

Unannounced Care Inspection Report 8 June 2016



Manor Healthcare

Type of Service: Domiciliary Care Agency
36 Doagh Road, Ballyclare BT39 9BG
Tel No: 02893341472
Inspector: Joanne Faulkner

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Manor Healthcare took place on 8 June 2016 from 10:00 to 16:30.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Delivery of safe care was evident on inspection. The agency has in place recruitment, induction and training systems and endeavours at all times to provide an appropriate number of suitably skilled and experienced staff to meet the needs of service users. The welfare, care and protection of service users is ensured through the identification of safeguarding concerns, implementation of safeguarding procedures and collaborative working with the Health and Social Care (HSC) Trust and on occasions other stakeholders. It was identified that the agency has co-operated effectively with the NHSCT in relation to an ongoing review of the client contribution model being undertaken by them. The agency has systems in place to ensure the identification, prevention and management of risk to ensure positive outcomes for service users. Service users, relatives and staff indicated that they felt care provided was safe. No areas for quality improvement were identified during the inspection.

Is care effective?

Delivery of effective care was evident on inspection. There was evidence that the agency responds appropriately to meet the individual needs of service users through the development and review of individualised care plans; this has included facilitating Best Interest meetings for service users where indicated and review meeting with HSC representatives. There are systems in place to promote effective communication with service users and stakeholders. The agency has in place systems for review and monitoring of quality thus providing ongoing assurance of continuous improvement of services in conjunction with service users and where appropriate their representatives. One area for quality improvement was identified in relation to obtaining the views of service users' relatives and relevant professional during the agency's monthly monitoring process.

Is care compassionate?

Delivery of compassionate care was evident on inspection. The inspector found that an ethos of dignity and respect, independence, rights, equality, diversity and choice was embedded throughout staff attitudes; engagement with service users and their representatives and the provision of individualised care and support. It was identified from observations made and discussion with staff, service users and relatives that agency staff value the views of service users and where appropriate their representatives. The inspector identified evidence of positive outcomes for service users. Service users indicated that their views were listened to and their choices respected; there was evidence of positive risk taking to enable service users to live a fulfilling life. No areas for quality improvement were identified during the inspection

Is the service well led?

Delivery of a well led service, which results in positive outcomes for service users, was evident on inspection. However two areas for quality improvement which were identified during the previous inspection have not been met and have been stated for a second time; it was noted that the NHSCT in conjunction with the agency is currently undertaking a review of the client contribution model in place.

Agency staff have a clear understanding of their roles and responsibilities within the management structure, and have confidence in the lines of accountability. The registered person and senior managers fulfil their responsibilities in a manner which encourages the respect of staff and promotes effective service delivery. Evidence of effective working partnerships with the HSCT and other external stakeholders was evident during the inspection.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

| | Requirements | Recommendations |
|---|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 2 | 1 |

Details of the Quality Improvement Plan (QIP) within this report were discussed with Eoghain King, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

In light of the findings of the most recent care inspection on 22 May 2015 RQIA requested a meeting with the registered person to discuss RQIA's concerns that the quality of care and service within Manor Healthcare fell below the minimum standard expected and the breaches in The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

At that meeting the registered person provided a full account of the actions taken to date and that would be taken to ensure the improvements necessary to achieve compliance with the regulations identified.

2.0 Service details

| | |
|---|--|
| Registered organization/registered provider: Manor Healthcare Ltd/ Eoghain King | Registered manager: Brian Campbell |
| Person in charge of the agency at the time of inspection: Eoghain King | Date manager registered: 19 March 2009 |

3.0 Methods/processes

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

- Discussion with the responsible person
- Examination of records
- Consultation with service users, stakeholders and staff
- Evaluation and feedback

Prior to inspection the following records were analysed:

- Previous RQIA inspection report and QIP
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection

The following records were viewed during the inspection:

- Four service users care records
- HSCT assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Records relating to recruitment process
- Staff induction records
- Staff rota information
- Recruitment and Selection Policy
- Supervision and appraisal Policy
- Safeguarding Vulnerable Adults Policy
- Whistleblowing Policy
- Care planning Policy
- Quality Monitoring Policy
- Confidentiality Policy

- Disciplinary Procedure
- Information and Data Protection Policy
- Retention of Records and Destruction Protocol
- Complaints Procedure
- Induction Policy
- Statement of Purpose
- Service User Guide

It was identified that the agency's policy for Safeguarding Vulnerable Adults is required to be reviewed and updated in accordance with recent guidance issued by the DHSSPS. It was noted that the remaining policies and procedures viewed had been issued or reviewed within the previous three years in accordance with the minimum standards.

