PRIMARY INSPECTION

Name of Agency:	**NIAMH Shiels Court**
Agency ID No:	**10837**
Date of Inspection:	**9 December 2014**
Inspector's Name:	**Rhonda Simms**
Inspection No:	**INO20495**

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	NIAMH Shiels Court
Address:	39 - 41 Shiels Court Castle Street Ballymoney BT53 6JT
Telephone Number:	02827664974
E mail Address:	shielscourt@beaconwellbeing.org
Registered Organisation / Registered Provider:	Miss Rose Anne Reynolds
Registered Manager:	Miss Siobhan Herbison
Person in Charge of the agency at the time of inspection:	Miss Siobhan Herbison
Number of service users:	11 (capacity 12)
Date and type of previous inspection:	Primary Announced Inspection 25 November 2013, 9:15 – 4:15pm
Date and time of inspection:	Primary Announced Inspection 9 December 2014 9.45 am – 4.45pm
Name of inspector:	Rhonda Simms

Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect supported living type domiciliary care agencies. A minimum of one inspection per year is required.

This is a report of a primary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

Purpose of the inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations, minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of domiciliary care, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Domiciliary
- Care Agencies Minimum Standards (2011).

Other published standards which guide best practice may also be referenced during the inspection process.

Methods/process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection include the following:

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders

- File audit
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

Consultation process

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

Service users	7
Staff	7
Relatives	2
Other Professionals	3

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	9	5

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 four 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 assessed the agency's progress towards compliance with one requirement and two recommendations stated at the previous inspection of 25 November 2013. The agency was assessed as achieving compliance with one requirement and two recommendations.

The registered provider and the inspector have rated the service's compliance level against each good practice indicator and also against each quality theme.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	**Definition**	**Resulting Action in Inspection Report**
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

Profile of service

NIAMH Shiels Court is a supported living type domiciliary care agency which provides domiciliary care and housing support for eleven service users (capacity twelve), with mental health needs. Accommodation is provided in three houses (two houses with four service users, one house with three service users), and an individual flat. Services are provided by thirteen staff. Support plans and reviews aim to develop life skills, daily living skills, social and emotional needs and community involvement. The overall goal of the service is to develop independent living skills and maximise quality of life. All referrals are made by the Community Mental Health Team who maintain involvement during the service user's tenancy.

Summary of inspection

The inspection took place on 9 December 2014 at the agency's registered office at NIAMH Shiels Court, Ballymoney.

During the inspection a range of policies and procedures, care and support plans, review records, service user agreements and other documentation was examined. The inspector spoke with Siobhan Herbison, registered manager, six support staff, six service users, two relatives and three professionals from the Community Mental Health Team.

Prior to the inspection, five staff returned questionnaires to RQIA. The inspector reviewed the questionnaires, which indicated that staff had received effective training in handling service users' finances, safeguarding vulnerable adults, human rights and the supported living model. Staff provided feedback regarding their understanding of the supported living ethos:

'Support with, not do for'
'Individual support plans for the individual's values of living, it's a person's home'
'Promote and support individuals with daily living standards, their rights, choice, inclusion and participation'
'Person centred approach to support, make informed choices, become as independent as possible'.

In the course of the inspection the inspector met with and spoke to seven service users. The inspector visited three service users in their own homes, which were individually decorated in accordance with their personal taste. Service users provided positive feedback regarding the standard of service provided by staff at NIAMH Shiels Court. The service users who spoke with the inspector described the positive impact on their lives of coming to NIAMH Shiels Court, and their hopes to achieve further goals in the future. It was particularly notable that some service users commented on the values and attitudes of staff at NIAMH Shiels Court, comparing them favourably to their experiences of staff in other mental health settings.

'The staff respect my decisions and opinions'
'The staff give me space'
'The staff are excellent, they treat me fairly, considerately. The staff fully respect me'
'They treat me like a real person'
'The staff are lovely'
'The staff are really good…approachable, supportive and easy to talk to'
'I feel confident in the staff, I see high standards'
'It's person centred, all about me and how I can be helped'
'They have helped me, I have a normal life now'.

The inspector spoke with two relatives who made positive comments regarding the standard of service at NIAMH Shiels Court. Both relatives commented on the progress their relative had made with independent living skills since coming to live at NIAMH Shiels Court.

