



The **Regulation** and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Agency:	NIAMH Newhaven
RQIA Number:	10809
Date of Inspection:	17 November 2014
Inspector's Name:	Joanne Faulkner
Inspection ID:	20494

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Agency:	NIAMH Newhaven
Address:	52 Burn Road Cookstown BT80 8DN
Telephone Number:	02886761099
Email Address:	newhaven@beaconwellbeing.org
Registered Organisation / Registered Provider:	William Henry Murphy NI Association for Mental Health
Registered Manager:	Ms Eileen O'Hagan
Person in Charge of the Agency at the Time of Inspection:	Ms Eileen O'Hagan
Number of Service Users:	Six
Date and Type of Previous Inspection:	1 October 2014 Announced Primary Care Inspection
Date and Time of Inspection:	17 November 2014 09:30 – 16:00
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	5
Staff	3
Relatives	2
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	11	5

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 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 Newhaven is a supported living type domiciliary care agency, situated close to the Cookstown town centre. The agency offers domiciliary care and housing support to service users with complex mental health problems.

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

Staff are available to support tenants 24 hours per day and each service user has an identified 'key worker.'

8.0 Summary of Inspection

The announced inspection was undertaken on 17 November 2014 at the registered office, located within the service. The inspector was supported throughout the inspection by the registered Manager, Ms Eileen O'Hagan.

During the inspection the inspector had the opportunity to meet with five service users and three staff; the inspector spoke to the relatives of two service users.

The inspector read a number of care records which outlined the care and support provided to meet the individual assessed needs of service users. 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 five staff members forwarded to RQIA completed questionnaires in relation to the quality of service provision; the inspector also spoke to three members of staff on duty during the inspection and has incorporated their comments within this report.

8.1 Staff Comments

"Training is good"

"I feel supported"

"I look forward to supervision"

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

"Very Homely atmosphere"

"Service users can make their own choices"

"I recently received training on managing peoples monies"

"I get six weekly supervision and annual appraisal"

The 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
- Staff have recently 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 five service users who stated that they are supported to live as independently as possible; they informed the inspector that they were involved in developing their individual care and support plans and encouraged to attend review meetings involving the relevant 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

- "Very relaxed atmosphere"
- "I can access my money at any time"
- "I spend my money on what I want"
- "I know my keyworker"
- "We go out for meals"
- "I can come and go as I please"
- "I have my own key"
- "I am happy living here"
- "We are very well looked after"
- "I tell the staff if I am not happy"
- "I have been on holiday to Scotland"
- "I attend review meetings; they listen to you"

8.3 Service User Representative

The inspector spoke to a relative 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.

Comments

- "Staff are all very good"
- "Staff are fantastic"
- "I attend review meetings"
- "Staff discuss any concerns with me"
- "Staff are approachable"
- "My relative manages their own money"

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
- Capacity assessment documentation

Records viewed outline any charges in respect of service provision including the terms and conditions and methods of payment.

Service users do not pay additional charges for care services provided by the agency; 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.

Service users currently pay a weekly agreed amount for food and utilities; service users are supported to devise a menu plan and shop for food; service users prepare breakfast and lunch individually. Service users could describe the process for opting out or cancelling any services no longer required from the agency.

Staff have the option to purchase a meal whilst on duty there is a charge for this; staff stated that they provide their own food whilst on duty in a service user's home; the agency has a policy relating to staff meals.

The agency provides each service user with the agreed support required to manage their finances; this is clearly recorded in the service users' individual care and support plans. Service users are supported to manage their money and can access their money at all times; the agency maintains a record of all monies or valuables held on behalf of service users. Individual ledgers are maintained; they clearly record all transactions and are maintained in accordance with the agency's finance policy. The inspector noted that agency staff are not consistently recording their full signature on all records. A requirement has been made.

Service users have a safe 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; however a list of safe contents was not maintained. A requirement has been made.

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 agency's staff are required to use their private cars occasionally they are reimbursed for all journeys; service users are not charged for this service.

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 "compliant" in this theme.

Prior to admission the agency receives referral information and a range of assessments from the referring HSC trust; these assist staff in developing individual care and support plans in conjunction with service users and their representatives.

