Trust representative(s) - which are done on initial referral of the service user to Altigarron, and these are reviewed on an annual basis at least, and more frequently at any time if required.</p> <p>Service users' care plans reflect a range of interventions to be used in relation to the assessed needs of service users. Care plans also reflect appropriate consideration of human rights.</p> <p>Altigarron staff record on a regular basis their outcome of the service provided to the individual – generally these are done on a daily basis, but could be done more frequently than this, if there is any relevant information to communicate about.</p>	Compliant

Inspection Findings:	
<p>The inspector discussed the theme with the registered manager and viewed the care records for three service users; it was identified that prior to admission the agency receives a range of multi-disciplinary assessments from the referring HSC trust; they outline the assessed needs of service users and highlight identified risks. The manager stated that in most instances a multi-disciplinary meeting which involves the service user will take place.</p> <p>Prospective service users are encouraged to visit the home and meet the current tenants; service users stated that agency staff consults with them if a new tenant is considering living in the house.</p> <p>Care plans viewed by the inspector outlined a range of interventions and reference was made to the consideration of the individual service user's human rights; it was identified that they were signed by the service user and their keyworker.</p> <p>Service users and their relatives stated that they are involved in developing their individual care and support plans. It was noted that care plans were signed by the service users and are reviewed annually or as required. Staff stated that they complete a daily record for each service user; detailing the care and support provided; this was viewed by the inspector.</p> <p>Service users could identify their individual keyworker in the service; they stated that they meet regularly with their keyworker to discuss their care and support needs.</p>	Compliant

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>Staff undergo a 9 month's probationary period, completing an Induction & Foundation Framework (linked with NISCC Code of Practice) which is OCN Accredited. A comprehensive essential training package is also provided by Niamh including Quality & Governance/Social Care. This is completed on a 2-3 year basis and on-line training is completed by staff annually. The effectiveness of training is evaluated, following the training and learning sessions via 'Record of Evidence and Evaluation' forms and discussed with their line manager. External training (NVQ/QCF) is available to all staff (support/project worker or managerial level) when they have completed their probationary period, at both the project/support worker level, or at a managerial level. In house training and learning is also utilised in relation to specific care needs not covered in the general NIAMH training. All staff receive training around whistle blowing/poor practice issues. Safeguarding/Child Protection is an essential part of training also, covered in the initial 3 days of Induction, and has very detailed and comprehensive workbooks to be completed following full training. Staff are encouraged to be ever-mindful of service user vulnerabilities whilst working in this field, and staff are aware of their obligations in relation to raising concerns about poor practice. Altigarron staff adhere to Niamh's policy</p>	Compliant

and procedural guidance for staff in responding to the needs of service users and evaluate the impact of care practices and reports to the relevant parties any significant changes in the service user's needs.	
Inspection Findings:	
<p>The inspector discussed this theme with the registered manager and staff.</p> <p>The agency maintains electronic staff training records; these were viewed by the inspector. From those viewed it was identified that staff have received training in human rights, child protection, safeguarding of vulnerable adults, manual handling, social care and mental health, managing monies, record keeping and medication management.</p> <p>Staff who met with the inspector stated that they had received corporate induction at the commencement of their employment and further training during the initial nine month probationary period. Staff stated that they receive supervision four to six weekly and annual appraisal. It was noted that staff have received recent training relating to the specific needs of service users such as suicide awareness.</p> <p>Staff informed the inspector that they felt competent to carry out the requirements of their role, and feel supported by the manager and deputy manager. The agency has in place a supervision and appraisal policy; this was viewed by the inspector.</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 HSC trust representatives and relatives.</p> <p>Staff could describe the necessary actions in relation to whistleblowing and had knowledge of the policy in place.</p>	Compliant

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 3:</p> <p>The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency</p> <ul style="list-style-type: none"> • Service users and their relatives and potential referral agents are advised of any care practices that are restrictive or impact on the service users' control, choice and independence in their own home. • The agency's Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions • Service users are advised of their right to decline aspects of their care provision. Service users who lack capacity to consent to care practices have this documented within their care records. • Service users are provided with a copy of their care plan (in a format that is appropriate to their needs and level of understanding) and receive information in relation to potential sources of (external) support to discuss their needs and care plan. • The impact of restrictive practices on those service users who do not require any such restrictions. 	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Altigarron's Statement of Purpose and Service User Guide make appropriate references to the nature and range of service provision and where appropriate, including restrictive interventions.</p> <p>All service-users have access to their support plan at all times, and can chose to hold these in their possession if they choose to do so (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 e.g. Advocate / GP / CPN / SW.</p> <p>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.</p> <p>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.</p> <p>Restrictive practices for individual service users e.g. around a person's finances, happen in conjunction with the referring HSC Trust / statutory key workers, and are kept to the least possible restriction, as to give as much independence as they can within that area, in order to maintain a certain level of dignity for the person.</p>	Compliant
Inspection Findings:	