In the course of the inspection, the inspector spoke with three HSC Trust professionals from the Community Mental Health Team. The HSC Trust professionals described having 'excellent working relationships' with the agency, reporting effective systems of communication and flexibility in meeting complex needs of service users.

Detail of inspection process:

- **Theme 1 - Service users' finances and property are appropriately managed and safeguarded**

The agency has been assessed as achieving a compliance level of **'compliant'** in relation to Theme 1.

The inspector viewed a range of documentation including HSC Trust assessments, tenancy agreements, financial policies, financial agreements, financial support plans, budget plans, ledgers and receipts in order to assess compliance with Theme 1.

The documents examined by the inspector showed robust systems to record and reconcile all transactions made on behalf of service users. One service user choses to keep money in the agency safe and the arrangements around this were satisfactory. Most service users manage their own money and no service user experiences restrictions in access to their money. Two service users are assessed as being financially incapable and the agency is not their appointee. Financial support plans for service users included HSC Trust input as appropriate.

Service users do not pay for personal care and no service user is paying for care additional to the Trust plan.

The registered manager discussed the decision making process of identifying and referring a service user to the HSC Trust for financial capacity assessment.

Staff and service users confirmed that staff provide their own food for consumption whilst on duty.

No requirements or recommendations have been made in relation to Theme 1.

- **Theme 2 – Responding to the needs of service users**

The agency has been assessed as achieving a compliance level of **'substantially compliant'** in relation to Theme 2.

A range of care and support plans which incorporated service users' needs from assessments completed by the HSC Trust were viewed by the inspector. Care and support plans were completed in a person centred manner, reflected a range of interventions, and included the involvement of the service user.

Documentation and feedback from staff, service users, and HSC Trust professionals indicated that the agency responds to the changing needs of service users, reviews care practices, and adapts care and support plans accordingly. The inspector noted that the agency provides care and support to service users with complex needs and liaises with HSC Trust professionals appropriately. Service users who took part in the inspection reported being involved in their care plans in a manner which took account of their individual needs and preferences.

The inspector noted that human rights implications were considered in care and support plans. Several service users provided feedback that agency staff treat them with consideration and respect. Service users described the care and support provided as flexible to meet their needs, and were aware that they could decline services.

The inspector's review of training records and feedback from agency staff indicated that staff are provided with a range of training appropriate to their roles.

On the day of inspection there were no restrictive practices evident or reported by staff or service users.

No requirements or recommendations have been made in relation to Theme 2.

- **Theme 3 - Each service user has a written individual service agreement provided by the agency**

The agency has been assessed as achieving a compliance level of **'substantially compliant'** in relation to Theme 3.

The inspector examined a range of support and care plans which were consistent with care commissioned by the HSC Trust. Care and support plans were completed in a person centred manner, individualised and reflected the needs and preferences of the service user. Service users had an understanding of the amount and type of care provided by the agency, describing a flexible service. Service users who took part in the inspection understood that they did not pay for their care; this was stated in written agreements viewed by the inspector.

The registered manager confirmed the report of care reviews commissioned by the HSC Trust that all service users had annual reviews from 1 April 2013 – 31 March 2014. The inspector observed evidence of regular HSC Trust involvement in care records and through feedback from HSC Trust professionals.

No requirements or recommendations have been made in relation to Theme 3.

Additional matters examined

Monthly Quality Monitoring Visits by the Registered Provider

A range of monthly quality monitoring reports undertaken on behalf of the registered person was reviewed by the inspector.

The reports had been regularly completed and included consultation with service users and staff. The registered person must ensure that the views of relatives and professionals are included in reports of monthly quality monitoring. A recommendation and a requirement have been made in relation to monthly quality monitoring.

Reports included quality improvement measures and monitoring of standards in the service.

Statement of Purpose

The Statement of Purpose examined provided information as outlined in Regulation 5, Schedule 1 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

Information was provided regarding the mission statement, values and philosophy of the organization, aims and objectives, nature and range of services provided. The name of the registered person and registered manager was provided, with their qualifications and those of staff. The complaints procedure was outlined. Standards and quality of service that service users can expect are described. The Statement of Purpose included appropriate information regarding restrictive practice.

Charging Survey

At the request of RQIA, the registered manager submitted a completed survey of charging arrangements to RQIA in advance of the inspection.