During the inspection the inspector met with three service users, the responsible person and four staff members; following the inspection the inspector spoke to the relative of one service user.

Questionnaires were provided for completion by staff and service users during the inspection; no questionnaires were returned to RQIA.

Feedback received by the inspector during the course of the inspection is reflected throughout this report.

4.0 The inspection

Manor Healthcare is a supported living type domiciliary care agency; the agency offers domiciliary care and housing support to service users with a learning disability. The agency's registered office is located at Doagh Road, Ballyclare.

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 independence and maximising quality of life.

The service users live in two houses located in Templepatrick and receive 24 hour care and support; they had previously received care in a long stay hospital setting where they had lived for several years.

Discussion with the responsible person, staff, relative and service users provided evidence of positive outcomes for service users; details of which have been included within this report.

The inspector would like to thank the responsible person, service users, a relative and staff for their support and co-operation throughout the inspection process.

4.1 Review of requirements and recommendations from the last care inspection dated 22 May 2015

| Last care inspection statutory requirements | | Validation of compliance |
|---|--|-----------------------------|
| <p>Requirement 1</p> <p>Ref: Regulation 15 (9)</p> <p>Stated: First time</p> | <p>The registered person shall make arrangements, by training or by other measures, to prevent service users being harmed or suffering abuse or neglect, or being placed at risk of harm, abuse or neglect.</p> <p>This registered person is required to engage with representatives of the NHSCT in relation to those service users who make a financial contribution towards their care and have their financial agreements reviewed and approved by the HSC Trust.</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspector noted from correspondence received from the registered person prior to the inspection and from discussions during the inspection that the agency has engaged with representatives of the NHSCT in relation to those service users who make a financial contribution towards their care. The NHSCT are currently reviewing the arrangements in place with the plan to implement changes as soon as is practically possible.</p> | <p>Met</p> |
| <p>Requirement 2</p> <p>Ref: Regulation 14 (c)</p> <p>Stated: First time</p> | <p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided—</p> <p>(c) so as to promote the independence of service users;</p> <p>This requirement relates to the registered person ensuring that arrangements in place in relation to the payment of utilities are reviewed and are in accordance with the ethos of a supported living service where individuals receive support to experience control, choices and independence in all aspects of their daily living.</p> | <p>Partially Met</p> |

| | | |
|---|---|-----------------------|
| | <p>Action taken as confirmed during the inspection: The inspector confirmed that NHSCT are currently reviewing the arrangements in place in relation to the client contribution model and the registered person stated that the agency will implement required changes as soon as the process is completed.</p> | |
| <p>Requirement 3 Ref: Regulation 14 (d) Stated: First time</p> | <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— (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 individual service users’ care agreements detail the amount of care service users receive for payments they were making.</p> <p>Action taken as confirmed during the inspection: The inspector confirmed that NHSCT are currently reviewing the arrangements in place in relation to the client contribution model and the registered person stated that the services users’ care agreements will be amended when the process is completed.</p> | <p>Not Met</p> |

4.2 Is care safe?

During the inspection current staffing arrangements in place within the agency were reviewed by the inspector.

It was noted that the agency’s selection and recruitment policy outlines the mechanism for ensuring that appropriate staff pre-employment checks are completed prior to employment; it was identified that the agency retains a checklist detailing pre-employment checks completed. The responsible person confirmed that staff are not supplied until all necessary checks have been completed.