<p>The inspector viewed the agency's service user guide and statement of purpose; they outline the nature and range of services provided and the rights for service users to choose what services they require from the agency; they make reference to restrictive practices.</p> <p>Service users stated that they make their own decisions and are involved in the development of their individual care and support plans and are provided with a copy if they require it.</p> <p>Service users informed the inspector that they can opt out of any service they do not wish to avail of; they stated that they had keys to the house and their individual rooms; can access all areas of their home at any time and could leave the house when they choose.</p> <p>The manager and staff stated that service users are provided with a key and can leave the house when they wish and that they can access all areas of their home at any time.</p>	Compliant
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THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 4</p> <p>The registered person ensures that there are robust governance arrangements in place with regard to any restrictive care practices undertaken by agency staff.</p> <ul style="list-style-type: none"> • Care practices which are restrictive are undertaken only when there are clearly identified and documented risks and needs. • Care practices which are restrictive can be justified, are proportionate and are the least restrictive measure to secure the safety or welfare of the service user. • Care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance. • The agency evaluates the impact of restrictive care practices and reports to the relevant parties any significant changes in the service user's needs. • The agency maintains records of each occasion restraint is used and can demonstrate that this was the only way of securing the welfare of the service user (s) and was used as a last resort. • Restraint records are completed in accordance with DHSSPS (2005) Human Rights Working Group on Restraint and Seclusion: Guidance on Restraint and Seclusion in Health and Personal Social Services. • The agency forwards to RQIA and other relevant agencies notification of each occasion restraint is used • The registered person monitors the implementation of care practices which are restrictive in nature and includes their on-going assessment of these practices within the monthly quality monitoring report 	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Restraint and seclusion practices are not carried out at Altigarron Court, this is in conformity to the Beacon Accommodation Policy and Procedures (produced by NIAMH).</p> <p>Care practices which are deemed restrictive are only undertaken when there are clearly identified and documented risks and need and only in conjunction with the agreement from the multi-disciplinary team and those involved in the care and support of the individual. These would be justified, are proportionate and are</p>	Compliant

<p>the least restrictive measure to secure the safety or welfare of the service user.</p> <p>A capacity assessment may be required to ensure there is a sound logic / reason for any restrictive practice being implemented. Any practice deemed restrictive is frequently reviewed, evaluates the impact of restrictive care practices and reports to the relevant parties any significant changes in the service user's needs.</p>	
<p>Inspection Findings:</p>	
<p>The inspector viewed the agency's service user guide and statement of purpose; they outline the nature and range of services provided and the rights for service users to choose what services they require from the agency; they make reference to restrictive practices.</p> <p>Service users stated that they are encouraged to make their own decisions; they informed the inspector that they are involved in the development of their individual care and support plans and are provided with a copy. Service users informed the inspector that they can opt out of any service they do not wish to avail of; they stated that there were no restrictive practices in place within the home; they stated that they had keys to the house and their individual rooms, can access all areas of their home at any time and could leave the house when they choose.</p> <p>The inspector discussed with the manager a restriction in place relating to use of the cooker at night; the manager stated that the restriction had been implemented following an incident in the service users' home and had been agreed with service users during a partnership meeting. It was identified that the agency did not have in place a risk assessment relating to the restriction in place or record of service user consultation and agreement; individual care and support plans did not contain detail of such restriction. A requirement has been made.</p> <p>Staff stated that service users are provided with a key and can leave the house when they wish. The manager discussed the practice of staff holding monies for service users; the service users have agreed to this support and can access their money at all times.</p>	<p>Moving towards compliance</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 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
Statement 1 Evidence inspected confirms that service users/representatives have written information and/or had explained to them the amount and type of care provided by the agency <ul style="list-style-type: none"> • Service users/representatives can describe the amount and type of care provided by the agency • Staff have an understanding of the amount and type of care provided to service users • The agency's policy on assessment and care planning and the statement of purpose/service user guide describe how individual service user agreements are devised. • The agency's service user agreement is consistent with the care commissioned by the HSC Trust. The agency's care plan accurately details the amount and type of care provided by the agency in an accessible format. 	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>At the initial referral panel meeting, a breakdown of support is discussed and agreed upon. The service-user/representative conveys their expectations from the service. A person centred support plan is created in line with needs.</p> <p>On acceptance of placement, staff have access to all referral information. A key-worker can then be decided. Service-users' agreements are devised. Service-users support plans outline the amount and type of care provided by the agency.</p> <p>Service users/representatives can describe the amount and type of care provided by the agency</p> <p>Staff have an understanding of the amount and type of care provided to service users</p> <p>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.</p> <p>The service user agreement is consistent with the care commissioned by the HSC Trust and care plans accurately details the amount and type of care provided by the agency in an accessible format.</p>	Substantially compliant
Inspection Findings:	
<p>The inspector discussed the theme with the manager who stated that the relevant HSC trust commissions the care provided by the agency for individual service users.</p> <p>The inspector viewed a number of individual service user agreements/ breakdown sheets and care plans;</p>	Compliant