The charging survey was discussed with the registered manager who confirmed that two service users are assessed as financially incapable. The agency does not act as appointee for any service user. Service users do not pay charges for personal care linked to disability benefits.

No service user is paying for personal care or for any care additional to the HSC Trust plan.

Care reviews

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 the DHSSPS Circular HSC (ECCU) 1/2010 “Care Management, provision of services and charging guidance”).

The registered manager confirmed that the needs and care plans of all service users had been reviewed with the HSC Trust in the time period specified.

The inspector would like to thank the agency staff, service users, relatives and HSC Trust professionals for their participation, co-operation and hospitality throughout the course of the inspection.

Follow-up on previous issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1	6 (1) (b)	The registered person must clarify why service users pay for building insurance (£3:00 per week) rather than contents insurance. Service users should be billed for oil and electric based upon the individual usage of each house, rather than paying a flat rate.	The registered manager advised that service users no longer pay for building insurance. The inspector viewed finance agreements which no longer contain this charge. Each house has an individual meter and receives its own bill which is divided between the numbers of tenants living in the house. Where there is a staff area in the house, NIAMH pay an equal proportion. The inspector was advised that two houses contain office areas, separate to the service user's accommodation. The registered manager showed the inspector correspondence with the landlord regarding the installation of separate meters in two houses to further separate the electricity costs. One house comprises of a separate staff area in a downstairs flat and an upstairs flat which accommodates a tenant. In another house the current meter includes the office area and a laundry facility which is used by all service users. The registered manager discussed the method of calculating the electricity bill for the house which includes metering for the laundry facility.	**One**	**Fully met**

			The inspector viewed electricity bills and evidence of calculations. The electricity bills were subsequently discussed with a finance inspector at RQIA who agreed with the inspector that the method resulted in a reasonable calculation of costs. On day of inspection a new meter was installed which when connected will result in separate bills for one house and the laundry facility.		

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	4.2	It is recommended that the registered person ensures that records clearly demonstrate how the agency consults with tenants about who they share their accommodation with.	The registered manager showed the inspector records of discussions which took place with tenants before and after new tenants have moved to share their accommodation. These records are signed by the service users.	**One**	**Fully met**
2	14.10	It is recommended that the registered person ensures that staff have received training in the protection of vulnerable adults and children at least two yearly.	The registered manager showed evidence that all staff have received training in the protection of vulnerable adults and children at least two yearly.	**One**	**Fully met**

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
Statement 1: **The agency maintains complete and up to date records in respect of the terms and conditions of the provision of personal care** • The agency provides to each service user a written guide, including a personalised written agreement detailing the specific terms and conditions in respect of any specified service to be delivered, including the amount and method of payment of any charges to the service user; • The individual agreement details all charges payable by the service user to the agency, the services to be delivered in respect of these charges and the method of payment; • Where service users pay for additional personal care services which do not form part of the HSC trust's care assessment, documentation exists confirming that the HSC trust are aware of any arrangements in place between the agency and the service user; • The individual agreement clarifies what arrangements are in place to apportion shared costs between the agency and the service user(s). This includes those costs associated with any accommodation used in connection with agency business, where this is conducted from the service users' home; • There are arrangements in place to quantify the costs associated with maintaining any unused areas within the service users' home which they do not have exclusive possession of; • The service user guide/ individual agreement clarifies what the arrangements are for staff meals while on duty in the service users' home; • Where the agency is involved in supporting a service user with their finances or undertaking financial transactions on the service user's behalf, the arrangements and records to be kept are specified in the service user's individual agreement; • The agency has a policy and procedure in place to detail the arrangements where support is provided by agency staff to enable the service users to manage their finances and property; • The agency notifies each service user in writing, of any increase in the charges payable by the service user at least 4 weeks in advance of the increase and the arrangements for these written notifications are included in each service user's agreement user's home looks like his/her home and does not look like a workplace for care/support staff.	**COMPLIANCE LEVEL**