The agency’s induction policy and booklet outline the induction programme provided to staff; it was noted that it did not detail the length of induction; discussions with the responsible person and records viewed indicated that the initial induction lasted at least three days and included a number of shadowing shifts. Following the inspection the agency forwarded a copy of the updated policy to RQIA. It was identified that staff are required to complete the agency’s induction programme within the six month probationary period; staff complete an induction booklet based on the Northern Ireland Social Care Council (NISCC) guidance. The inspector

viewed records maintained in relation to the induction programme provided; it was identified that the induction records include a statement of staff competency as assessed by the registered manager.

Staff stated that they have access at all times to the agency's policies and procedures.

It was identified from discussions with the responsible person that relief staff are accessed from a team of relief staff employed by the agency and that they receive a full induction. Staff could describe the impact of frequent staff changes on service users and the importance of continuity due to the complex needs of the client group.

The agency's supervision and appraisal policy outlines the frequency and procedures to be followed; the agency maintains a matrix for recording dates of supervision and appraisal. It was identified that the agency maintains records of staff supervision and appraisal; those viewed indicated that staff receive supervision and appraisal in accordance with the agency's policies and procedures. Staff who spoke to the inspector felt that supervision was beneficial.

The agency has recently developed an electronic system for recording training completed and for highlighting when training updates are required; it was viewed by the inspector. The agency's administrator could describe the process for identifying and highlighting gaps on a regular basis. Staff stated that they are required to complete mandatory training and in addition training specific to the needs of individual service users i.e. MAPA, Person centred planning. Staff stated that training needs are discussed during supervision and appraisal meetings.

Discussions with the responsible person, staff and service users indicated that there are available at all times an appropriate number of skilled and experienced persons to meet the needs of the service users. Staff rota information viewed by the inspector reflected staffing levels as described by the responsible person. Staff could describe the process in place for ensuring that staff provided at short notice have the knowledge, skills and training to carry out the requirements of their individual job roles. One staff member stated that additional time allocated for completing administration tasks had benefited them in their role. Staff stated that they had the knowledge and skills to carry out their roles; they stated that they felt their induction programme which involved shadowing other staff members, meeting service users and becoming familiar with their needs equipped them for their job role. Staff could describe the importance of respecting the privacy, dignity and choices of service users and the benefits of positive risk taking.

The inspector examined the agency's provision for the welfare, care and protection of service users. It was identified that the agency's policy relating to the safeguarding of vulnerable adults requires to be updated in response to the DHSSPS regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The inspector was satisfied following discussions with the responsible person that the agency will update the information required in the safeguarding policy relating to the DHSSPS guidance.

The inspector reviewed the agency's records maintained relating to safeguarding vulnerable adults; records viewed and discussions with staff indicated that the agency has handled safeguarding concerns in accordance with policies and procedures.

Discussions with staff and training records viewed indicated that staff are provided with training in relation to safeguarding vulnerable adults during their induction and in addition are required to

complete an annual update electronically. Staff who spoke to the inspector demonstrated that they had an understanding of safeguarding issues and could describe the process for reporting concerns.

Staff were aware of the detail of the agency's whistleblowing policy and could describe their responsibility in highlighting and raising concerns.

The inspector examined the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. It was identified from records viewed and discussions with staff that risk assessments are reviewed three monthly or as required and that service users and where appropriate their representatives are involved in the development and review of their risk assessments and care plans.

Staff stated that an annual review involving HSCT representatives is completed. The agency's monthly governance process includes an audit of risk assessments and restrictive practices in place.

The agency's registered office is located within one of the agency's other registered services in Ballyclare. The premises are suitable for the operation of the agency as described in the Statement of Purpose.

No service user or staff questionnaires were returned to the inspector.

Service user comments

- 'I like it here; staff help me.'
- 'I feel safe.'
- 'Staff go out with me.'

Staff comments

- 'I think service users are safe living here.'
- 'I received induction; I shadowed other staff for a few weeks.'
- 'I have now been allocated time for admin/ management tasks.'

Relative's comments

- 'Staff have a good understanding of **** needs.'
- 'I have no concerns at all.'
- '**** is happy living there; he is safe.'
- 'I am informed of any changes.'

Areas for improvement

No areas for improvement were identified during the inspection.