they detail the amount and type of care provided to the service user by the agency. Service users could describe the care received by the agency and were aware that the trust funded the care provided to them; they stated that they are encouraged to participate in the development of their individual care and support plans.

Staff could describe the amount and type of care provided to individual service users; they demonstrated their awareness of the need to ensure that service users and their representatives were consulted in relation to aspects of their care and support and the importance of service users' choice and human rights. Staff described the importance of providing the necessary support whilst promoting the independence of the service users.

From documentation viewed and discussion with service users the inspector noted that care plans are developed in conjunction with the commissioning trust and are reviewed at least annually.

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
Statement 2 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. <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	
<p>Our funding comes from a mix of care monies from the HSC Trust and Supporting People funding. Service users are provided with a breakdown of the specific care hours they are entitled to from the relevant HSC Trust area they are under. as well as the support hours provided for by Supporting People.</p> <p>Service users are not required to fund any care / support they receive from the staff from their own personal income. The only charges that are applicable to them are scheme charges, which are broken down into the relevant areas covered by these payments.</p> <p>The service users agree and sign up to these, usually on an annual basis, or more frequently if necessary. A copy is then retained in the person's file and also given to the statutory key worker for their information.</p>	Compliant
Inspection Findings:	
<p>The agency has in place individual service user agreements; the inspector viewed two agreements; it was noted that they detail any charges made to the service user by the agency. The documentation details the amount of care funded by the commissioning HSC trust.</p>	Compliant

The manager stated that the relevant HSC trust commissions the care provided by the agency to individual service users; they stated that service users are not paying the agency additional charges for personal care.

Service users could describe the charges for services received from the agency; they were aware that care provided to them by the agency was funded by the relevant HSC trust.

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

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p>Statement 3</p> <p>Evidence inspected confirms that service users' service agreements, care plans are reviewed at least annually confirming that service users/representatives are in agreement with the care provided and the payment of any fees.</p> <ul style="list-style-type: none"> • Service users/representatives confirm that their service agreement, care plans are reviewed at least annually by the commissioning HSC Trust, and confirm that they are in agreement with the care provided and the payment of any fees. • Records and discussion with staff confirm that the agency contributes to the HSC Trust annual review. • Records and discussion with staff confirm that reviews can be convened as and when required, dependent upon the service user's needs and preferences. • Records confirm that service users' service agreements, care plans are updated following reviews. Authorisation from the HSC Trust and consent from the service user/representative is documented in relation to any changes to the care plan or change to the fees paid by the service user. 	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Service Agreements and Care plans for each service user are reviewed at least annually by the commissioning HSC Trust, but more frequently if needed, and they are in agreement with the care provided and the payment of any fees by themselves.</p> <p>Altigarron staff contribute to, and often have the lead role in setting up, the HSC Trust Care reviews, that are usually held at Altigarron, and most often multidisciplinary in nature, which is inclusive of a Care Manager, statutory key worker and NIAMH staff, along with the service user and their family representatives (if they choose). It can also include the person's psychiatrist and any other significant person involved with the service user.</p> <p>Reviews can be convened more frequently than this also, and can be called for by any member of multidisciplinary team, Altigarron staff and service users included, as and when required, dependent upon the service user's needs and preferences.</p> <p>Service users' service agreements, care plans are updated following reviews / incidents. Authorisation from</p>	Compliant