Provider's Self-Assessment	
There is a charging document in place that details service charges paid by the service user weekly. This is regulary monitored and suported by the finance team and their Policies. There is a booklet issued to the service users explaining the charges. All changes are explained and completed within 4 weeks via house meetings and full support is offered to update Standing orders. The service user handbook also contains a copy of this. Service users currently do not pay for additional personal care services as this is not required. The household bills (electric) is divided proportionately per resident per house and where there is an office the staff is the extra person and NIAMH contributes to the bill. This ensures that service users are not paying for any expenses that would be applicable to staffing costs or anything in connection with agency business, all houses have separate electric meters. Staff meals are paid independently by staff and catering costs for tea and coffee are paid through petty cash. Each service user has a finance support plan detailing what support they require with their finances and the arrangements and records are maintained in respect of this. The accomodation is decorated and maintained with input from the service users to how they would like their home to look ie furntiure and paint and the Home Manager oversees all work and budgets are adhered to	Compliant
Inspection Findings:	
The inspector examined tenancy agreements, agreements of annual charges, and the service user guide, which state the terms and conditions of services to be delivered, amount and method of payment. The written agreements state how many care and support hours service users are entitled to and how these hours are funded. The written agreements are signed by the service user. The inspector was advised that no service user pays for personal care services additional to the HSC Trust plan. The arrangements to apportion shared costs with the agency are stated in the service guide seen by the inspector. The inspector was advised that the agency pays an equal proportion of utility bills in relation to one house which contains a separate office space and sleepover room, and one building which houses a flat for staff use and a flat which accommodates a service user. The building which houses two flats is awaiting the installation of a meter which will result in separate electricity bills for the agency and the service user. The inspector examined electricity bills which showed the registered manager's calculations of proportionate bills for each service user and the agency.	Compliant

The service user guide states that NIAMH purchase tea and coffee for staff to consume whilst on duty. Service users and agency staff confirmed that staff purchase their own food for consumption whilst on duty. The inspector viewed a range of individual finance support plans and budget plans which state the assistance each service user requires or prefers in relation to the management of their finances. The registered manager advised the inspector that the agency assists service users with finances in accordance with finance policy specifically relating to supported living which was viewed by the inspector. The service user guide states that a four week written notice period is given in advance of changes to 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**

• 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; 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.	
Provider's Self-Assessment	
The assessment of need ensures any finance support required is detailed and recorded.This is also discussed at the point of referral. Any service user who maintains money in the office safe has a record that details amounts withdrawn and lodged, signed by staff and service user. A balance check is maintained on all service users monies three times per day to ensure amounts are correct and signed by two staff. Service users have full access to any money they maintain in the office 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. Staff do not purchase items on behalf of the service users. We currently have two residents whom have been deemed as having no capacity through an assessment from their Psychriatrist - work is being carried out with their CPN with view of the Office of Care and Protection being involved with managing their money, at present one lady can still access her Post Office Account but not her large sum in her bank account, this is supported via a budget plan and staff have no access to either of her accounts. The other gentleman's brother has taken over management of his bank account and this has been agreed by his CPN. Finance support plans outline how we are monitoring and we will continue to support until Psychriatrist and Mental Health Team provide feedback	Compliant

Inspection Findings:	
The inspector examined HSC Trust needs and risk assessments which described the needs of the individual service user and the support required to manage their finances. This information is incorporated into a finance support plan and a budget plan which is devised with the service user and their agency keyworker. The agency maintains a record of all transactions regarding amounts paid in and received in respect of one service user who stores money in the agency safe. The records seen by the inspector were signed and dated by two members of staff or one member of staff and the service user. The finance support plan viewed by the inspector states that the service user can access their money at any time. The inspector noted evidence of balance checks of the service user's money three times per day, with additional reconciliations by the registered manager. The inspector was advised that the agency does not purchase items on behalf of any service user. The agency does not act as nominated appointee or operate a bank account for any service user. The inspector viewed the support plans of two service users who are assessed are incapable of managing finances and discussed the arrangements with the registered manager. The arrangements are stated in the individual's financial support plans and records reflect input from the HSC Trust. Records of the financial assessment were maintained in the service user's file. One service user is in the course of referral to the Office of Care and Protection and the decision making process regarding this was evident in their records.	Compliant

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
Statement 3: **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:** • 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; 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.	**COMPLIANCE LEVEL**
Provider's Self-Assessment	
If any service user wishes to maintain a small amount of money in the office safe they are able to do this. If any valuables or money are maintained in this safe a 'Safekeeping of valuable's agreement is signed by the service user and staff. The office 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.	Compliant