Records viewed contained a range of assessments provided to the agency by the referring HSC trust and individualised care and support plans. Service users and their representatives stated that they are involved in developing their care and support plans and that their views are reflected; 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 six monthly or as required.

Regular monitoring of care practices occurs to ensure that any practice deemed as restrictive is identified. The manager described one restriction presently in place; the agency retains documentation in relation to any discussions relating to this restriction; service users stated that this restriction had been agreed with them and is reviewed regularly. Service users have full access to all areas of their home at any time and are provided with a key to their home and individual rooms.

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, restrictive practice and managing service users' monies. Staff informed the inspector that they receive individual supervision four to six weekly and annual appraisal with a six monthly review.

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 range 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.

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.

The agency has in place referral information provided by the relevant referring HSC trust prior to admission detailing the individual assessment of need and highlighting identified risks.

Service users have in place individual service user agreements and care and support plans; they detail separately the amount of care and support provided by the agency to each individual service user. Service user agreements are updated annually; with care and support plans being reviewed in conjunction with the service user six monthly.

Service users and their representatives 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 are supported to participate in. All service users are in receipt of care services funded by the HSC trust.

The registered manager and staff could clearly 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 six monthly or as required in conjunction with the service user, their representative and their allocated keyworker within the service.

Service users and their representatives stated that they are encouraged to participate in the review process and are given the opportunity to express their views; the manager stated that reviews with the HSC trust representative are undertaken six monthly or as required.

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

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 and their representatives were aware that the relevant HSC trust commissions the care provided by the agency. 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 HSC trust; a number of service users receive six monthly reviews. Service users stated that they are encouraged to participate in the review meeting and are given the opportunity to express their views and wishes. The inspector identified that the agency retains a copy of review documentation for individual service users.

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 manager from another service. The manager stated that prior to the visit a monthly self-assessment is completed. The documentation contains detail of any incidents or safeguarding concerns and contains an action plan. Documentation viewed records the views of service users; 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. 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.	14 (b) & (d)	The registered person must ensure that the service user guide and the agency's policies and procedures confirm the agency's contribution towards utility costs for office accommodation located in the service user's home, and if appropriate confirm that service users have been consulted about sharing their groceries with staff members. If service users consent to this practice procedures must be implemented to re-imburse the cost to service users.	The inspector viewed the agency's service user guide; it details the arrangements for charges relating to shared costs. This requirement has been assessed as being fully met.	Once	Fully met.
2.	16 (2) (a)	The registered person must ensure that staff receive training on vulnerable adults and awareness training on the safeguarding of children and young people at least every two years.	The inspector viewed the agency's training documentation; it was noted that staff have received relevant training. One staff member has recently returned from long term leave and training has been scheduled. This requirement has been assessed as being fully met.	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>

<p>Provider's Self-Assessment</p>	
<p>A document is in place in each service users file which details charges paid by the service user. These are also included in the service user handbook.</p> <p>Service users currently do not pay for additional personal care services although they are made aware that they can do this if they wish. The household bills are divided proportionately to ensure the service users are not paying for any expenses that would be applicable to staffing costs or anything in connection with agency business. Staff meals are paid for independently by staff and catering costs for tea and coffee are paid and coded separately and forwarded to Finance. This is detailed in the service user handbook and discussed with the service user.</p> <p>Any service user who requires support with their finances, the level of support they require is detailed in their support plan and these arrangements are signed and agreed by the service user. The Financial procedures supports these arrangements to ensure staff are aware of their responsibilities. Service users are notified of any changes to charges and provided with four weeks notice to ensure standing orders can be changed.</p> <p>The accomodation is decorated and maintained in a homelike manner and the service users have input and choices with any redecoration requirements. The workplace requirements are kept to a minimum.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The registered manager stated that none of the service users are charged for personal care provided by the agency; the HSC trust commissions 23.5 hours per week for each service user for care provided by the agency.</p> <p>The inspector viewed the service user agreements for two service users and noted that service users are not paying additional charges for personal care; it was noted that the amount of care and support provided was recorded individually. Service users' representatives could describe the process for cancelling any services provided by the agency.</p> <p>The service users informed the inspector that they pay an agreed amount per week for food and could describe the process for menu planning and 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. Service users who met with the inspector stated that they can access the kitchen at any time and are provided with the necessary support to prepare food. The manager stated that service users prepare their breakfast and lunch individually.</p>	<p>Compliant</p>

Service users pay an agreed amount for utilities; the manager stated that this is reviewed annually.