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.	
Inspection Findings:	
<p>Prior to the inspection the registered manager completed and returned to RQIA a questionnaire which sought information about the role of the HSC trust in reviewing the needs and care plans of service users during the period 1 April 2013 – 31 March 2014 (in accordance with In accordance with the DHSSPS Circular HSC (ECCU) 1/2010 “Care Management, provision of services and charging guidance”).</p> <p>The inspector viewed the agency’s return it stated that all service users had received an annual review; the registered manager informed the inspector that the service users are reviewed at least annually by the commissioning HSC trust or more frequently as required.</p> <p>Service users and their relatives stated that they attended a review meeting involving their trust representative and are given the opportunity to contribute their views.</p> <p>The inspector viewed the care records for two service users and noted that they reviews had taken place and that the agency retains a copy of review documentation.</p> <p>Staff who met with the inspector stated that the care and support plans are updated at least annually or as required and that following a review any agreed changes are actioned.</p> <p>From documentation viewed it was identified that the agency have in place service agreements which record charges for services provided by the agency to the service user; these are signed by the service user and updated annually.</p>	Compliant

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

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

11.0 Any Other Areas Examined

11.1 Complaints

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

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Patricia Sadlier, registered manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan

Announced Primary Care Inspection

NIAMH Altigarron Court

18 December 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 Mrs Patricia Sadlier, registered manager during the inspection visit.

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

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

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

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

Statutory Requirements:

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

No.	Regulation Reference	Requirements	Number of Times Stated	Details of Action Taken by Registered Person(S)	Timescale
1.	6.-(1)(b)	<p>The registered person shall produce a written service user's guide which shall include-</p> <p>(b) the terms and conditions in respect of the services to be provided to service users, including details as to the amount and method of payment of fees, if appropriate;</p> <p>This requirement relates to the registered person ensuring that the service user's guide is updated to detail arrangements in place relating to staff accessing food whilst on duty in a service users home.</p>	Once	The service user guide has been amended to include arrangements that are in place relating to staff accessing food whilst on duty in a service user's home, as per Niamh policy and procedure.	Three months from the date of inspection: 18 March 2015.
2.	14.(b)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided-</p> <p>(b) so as to safeguard service users against abuse or neglect;</p> <p>This requirement relates to the registered person ensuring that the agency's documentation relating to service users valuables is updated to reflect that service users can access valuables held by the</p>	Once	The relevant documentation relating to the safekeeping of the service users valuables has now been amended at the scheme so that there is no time limit to whenever the service can access their own money / valuables. it has also been communicated to the Niamh group so that this can be amended within the Niamh policy also.	Three months from the date of inspection: 18 March 2015.

		agency at all times.			
3.	14.(a)(b)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided-</p> <p>(a) so as to ensure the safety and well-being of service users:</p> <p>(b) so as to safeguard service users against abuse or neglect;</p> <p>This requirement relates to the registered person ensuring that the agency has in place risk assessments relating to any restrictive practice and that documentation reflects that services users have been consulted in relation to any agreed restrictions.</p>	Once	This is currently being reviewed with all of the service users. Consultation is being carried out with the service users, and any relevant risk assessments put in place regarding any restrictive practices within the scheme.	Three months from the date of inspection: 18 March 2015.
4.	23.-(1)(5)	<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>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>This requirement relates to the registered person ensuring that the monthly quality</p>	Once	The views of the service users, their representatives and relevant professionals, is now in place and recorded within the monthly quality monitoring records.	Three months from the date of inspection: 18 March 2015.

		monitoring record maintained clearly records the views of service user representatives and relevant professionals.			
5.	14.(c)(e)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided-</p> <p>(c)so as to promote the independence of service users;</p> <p>(e)in a manner which respects the privacy, dignity and wishes of service users, and the confidentiality of information relating to them; and</p> <p>This requirement relates to the registered person ensuring that service users residing in the adjacent bungalow are provided with a secure facility for the secure storage of medication within their individual home.</p>	Once	A secure facility is already in place for the secure storage of medication within the adjacent bungalow. The full usage of this is being reviewed again with all of the current service users. At present, service users receive medication within their own home when this is requested on an individual basis.	Three months from the date of inspection: 18 March 2015.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Patricia Sadlier
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Billy Murphy

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	X	Joanne Faulkner	11/02/15
Further information requested from provider			