Inspection Findings:	
The inspector examined the governance arrangements regarding the safekeeping of service users' property in the office safe. One service user keeps limited amounts of money in the safe and the arrangements regarding this were stated in the finance support plan seen by the inspector. The service user had signed a 'safekeeping of valuables declaration' seen by the inspector which stated the range of amounts which would be kept in the safe. The financial ledger book seen by the inspector noted all transactions in respect of the service user, including the signatures of the service user and staff. The registered manager advised the inspector that the keys of the safe can be accessed by staff on shift. The ledger shows evidence of balance checks which are completed three times daily. Service users have a locked cupboard in the bedroom of their own home which staff do not have access to. The registered manager advised the inspector that two service users have assessed needs in relation to the safety and security of property. The inspector saw the individual financial support plans which detail the assistance the service user needs, and documentary evidence of discussion and review with the HSC Trust. The registered manager and agency staff stated that no one had restricted access to their money. Service users who spoke with the inspector confirmed that they were not restricted in relation to access to their money.	Compliant

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
Statement 4: **Arrangements for providing transport to service users are transparent and agreed in writing with the service user/their representative:** • The needs and resources of the individual service user are considered in conjunction with the HSC Trust assessment; • The charges for transport provision for an individual service user are based on individual usage and are not based on a flat-rate charge; • Service users have the opportunity to opt out of the transport scheme and the arrangements for opting out are detailed within the agency's policies and procedures; • Written agreement between the service user and the agency is in place, detailing the terms and conditions of the transport scheme. The agreement includes the charges to be applied and the method and frequency of payments. The agreement is signed by the service user/ their representative/HSC trust where relevant and a representative of the service; • Written policies and procedures are in place detailing the terms and conditions of the scheme and the records to be kept; • Records are maintained of any agreements between individual service users in relation to the shared use of an individual's Motability vehicle; • Where relevant, records are maintained of the amounts of benefits received on behalf of the service user (including the mobility element of Disability Living Allowance); • Records detail the amount charged to the service user for individual use of the vehicle(s) and the remaining amount of Social Security benefits forwarded to the service user or their representative; • Records are maintained of each journey undertaken by/on behalf of the service user. The record includes: the name of the person making the journey; the miles travelled; and the amount to be charged to the service user for each journey, including any amount in respect of staff supervision charges; • Where relevant, records are maintained of the annual running costs of any vehicle(s) used for the transport scheme;	**COMPLIANCE LEVEL**

• The agency ensures that the vehicle(s) used for providing transport to service users, including private (staff) vehicles, meet the relevant legal requirements regarding insurance and road worthiness. Where the agency facilitates service users to have access to a vehicle leased on the Motability scheme by a service user, the agency ensures that the above legal documents are in place; • Ownership details of any vehicles used by the agency to provide transport services are clarified.	
Provider's Self-Assessment	
There are no transport agreements/arrangments 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. There is no charge to the service users for this and the mileage is paid from staff costs.	Substantially compliant
Inspection Findings:	
The registered manager advised the inspector that the agency does not operate a transport scheme.	Not applicable

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

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

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
Statement 1: **The agency responds appropriately to the assessed needs of service users** • The agency maintains a clear statement of the service users' current needs and risks. • Needs and risk assessments reflect the input of the HSC Trust and contain the views of service users and their representatives. • Agency staff record on a regular basis their outcome of the service provided to the individual • Service users' care plans reflect a range of interventions to be used in relation to the assessed needs of service users • Service users' care plans have been prepared in conjunction with the service user and their HSC Trust representative(s) and reflect appropriate consideration of human rights.	**COMPLIANCE LEVEL**
Provider's Self-Assessment	
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. Service users also are reviewed on a needs basis by the HSC Trust and depending on any outcomes they are then added to service users risk assessment. Any service user under a comprehensive risk assessment is monitored more regular and staff and the service user are fully aware they must work with guidance in this assessment. Daily notes are completed on a daily basis recording the outcome of any interventions or events on that given day. Service users are encouraged to complete their notes. Support plans are implemented with full participation from the service user and regulary reviewed at six monthly multi-disciplinary meetings. '…As the support plan is a working document , it can be updated or adjusted at any time, for example, after a hospital visit or when a specfic objective requires more or less time…' (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 applicable to their own needs.	Compliant