The inspector viewed a ledger in place for the service users' pooled monies and noted that it detailed all transactions in or out and the available balances are recorded; receipts are retained by the agency for each purchase made and are numbered.

The manager stated that staff can purchase a meal whilst on duty or provide their own food; this was confirmed by staff who spoke to the inspector.

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.

The agency's finance policy details the procedures for staff involved in supporting service users to manage their money.

The service user guide details the arrangement in place for staff meals; shared costs and cancellation of services.

<p align="center">THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED</p>	
<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 as nominated appointee; 	<p align="center">COMPLIANCE LEVEL</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>The assessment of need ensures any financial support required is detailed and recorded. This is also discussed at the point of referral. All agreed itemised financial services are documented and signed by each service user. Scheme charges are refunded if a service user is on social leave. This is documented in Petty cash and signed for in receipt book.</p> <p>In Newhaven service users have a separate safe which is only accessible to staff on duty. A record is maintained of all amounts withdrawn and lodged and signed by staff and service user. In the event that a service user is not available to sign two staff will sign. A balance check is maintained on all service users monies daily to ensure amounts are correct. Service users have full access to any money they maintain in the house safe there are no restrictions in place in allowing them to access this. The service user is consenting to this practice and this is reviewed on a regular basis.</p> <p>Staff do not purchase items on behalf of the service users.</p>	<p>Compliant</p>

Inspection Findings:	
<p>The agency has in place service user agreements and care and support plans detailing the support required by individual service users to manage their monies. The inspector viewed the documentation for one service user and noted it detailed the support required by the service user to manage their finances.</p> <p>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.</p> <p>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.</p> <p>The agency has in place a ledger for one individual service user; it was viewed by the inspector; it details all 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 twice daily by agency staff; an annual audit is completed by the agency's finance department.</p> <p>The agency has in place a finance policy which details the procedure for staff handling service users' monies; this was viewed by the inspector.</p> <p>The manager could describe the procedure for referral of a service user for a capacity assessment.</p>	<p>Compliant</p>

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<p>Statement 3:</p> <p>Where a safe place is provided within the agency premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained:</p> <ul style="list-style-type: none"> • Where the agency provides an appropriate place for the storage of money and valuables deposited for safekeeping, robust controls exist around the persons who have access to the safe place; • Where money or valuables are deposited by service users with the agency for safekeeping and returned, a record is signed and dated by the service user/their representative, and the member of staff receiving or returning the possessions; • Where a service user has assessed needs in respect of the safety and security of their property, there are individualised arrangements in place to safeguard the service user's property; • Service users are aware of the arrangements for the safe storage of these items and have access to their individual financial records; • Where service users experience restrictions in access to their money or valuables, this is reflected in the service user's HSC Trust needs/risk assessment and care plan; <p>A reconciliation of the money and valuables held for safekeeping by the agency is carried out at regular intervals, but least quarterly. Errors or deficits are handled in accordance with the agency's SVA procedures.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p> <p>If a service users wishes to maintain a small amount of money in the house safe they are able to do this. If any valuables or money are maintained in the safe a "Safekeeping of valuable's" agreement is signed by the service user. The house safe is only accessible to staff on duty. It is detailed in the service user support plans what arrangements they require for the safe keeping of their valuables. All service users have a locked cupboard in their bedroom for the safe keeping of valuables in their bedroom. A reconcilliation of service user monies is maintained daily and any errors are reported in line with finance policy and Safeguarding vulnerable adult procedures.</p>	Substantially compliant

Inspection Findings:	
<p>The agency has two safes located in the office; the contents are reconciled twice daily. It was noted that a monthly audit is completed by the registered manager and annually by the agency's finance department. It was identified that a full list of all items retained in the safe was not maintained. A requirement has been made.</p> <p>The manager stated that service users have their own individual bank accounts and 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 manager stated that one service user requires support with budgeting; the inspector viewed the care and support plan in place and noted that it detailed the agreed support required by the service user to manage their finances.</p> <p>The agency has in place a finance policy, 2014; this was viewed by the inspector; it details the procedures for staff handling service users' monies.</p> <p>The manager stated that the senior member of staff on duty holds the key for the safe; staff informed the inspector that a reconciliation of monies held by the agency is completed twice daily by two staff members, and could describe the necessary steps if a discrepancy was identified. The inspector viewed the ledger for monies held on behalf of one service user and noted that it records all transactions and available balance and that the service user and two staff signed for all transactions. 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. It was noted that staff are not consistently signing their full signature. A requirement has been made.</p> <p>Staff informed the inspector that they had received finance training on managing service user's monies.</p>	<p>Substantially 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:

COMPLIANCE LEVEL

- 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. 	
<p>Provider's Self-Assessment</p>	
<p>There are no transport agreements/arrangements within scheme. Service users are encouraged to use public transport. Where staff transport service users in their own vehicles they have to provide documentary evidence to support that their vehicle meets the relevant legal requirements in terms of insurance and road worthiness. These documents are checked yearly and copies retained in staff files. There is no charge to the service users for this and the mileage is paid from staff costs.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The registered manager stated that the agency does 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.</p> <p>Service users informed the inspector that they are supported by agency staff to access public transport; one service user has their own vehicle.</p> <p>The registered manager stated that staff are required to use their personal vehicle for business use occasionally; the agency requires that staff submit the necessary insurance documentation; staff submit mileage claims and are reimbursed by the agency. The manager informed the inspector that no record is maintained of any service user journeys and that service users are not charged for journeys made in staff cars. The agency has a policy detailing the procedure for staff using personal vehicles to transport service users; it was viewed by the inspector.</p>	<p>Compliant</p>

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
	Substantially compliant

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 1:</p> <p>The agency responds appropriately to the assessed needs of service users</p> <ul style="list-style-type: none"> • The agency maintains a clear statement of the service users’ current needs and risks. • Needs and risk assessments reflect the input of the HSC Trust and contain the views of service users and their representatives. • Agency staff record on a regular basis their outcome of the service provided to the individual • Service users’ care plans reflect a range of interventions to be used in relation to the assessed needs of service users • Service users’ care plans have been prepared in conjunction with the service user and their HSC Trust representative(s) and reflect appropriate consideration of human rights. 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p> <p>The agency maintains a clear picture of the service users needs and risk contained within the assessment of need. This is regularly updated in partnership with the service user and indicates any changing needs, incidents and requirements involving the service users. Daily notes are completed twice daily and the outcome of any interventions or events on that given day. Service users are encouraged to complete their notes.</p> <p>Support plans are implemented with full participation from the service user and regularly reviewed at six monthly multi disciplinary meetings. As the support plan is a working document , it can be updated or adjusted at any time according to their needs. (R/101) service user care plans are prepared and conducted in consideration of the service users human rights and ensures their understanding of the human rights is applicable to their own needs. All documentation is signed and agreed by the agency staff, Trust representative and service user..</p>	Compliant

Inspection Findings:	
<p>The manager stated that prior to admission the agency receives a range of multi-disciplinary assessments from the referring HSC trust; detailing the assessed needs of service users and highlighting identified risks; these were viewed by the inspector. 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 who spoke to the inspector stated that agency staff consult with them if a new tenant is considering living in the house and that their opinions are sought.</p> <p>From care plans viewed the inspector noted that the information outlined a range of interventions and reference was made to the consideration of the individual service user’s human rights.</p> <p>Service users who met with the inspector stated that they are involved in developing their care and support plans and that their choices are reflected. The inspector observed that care plans were signed by the service users and are reviewed at six monthly 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. The manager stated that one service users has chosen to complete their individual daily recording.</p> <p>Service users could 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>Compliant</p>