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|--------------------------------|----------|-----------------------------------|----------|
| Number of requirements: | 0 | Number of recommendations: | 0 |
|--------------------------------|----------|-----------------------------------|----------|

4.3 Is care effective?

The agency's arrangements for appropriately responding to and meeting the assessed needs of service users were reviewed by the inspector. Details of the nature and range of services provided is detailed within the Statement of Purpose and Service User Guide.

The agency's data protection and retention of records policies detail the procedures for the creation, storage, retention and disposal of records; it was noted from a range of records viewed during the inspection that they were maintained in accordance with legislation, standards and the organisational policy.

The agency's care planning policy details the processes to be followed when completing service user care plans. The inspector viewed a number of individual service user care plans and noted that they had been completed in accordance with the agency's policy. Service users who met with the inspector stated that they are encouraged to be involved in the development of their care plans. From records viewed it was noted that staff record daily the care provided to service users. Care records viewed indicated that risk assessments and care plans are reviewed and updated three monthly or as required.

Staff stated that HSCT representatives participate in an annual review meeting involving the service user. Care plans viewed were noted to be written in an individualised manner.

Discussions with staff and documentation viewed indicated that the agency has in place arrangements to monitor, audit and review the effectiveness and quality of care delivered to service users; records viewed included the views of service users.

The agency's monthly quality monitoring visits are completed by an independent quality reviewer in line with RQIA guidance. Records viewed included the views of service users and staff; however it was noted that the views of relatives and where appropriate relevant professionals had not been recorded.

It was noted by the inspector that the records contained a number of positive comments in relation to the care and support provided. The documentation includes details of the review and audit of accidents, incidents or safeguarding concerns and in addition audits of staffing and record keeping are completed.

It was good to note that findings of the monthly quality monitoring visit were recorded under the domains of safe, effective and compassionate care and well led. The responsible person stated that the manager is required to record when actions identified in the action plan have been completed.

The agency does not facilitate routine service user meetings; however it was noted from discussions with staff and documentation viewed that staff meet with service users on a daily basis to obtain their views and choices in relation to the care and support provided. A relative who spoke to the inspector stated that they are in regular contact with staff and that staff endeavour to support their relative in making decisions.

Service users and their relatives are provided with details of the agency's complaints procedure and the inspector noted that the agency maintains a record of all compliments and

complaints; which are reviewed monthly by the person completing the agency's quality monitoring.

It was noted that the agency provides service users with human rights information issued by the Ministry of Justice; details of advocacy services are provided to service users and staff could describe the benefits of and the positive outcomes for one service user who has an independent advocate involved in decision making about the care and support provided.

During the inspection the inspector assessed the agency's systems to promote effective communication between service users, staff and other key stakeholders. Discussions with service users and observation of staff interaction during the inspection indicated that staff communicate appropriately with service users. One of the service users could describe the process for reporting issues and stated that they can speak to any of the staff at any time. Service users stated that staff support them to live as independently as possible; they stated that staff speak to them about their care plan.

The responsible person could describe examples of recent liaison with representatives from the HSCT in relation to the review of the model of care currently in place and could describe the benefits of collaborative working to achieve better outcomes for service users.

No service user or staff questionnaires were returned to the inspector; however the inspector viewed positive comments made in response to annual stakeholder questionnaires issued by the agency such as:

- 'Staff go the extra mile.'
- 'The service is excellent.'
- 'Quality of the highest standard.'

Service users' comments

- 'Staff talk to me and look after me.'
- '***** is my keyworker; they speak to me.'

Staff comments

- 'Service users can do what they want.'
- 'I get supervision with the team leader.'
- 'We support service users to do things they want.'
- 'Service users are given choice and respect.'
- 'We do online training I preferred face to face training sessions.'

Relative's comments

- 'I could not fault anything.'
- 'Staff do a great job in difficult circumstances; ***** can have very challenging behaviours.'
- 'I have close links with staff; we work as a team; I am involved in all meetings.'
- 'Staff work together to give ***** better care.'

Areas for improvement

One area for improvement was identified during the inspection.

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|--------------------------------|----------|-----------------------------------|----------|
| Number of requirements: | 0 | Number of recommendations: | 1 |
|--------------------------------|----------|-----------------------------------|----------|

4.4 Is care compassionate?

The inspector sought to assess the agency's ability to treat service users with dignity, respect and equality, and to involve service users in decisions affecting their care, support and life choices.