Inspection Findings:	
The inspector examined a range of documents including HSC Trust needs and risk assessments, care and support plans and review records, which demonstrated that the agency maintains a clear statement of the service users' current needs and risks. Care and support plans and review records are signed by service users and reflect HSC Trust Promoting Quality Care and Guardianship discussions. HSC Trust professionals reported providing information which was incorporated into care plans. The registered manager discussed how the agency records the outcome of services provided through a number of records. The inspector examined daily records and six monthly reviews which showed involvement with the service user, the agency and the HSC Trust. The inspector saw evidence that care plans were updated following review. Care plans viewed by the inspector included a range of interventions and were prepared in a person centred manner. The inspector examined a risk management plan in relation to a service user which guides staff on actions to take in a range of eventualities. The inspector noted that care plans included appropriate consideration of human rights. Service users who took part in the inspection reported being involved in their care plans in a manner which took account of their individual needs and preferences.	Compliant

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
Statement 2: **Agency staff have the appropriate level of knowledge and skill to respond to the needs of service users** • 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	
Staff avail of a range of training both mandatory and optional to ensure they are able to respond appropriately to the needs of the 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 responsibilties 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. There is a policy on restrictive practice in place to ensure staff are aware of the definition of restrictive practice. Concerns are reported to the statutory worker without delay following incidents.	Compliant

Inspection Findings:	
The registered manager discussed the training system and records with the inspector. The inspector noted that staff had received training in mandatory and other areas relevant to their roles such as: sexual awareness, substance abuse, mental health recovery training, Guardianship, diabetes, and support for relatives. Staff who participated in the inspection reported having received appropriate training which was 'interesting', 'thought provoking' and relevant to their role. The registered manager advised the inspector that the service has used staff from MPA healthcare employment agency to cover sickness absence of permanent staff. The registered manager showed the inspector documentation relating specifically to employment agency staff. The registered manager advised the inspector that employment agency staff are provided with an induction period which includes two days training when they receive information regarding the service and read policies and procedures. Further to this, employment agency staff spend five days on induction shadowing/observing support staff with service users in a supernumerary capacity. The registered manager advised that employment agency staff begin lone working with service users when she is satisfied that they are equipped to do so. The inspector viewed records of a staff meeting which including additional training provided to staff supplied by an agency on a range of relevant issues including safeguarding, risk assessment, care and support plans, and handling service users' monies. Agency staff who spoke with the inspector confirmed that they had received appropriate induction training and ongoing support. In the course of the inspection the inspector spoke to staff who could discuss restrictive practice and subsequent impact on human rights. The staff did not identify restrictive practices at NIAMH Shiels Court. Staff were able to describe how they endeavour to uphold service users' human rights through the provision of services and their interaction with service users. The agency policies regarding meeting the needs of service users were reviewed by the inspector. The registered manager advised the inspector that staff can access policies in the registered manager's office and on line.	Substantially compliant?

The evaluation of the impact of care practices was seen by the inspector in daily records, review records, and reflected in care and support plans. HSC Trust professionals confirmed that agency staff report any relevant information appropriately and in a timely manner. Agency staff could describe how to respond appropriately to concerns regarding poor practice.	

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
Statement 3: **The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency** • 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	
There is a policy in place outlining the definition of restrictive practice and its implications at scheme. 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. As stated; 'If a resident consistently wants to change support provider this should 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' (R/101). This would be discussed at residents meetings or on a one to one meeting for their undersatnding. 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 discusss any areas of their support independently, we currently have one peer advoacte who attends Scheme regular.	Substantially compliant

Inspection Findings:	
The service user guide and statement of purpose include the nature and range of services provided by the agency, including appropriate reference to restricted practice. It is stated in the service user guide and referred to in the statement of purpose that service users can decline aspects of service provision. Agency staff provided feedback to the inspector that service users can decline aspects of care provision. Service users who spoke to the inspector described service provision as flexible to their needs and preferences. The inspector discussed restrictive practice with service users; no service user reported being subject to any restrictions. The inspector was advised that no service user lacks the capacity to consent to care practices. Service users reported being involved in their care and support plan and knew they could have a copy of it. Written guides advise service users of alternative sources of support.	Substantially compliant

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
Statement 4 **The registered person ensures that there are robust governance arrangements in place with regard to any restrictive care practices undertaken by agency staff.** • 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	
Care practices which are deemed to be restrictive are only undertaken in conjunction with agreement from the multi disciplinary team and those involved in the care and support of the individual. A capacity assessment may be required to ensure their is a sound rationale for any restrictive practice being implemented. Any practice that is deemed restrictive is regularly reviewed. The agency does not consent to restraint being used on any occasion.	Compliant