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 2:</p> <p>Agency staff have the appropriate level of knowledge and skill to respond to the needs of service users</p> <ul style="list-style-type: none"> • Agency staff have received training and on-going guidance in the implementation of care practices • The effectiveness of training and guidance on the implementation of specific interventions is evaluated. • Agency staff can identify any practices which are restrictive and can describe the potential human rights implications of such practices. • The agency maintains policy and procedural guidance for staff in responding to the needs of service users • The agency evaluates the impact of care practices and reports to the relevant parties any significant changes in the service user’s needs. • Agency staff are aware of their obligations in relation to raising concerns about poor practice 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p> <p>Staff receive training both mandatory and optional to ensure they are able to respond appropriately to the needs of the service users. Staff complete a Record of Evidence sheet following each training which evaluates the training session and how this can influence their work and how it can be applied to practices to improve outcomes for service users. Staff are able to identify practice which may impact on the service users human rights and this is also reflected in policy guidance. Through training staff are knowledgeable and informed about recognising and being able to take steps to raise concerns about poor practice. Staff and volunteers recognise our responsibilities to develop awareness of the issues that cause vulnerable adults harm, and to establish and maintain a safe environment for them...’ (BS/2) Any changes in a service users needs and requirements are reported to the relevant statutory worker. The restrictive practice policy will ensure staff are aware of the definition of restrictive practice. Concerns are reported to the statutory worker without delay following incidents. Whistleblowing policy and Safeguarding polies are also in place to raise any concerns regarding poor practices.</p>	Compliant

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, managing service users monies, medication management, and mental health awareness.</p> <p>Staff stated that they had received corporate induction at the commencement of their employment and further training during the first nine months of employment. The manager stated that staff complete an induction within the service in the first three days of employment. Staff also stated that they receive supervision four to six weekly and annual appraisal with an interim review; they informed the inspector that they felt competent carry out the requirements of their role and are supported by the manager. The agency has in place a supervision and appraisal policy, dated September 2013; 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 trust representative.</p> <p>Staff could describe the necessary actions in relation to whistleblowing and had knowledge of the policy in place.</p>	<p>Compliant</p>

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 3:</p> <p>The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency</p> <ul style="list-style-type: none"> • Service users and their relatives and potential referral agents are advised of any care practices that are restrictive or impact on the service users’ control, choice and independence in their own home. • The agency’s Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions • Service users are advised of their right to decline aspects of their care provision. Service users who lack capacity to consent to care practices have this documented within their care records. • Service users are provided with a copy of their care plan (in a format that is appropriate to their needs and level of understanding) and receive information in relation to potential sources of (external) support to discuss their needs and care plan. • The impact of restrictive practices on those service users who do not require any such restrictions. 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p> <p>All care practices and restrictions if any will be discussed at the initial Panel meeting. The Restrictive Practice policy defines its meaning and how it may implicate within the scheme.</p> <p>In Newhaven a lock has been applied to the oil burner due to this being abused in the past and resulting in an increase to all service users scheme charges. This has been discussed at meetings and all service users are aware that they can request staff to put the oil on at any time they wish.</p> <p>Any care practices that are restrictive or impact on the service users control, choice and independence are outlined in a support plan and agreed through an assessment of their capacity. Any practice that is deemed restrictive is discussed regularly in a multi disciplinary setting. Service users are able to decline 'opt out' of aspects of care provision if they wish. If a service user consistently wants to change support provider this would be referred to the statutory key worker to consider and facilitate this request. Changing to a different support provider will not impact on tenancy rights'</p> <p>All service users have the opportunity to maintain a personal copy of their support plans if they wish. This is formatted in a method appropriate to their needs and level of understanding. Service users can also access an advocate of they wish to discuss any areas of their support independently.</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 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 they are provided with keys to access their home and can access all areas of their home at any time and could leave the house when they choose.</p> <p>The registered manager discussed a restriction currently in place in relation to the oil timer; the agency has in place documentation in relation to same; service users informed the inspector that the restriction has been discussed and agreed with them. The manager stated that practices are reviewed regularly to identify any practices which may be deemed as restrictive.</p>	<p>Compliant</p>

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 4</p> <p>The registered person ensures that there are robust governance arrangements in place with regard to any restrictive care practices undertaken by agency staff.</p> <ul style="list-style-type: none"> • Care practices which are restrictive are undertaken only when there are clearly identified and documented risks and needs. • Care practices which are restrictive can be justified, are proportionate and are the least restrictive measure to secure the safety or welfare of the service user. • Care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance. • The agency evaluates the impact of restrictive care practices and reports to the relevant parties any significant changes in the service user’s needs. • The agency maintains records of each occasion restraint is used and can demonstrate that this was the only way of securing the welfare of the service user (s) and was used as a last resort. • Restraint records are completed in accordance with DHSSPS (2005) Human Rights Working Group on Restraint and Seclusion: Guidance on Restraint and Seclusion in Health and Personal Social Services. • The agency forwards to RQIA and other relevant agencies notification of each occasion restraint is used • The registered person monitors the implementation of care practices which are restrictive in nature and includes their on-going assessment of these practices within the monthly quality monitoring report 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p> <p>Any care practices which are deemed restrictive are only undertaken in conjunction with agreement from the multi disciplinary team and those involved in the care and support of the service user. Any practice that is deemed restrictive is regularly reviewed. The agency does not consent to restraint being used on any occasion.</p>	Compliant