It was noted that the agency provides service users with information relating to human rights in an easy read format. Discussions with service users, relatives and staff, and observations made during the inspection indicated that the promotion of values such as dignity, choice and respect were embedded in the culture and ethos of the organisation. The agency's confidentiality policy details the responsibility for staff in relation to sharing of information relating to individual service users.

Service users stated that they staff listen to them and respect the choices they make; they stated that they are supported to make choices in relation to all aspects of their life. Staff stated that the views and wishes of service users are paramount to the services provided; they provided examples of positive risk taking to enable service users to live a fulfilling life and to live as independently as possible.

Observations of staff interaction with service users and discussions with relatives, staff and service users indicate that care is provided in a person centred manner. Care plans viewed were written in an individualised format and service users indicated that they are consulted about the care they receive.

Staff could describe the process for engaging with the HSCT in relation to instances where there are concerns relating to capacity and consent.

The inspector noted that the views of service users and/or their representatives were recorded throughout a range of relevant agency documentation. Formal processes to record and respond to service users and relatives are maintained through the complaints and compliments process, quality monitoring, keyworker meetings and HSCT review meetings. The responsible person described the process for receiving feedback from service users annually in the form of a questionnaire; from records viewed the inspector noted a number of positive comments from a range of stakeholders.

During the inspection the inspector observed agency staff communicating with service users in a manner which took into account the individual views, choices and feelings of service users.

The inspector viewed information developed in an alternative format to enable service users to gain a clearer understanding of the information being provided.

Observations made during inspection indicated that service users were supported to make choices regarding their daily routines; service users stated that they are supported by staff to make choices about the care and support they receive. Records viewed and discussions with staff and service users indicated that service users and where appropriate relevant representatives are involved in making decisions relating to a range of matters such as meals, activities and shared facilities.

It was identified from records viewed and discussion with staff that the agency has in place systems to evaluate the quality of service provided, in a manner which takes into account the views of service users and where appropriate their representatives. The agency’s monthly quality monitoring, service user meetings and annual questionnaires include evidence of consultation with service users. It was identified that suggestions made in an action plan in relation to the living space in one of the houses resulted in an extension being built to provide an additional lounge/quiet room.

No service user or staff questionnaires were returned to the inspector.

Service users’ comments

- ‘I like it here.’
- ‘I can do what I want; I like going on the train.’
- ‘I go out to the shop with the staff.’
- ‘Staff listen to me.’

Staff comments

- ‘We support service users to attend review meetings.’
- ‘Service users are encouraged to be involved their care planning.’
- ‘We support service users to decide what they want to do on an individual basis.’
- ‘We support service users to clean, shop and cook.’

Relative’s comments

- ‘Staff love the people who live there.’
- ‘Staff listen to *****.’
- ‘Staff work well with *****.’
- ‘I can ring at any time; I have close links with the staff.’

Areas for improvement

No areas for improvement were identified during the inspection.

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|--------------------------------|----------|-----------------------------------|----------|
| Number of requirements: | 0 | Number of recommendations: | 0 |
|--------------------------------|----------|-----------------------------------|----------|

4.5 Is the service well led?

During the inspection the inspector reviewed management and governance systems in place within the agency to meet the needs of service users. It was noted that the agency has in place a range of policies and procedures the majority of which were identified as having been reviewed in accordance with the Minimum Standards, relevant legislation and guidelines. It was noted that policies and procedures are retained on an electronic system which all staff have access to, and additionally in paper format. During the inspection the inspector viewed a number of policies and procedures; staff stated that they can access policies and procedures at any time.

From records viewed and discussions with the responsible person the inspector noted that the governance arrangements promote the identification and management of risk; these include

ongoing review of policies and procedures, regular audit of complaints, safeguarding incidents, incidents notifiable to RQIA, three monthly review of risk assessments and review of any practices deemed to be restrictive.

The agency's complaints policy details the procedure in handling complaints; it was noted from records viewed that the agency has received no complaints for the period 1 April 2015 to 31 March 2016; discussion with staff indicated that they were familiar with the process for dealing with complaints. It was noted that the agency has a process for auditing complaints on a monthly basis during the quality monitoring visit.