Inspection Findings:	
The registered manager informed the inspector that no service user is subject to restrictive practice and this was confirmed by staff and service user feedback. The service user guide includes appropriate reference to the possible use of restrictive practice. The inspector viewed the agency policy on the use of restricted practice. The registered manager informed the inspector that the agency does not use restraint.	Substantially 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 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** • 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	
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 changes as service users needs increase. There are quarterly meetings with the local HSC trust to review the care commissioned by the trust and what is provided.	Compliant
Inspection Findings:	
Service users are informed of the amount and type of care and support to be provided by the agency in their written agreement and care and support plan. During the inspection, service users were able to describe the care provided to them and discussed care provision as flexible to their needs. Agency staff feedback through questionnaire and verbal feedback confirmed that they understood the amount and type of care provided to service users. The inspector reviewed the agency's policies in relation to assessment and care planning. The statement of	Substantially compliant

purpose and service user state how care plans are devised. Service user agreements seen by the inspector were consistent with care commissioned by the HSC Trust. Professionals from the HSC Trust and agency staff described care and support plans and agreements as consistent with care commissioned by the Trust.	

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.** • 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	
Service users have an understanding, this would have been discussed at partnership meetings and all service users have a copy of the care and support hours that they are entitled to. No service users pay for additional services	Substantially compliant
Inspection Findings:	
The inspector viewed finance agreements signed by service users which do not show a charge for care. The Charging Survey completed in advance of the inspection and confirmed by the registered manager states that no service user pays for care. Service users have a written agreement stating the hours of care and support they receive, which is paid for by the HSC Trust.	Substantially compliant

Service users who participated in the inspection knew that they were not paying for personal care. The registered manager advised the inspector that no service user was paying for care additional to services funded by the HSC Trust.	

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
Statement 3 **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.** • 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	
Service user support plans are reviewed at the six monthly review in conjunction with the multi disciplinary team. Service user reviews can be undertaken when required in line with any changes/incidents that have occurred and updated risk assessments or at the service users request. 'As the support plan is a working document it can be updated or adjusted at any time, for example, a hospital visit, incident, accident.' (R/101) Service users also attend interim reviews with the Trust at the local mental health resource centre.	Compliant
Inspection Findings:	
A report of care reviews commissioned by the HSC Trust was returned to RQIA in advance of the inspection. The registered manager confirmed that all service users had annual reviews with the HSC Trust from 1 April 2013 – 31 March 2014. The inspector viewed records of reviews which showed the involvement of the service user and their	Compliant

representative if appropriate, the agency, and the HSC Trust. It was evident from examination of records and agency staff feedback that reviews are arranged as required. The inspector viewed care plans which showed evidence of being updated following review. Agency staff confirmed that care and support plans are current and updated to reflect the outcome of reviews.	

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

Any other areas examined

Complaints

The inspector viewed complaints records which showed that no complaints were made in the period 1 January 2013 – 31 December 2013. There were no complaints recorded to the date of inspection in 2014.

Quality improvement plan

The details of the Quality Improvement Plan appended to this report were discussed with **Siobhan Herbison**, 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:

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

Quality Improvement Plan

Announced Primary Inspection

NIAMH Shiels Court

9 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 **Siobhan Herbison, 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	23 (1) (5)	(1)The registered person shall establish and maintain a system for evaluating the quality of the 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. • The registered person must ensure that a system for evaluating the quality of services is maintained and includes consultation with service users and their representatives.	One	A system has been created from the 10th December 2014 to ensure we consult with service users, their family and representatives on a monthly basis. We have sought Shiels Court service users permission to contact their family members to monitor the quality and encourage their participation on the Service we provide.	9 March 2015

Recommendations

These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	8.11	The registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis. This report summarises any views of the service users and/or their carers/representatives ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards. This refers to ascertaining the views of representatives, and professionals, in monitoring reports on a monthly basis.	One	A system has been created to ensure when the monthly report is being completed that service users, their family members, representatives and professionals are consulted to ensure we are delivering a quality service in accordance with minimum standards.	9 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	Siobhan Herbison
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	Rhonda Simms	10/2/15
Further information requested from provider			