Inspection Findings:	
<p>The inspector discussed this theme with the manager and staff; agency staff stated that care practices are regularly monitored to ensure that practices which are may be deemed as restrictive are identified.</p> <p>Staff could describe practices which could be deemed as restrictive; they stated that there is currently one restrictive practice within the service. The agency retains documentation in related to the restriction; it is reviewed at review meetings with the relevant HSC trust representatives. The manager described the process for engaging with service users' and their representatives in relation to any practices that many be deemed as restrictive.</p> <p>Service users who met with the inspector stated that they have a key for their home and can come and go as they choose.</p> <p>From the training records viewed and discussion with staff it was noted that staff have received training in human rights and protection of vulnerable adults.</p>	<p>Compliant</p>

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL Substantially compliant
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INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL Compliant
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THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
Statement 1	COMPLIANCE LEVEL
<p>Evidence inspected confirms that service users/representatives have written information and/or had explained to them the amount and type of care provided by the agency</p> <ul style="list-style-type: none"> • Service users/representatives can describe the amount and type of care provided by the agency • Staff have an understanding of the amount and type of care provided to service users • The agency’s policy on assessment and care planning and the statement of purpose/service user guide describe how individual service user agreements are devised. • The agency’s service user agreement is consistent with the care commissioned by the HSC Trust. The agency’s care plan accurately details the amount and type of care provided by the agency in an accessible format. 	
Provider’s Self-Assessment	
<p>The amount and type of care will be determined at the time of referral. Service users have an agreement outlining the amount and type of care provided by the agency. Staff have an understanding of this and the support provided to each service user. Service users support plans outline the amount and type of care/support provided by the agency. This is individual for each service user and will change according to the needs of the service user.</p> <p>The amount and type of care and support is documented in the Statement of Purpose and Service User Guide.</p>	Compliant

Inspection Findings:	
<p>The manager stated that the relevant HSC trust commission the care for each service user.</p> <p>The inspector viewed a number of individual service user agreements and care plans; they detail the amount and type of care provided to the service user by the agency; it was noted that care and support hours provided to the service users is detailed individually. Service users who met with the inspector could describe the care received by the agency and were aware that the trust funded the care provided to them by the agency. Service users stated that they are involved in the development of their individual care and support plans.</p> <p>Staff could describe the amount and type of care provided to individual service users; they described a range of practices which were individualised to the needs of the service users. Staff described the importance of providing the necessary support whilst promoting the independence of the service users.</p> <p>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 six monthly.</p>	<p>Compliant</p>

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p>Statement 2</p> <p>Evidence inspected confirms that service users/representatives understand the amounts and method of payment of fees for services they receive as detailed in their individual service agreement.</p> <ul style="list-style-type: none"> • Service users/representatives can demonstrate an understanding of the care they receive which is funded by the HSC Trust • Service users/representatives can demonstrate an understanding of the care which they pay for from their income. • Service users/representatives have an understanding of how many hours they are paying for from their income, what services they are entitled to and the hourly rate. • Service users/representatives have an understanding of how to terminate any additional hours they are paying for from their income • Service users/representatives have been informed that cancellation of additional hours they are paying for from their income will not impact upon their rights as a tenant. 	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Service users are informed of the support/care they receive and how the hours are broken down.</p> <p>No service user pays for additional hours at Newhaven.</p>	Substantially 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 and details the amount of care funded by the relevant commissioning HSC trust.</p> <p>The manager stated that service users are not paying the agency additional charges for personal care.</p> <p>Service users were able to describe to the inspector the charges for service received from the agency; they were aware that personal care provided to them by the agency was funded by the relevant HSC trust.</p> <p>Service users described to the inspector the process for cancelling any services provided by the agency. The service user guide details the process for the cancellation of services; of the records viewed service users have in place a signed service user agreement.</p>	<p>Compliant</p>