The agency has in place management and governance systems to drive quality improvement. Arrangements for managing incidents and complaints include mechanisms for identifying trends and reducing the risk of recurrences. It was noted that the person completing the monthly quality monitoring reviews incidents and complaints.

The inspector viewed evidence of staff supervision and appraisal. Staff could describe the need for identifying areas for learning and development, improving the quality of the service provided, and providing better outcomes for service users.

The organisational and management structure of the agency is clearly outlined; it identifies lines of accountability and roles and responsibilities of staff. It was noted that agency staff are provided with a job description which outlines their roles and responsibilities. Staff could describe their roles and responsibilities and were aware of who to contact in if they required support, advice or guidance. Service users and relatives were aware of staff roles within the agency and knew who to speak to if they had a concern or needed advice.

The registered person has worked effectively with RQIA to operate and lead the service in achieving and maintaining compliance with Regulations and Minimum Standards.

It was noted that they have responded positively to engaging with the NHSCT in a review of the service delivery model in response to the actions required following the previous inspection. The agency's Statement of Purpose and Service User Guide are kept under review, and it was noted that they have been reviewed and updated.

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

Discussion with the staff and records viewed indicated that there are effective collaborative working relationships with external stakeholder.

Discussions with agency staff provided assurances that there were effective working relationships maintained by the registered person with staff. Staff stated that they can access support from the manager at any time and described the process for receiving support out of office hours and in the absence of the manager.

Staff could outline lines of accountability and knew who to contact if they required support or advice. Staff stated that their views and opinions are listened to and that the agency addresses issues raised; and that they have regular contact with the manager. Staff stated that the manager is supportive.

No service user or staff questionnaires were returned to the inspector.

Service user comments

- 'I can talk to the staff if I am worried.'
- 'Staff are good.'

Staff comments

- 'I feel supported.'
- 'I feel listened to; there have been improvements in the last few months.'
- 'I attend staff meetings with the manager.'
- 'The manager is approachable.'

Relative's comments

- 'I speak very highly of the manager and staff.'
- 'Staff are very professional.'

Areas for improvement

No areas for improvement were identified during the inspection; however two areas for improvement identified during the previous inspection have been stated for a second time.

| | | | |
|--------------------------------|----------|-----------------------------------|----------|
| Number of requirements: | 2 | Number of recommendations: | 0 |
|--------------------------------|----------|-----------------------------------|----------|

5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Eoighan King, Responsible Person as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards. They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to agencies.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 14(c)

Stated: Second time

To be completed by:
08 October 2016

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—
(c) so as to promote the independence of service users;

This requirement relates to the registered person ensuring that arrangements in place in relation to the payment of utilities are reviewed and are in accordance with the ethos of a supported living service where individuals receive support to experience control, choices and independence in all aspects of their daily living.

Response by registered person detailing the actions taken:

Manor Healthcare Domiciliary Care Agency is continuing to work with service users, their carers and the referring Trust, in relation to reviewing the payment of utilities. So that they are in accordance with the ethos of a supported living service where individuals receive support to experience control, choices and independence in all aspects of their daily living.

Requirement 2

Ref: Regulation 14(d)

Stated: Second time

To be completed by:
08 October 2016

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—
(d) so as to ensure the safety and security of service users' property, including their homes;

This requirement relates to the registered person ensuring that individual service users' care agreements detail the amount of care service users receive for payments they were making.

Response by registered person detailing the actions taken:

Manor Healthcare, shall continue to work with the referring Trust to ensure that individual service users care agreements, shall detail the amount of care, service users receive for payments they are making.

| Recommendations | |
|---|--|
| Recommendation 1 Ref: Standard 8.11 Stated: First time To be completed by: 08 August 2016 | The registered person should ensure that the agency's monthly quality monitoring report includes the views of service user representatives where appropriate. |
| | Response by registered person detailing the actions taken: Manor Healthcare will ensure that where appropriate and available, the agency's monthly quality monitoring report includes the views of service user representatives. |

Please ensure this document is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address



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