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
Statement 3	COMPLIANCE LEVEL
<p>Evidence inspected confirms that service users’ service agreements, care plans are reviewed at least annually confirming that service users/representatives are in agreement with the care provided and the payment of any fees.</p> <ul style="list-style-type: none"> • Service users/representatives confirm that their service agreement, care plans are reviewed at least annually by the commissioning HSC Trust, and confirm that they are in agreement with the care provided and the payment of any fees. • Records and discussion with staff confirm that the agency contributes to the HSC Trust annual review. • Records and discussion with staff confirm that reviews can be convened as and when required, dependent upon the service user’s needs and preferences. • Records confirm that service users’ service agreements, care plans are updated following reviews. Authorisation from the HSC Trust and consent from the service user/representative is documented in relation to any changes to the care plan or change to the fees paid by the service user. 	
Provider’s Self-Assessment	
<p>Service user support plans are reviewed six monthly and in conjunction with the Trust representative/multi disciplinary team. Service user reviews can be undertaken when required in line with any changes/incidents that have occurred and updated risk assessments. The support plan is a working document and can therefore be updated or adjusted at any time, for example, a hospital visit, incident, accident.' (R/101)</p>	Compliant
Inspection Findings:	
<p>Prior to the inspection the registered manager completed and returned to RQIA a questionnaire which sought information about the role of the HSC trust in reviewing the needs and care plans of service users during the period 1 April 2013 – 31 March 2014 (in accordance with In accordance with the DHSSPS Circular HSC (ECCU) 1/2010 “Care Management, provision of services and charging guidance”).</p> <p>The inspector viewed the 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 six monthly by the commissioning HSC trust or as required.</p>	Compliant

<p>Service users stated that they attend a six monthly review involving their trust representative and are encouraged to express their views; however.</p> <p>The inspector viewed the care records for two service users and noted that reviews involving the relevant HSC Trust representative were being carried out six monthly.</p> <p>Staff who met with the inspector stated that the care and support plans are updated six monthly or as required and that following a review any agreed changes are actioned. Staff stated that they participate in the review meetings of the service users and are required to complete documentation prior to the meeting.</p> <p>The inspector noted from the documentation viewed 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.</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>
	<p>Compliant</p>

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

11.0 Any Other Areas Examined

11.1 Complaints

The agency has received no 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.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Eileen O'Hagan, 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 Newhaven

17 November 2014

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

The specific actions set out in the Quality Improvement Plan were discussed with Ms Eileen O'Hagan, registered manager during the inspection visit.

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

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

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

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

Statutory Requirements:

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

No.	Regulation Reference	Requirements	Number of Times Stated	Details of Action Taken by Registered Person(S)	Timescale
1.	14.(b)(d)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided-</p> <p>(b) so as to safeguard service users against abuse or neglect; (d) so as to ensure the safety and security of service users' property, including their homes;</p> <p>This requirement relates to the registered person ensuring that the agency's staff record their full signature on all finance documentation.</p>	Once	<p>This has been actioned from 18/11/14. Staff now record their full signatures on all service users financial documents</p>	Two months from the date of inspection: 17 January 2015.
2.	14.(b)(d)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided-</p> <p>(b) so as to safeguard service users against abuse or neglect; (d) so as to ensure the safety and security of service users' property, including their</p>	Once	<p>This has been actioned from 18/11/14. A book is now in place and the contents of the safe are checked and recorded by staff.</p>	Two months from the date of inspection: 17 January 2015.

		homes; This requirement relates to the registered person ensuring that a record is maintained detailing the contents of the agency's safe.			
3.	23.-(1)(5)	The registered person shall establish and maintain a system for evaluating the quality of services which the agency arranges to be provided. (5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives. This requirement relates to the registered person ensuring that the monthly quality monitoring record maintained clearly records the views of service user representatives and relevant professionals.	Once	This will be actioned from December 2014 and at each monthly monitoring thereafter, to ensure that the views of service user representatives and professionals are recorded.	Two months from the date of inspection: 17 January 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	Eileen O'Hagan
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	14/01/2015
Further information requested from provider			