



The **Regulation** and  
**Quality Improvement**  
Authority

## **Primary Announced Care Inspection**

|                            |                         |
|----------------------------|-------------------------|
| <b>Name of Agency:</b>     | <b>Manor Healthcare</b> |
| <b>RQIA Number:</b>        | <b>10840</b>            |
| <b>Date of Inspection:</b> | <b>19 January 2015</b>  |
| <b>Inspector's Name:</b>   | <b>Joanne Faulkner</b>  |
| <b>Inspection ID:</b>      | <b>18681</b>            |

**The Regulation And Quality Improvement Authority**  
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## General Information

|  |  |
|--|--|
| <b>Name of Agency:</b>   | Manor Healthcare                                       |
| <b>Address:</b>  | 36 Doagh Road<br>Ballyclare<br>BT39 9BG                |
| <b>Telephone Number:</b>   | 02893341472  |
| <b>Email Address:</b>  | info@manorhealthcare.org                               |
| <b>Registered Organisation /<br/>Registered Provider:</b>            | Manor Healthcare Ltd<br>Eoghain King                   |
| <b>Registered Manager:</b>   | Mr Brian Campbell                                      |
| <b>Person in Charge of the Agency at the<br/>Time of Inspection:</b> | Mr Brian Campbell                                      |
| <b>Number of Service Users:</b>                                      | Six  |
| <b>Date and Type of Previous Inspection:</b>                         | 19 September 2013<br>Primary Announced Care Inspection |
| <b>Date and Time of Inspection:</b>                                  | 19 January 2015<br>09:30-18:00                         |
| <b>Name of Inspector:</b>  | Joanne Faulkner  |

## Introduction

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

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

## Purpose of the Inspection

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

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

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

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

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

## Methods/Process

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

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

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

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

- Evaluation and feedback

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

### Consultation Process

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

|                     |   |
|---------------------|---|
| Service Users       | 2 |
| Staff               | 4 |
| Relatives           | 1 |
| Other Professionals | 0 |

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service.

| Issued To | Number issued | Number returned |
|-----------|---------------|-----------------|
| Staff     | 25            | 4               |

### Inspection Focus

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

The following three quality themes were assessed at this inspection:

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

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

The inspector reviewed the quality improvement plan issued following the previous inspection; five requirements and two recommendations have been assessed as being fully met; one requirement has been assessed as being not met and will be restated.

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:

| <b>Guidance - Compliance Statements</b> |  |   |
|---|--|---|
| <b>Compliance Statement</b>             | <b>Definition</b>  | <b>Resulting Action in Inspection Report</b>  |
| <b>0 - Not applicable</b>               |  | A reason must be clearly stated in the assessment contained within the inspection report.   |
| <b>1 – Unlikely to become compliant</b> |  | A reason must be clearly stated in the assessment contained within the inspection report.   |
| <b>2 - Not compliant</b>                | 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.                           |
| <b>3 - Moving towards compliance</b>    | 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.                           |
| <b>4 - Substantially compliant</b>      | 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. |
| <b>5 - Compliant</b>                    | 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

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 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.

Six service users receive 24 hour support in two houses located in Templepatrick; they were discharged from a learning disability hospital where they had lived for several years.

Staff are available 24 hours per day and each service user has an identified 'key worker'; one service user who lives alone receives a number of care and support hours per week.

The agency's registered office is located within one of the organisation's registered facilities in Ballyclare.

The agency works in partnership with the Northern Ireland Housing Executive and the Northern HSC trust to provide care and support to a number of service users with complex needs.

## Summary of Inspection

### Detail of Inspection Process:

The announced inspection was undertaken on 19 January 2015 at the registered office. The inspector was supported throughout the inspection by the registered manager, Mr Brian Campbell and Mr Eoghain King, responsible person. Mr Mark King a director of the organisation was present for a period of the inspection.

During the inspection the inspector had the opportunity to meet six service users in their home; one service user could describe the care and support received; in addition the inspector met with four staff and spoke to a relative of one service user.

The inspector viewed a number of care records which outlined the care and support provided to individual service users. Staff stated that service users are provided with the necessary care and support to remain as independent as possible within their own homes; the inspector has incorporated their comments within this report.

In light of concerns relating to current charging arrangements within the agency, RQIA requested a copy of the agency's financial policy; this was provided to RQIA on 1 April 2015 and was reviewed by a finance inspector. A further inspection of the agency was planned.

### Staff Comments:

- "I speak to \*\*\*\*\* if I have any problems"
- "Very happy working here"
- "Service users are supported to live as independent as possible"
- "Service users can access all areas of their home at all times"
- "The registered manager is approachable"
- "I get supervision three to six monthly"

Staff stated that they are supported by the manager; one staff member stated that they receive regular supervision; however they informed the inspector that it is not planned in advance. The inspector discussed this with the registered manager during the inspection. A recommendation has been made.

The returned questionnaires indicated the following:

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

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

### **Service Users' Comments**

During the inspection, the inspector visited six service users in their homes; one service user could describe the care and support they received; they informed the inspector that they were involved in developing their individual care and support plans and in their review meetings involving the HSC trust. The service user stated that agency staff supports them to participate in a number of activities within the community.

#### **Comments:**

- "Staff support me"
- "I go out for a coffee and a tray bake"
- "Sometimes I make my own dinner with the support of staff"
- "I am going to the spa on Saturday and having my lunch out"
- "I have a keyworker"
- "I go out with the staff; I can buy what I want"
- "I love dancing"

### **Service User Representative**

The inspector spoke to a relative of one service user who stated that service users are supported to live as independently as possible; they stated that they are invited to review meetings but cannot always attend.

#### **Comments:**

- "I am kept informed of any changes"
- "I am really pleased with the care and support"
- "Staff are approachable"
- "No concerns at all"
- "Much better arrangement than hospital; things have improved since the move"
- "My relative has adapted well; there was good discharge planning"

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

### **Detail of Inspection Process:**

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

It was the inspector's assessment that the agency is "not compliant" in this theme.

Service users pay a fixed amount to the agency; the responsible person stated that the charges are based on the client contribution model agreed with the Northern Health and Social care Trust; they stated that this arrangement is currently under review by the trust. The responsible person stated that the relevant HSC trust commissions the care provided by the agency to the service users and that the amount paid by service users to the agency is not related to care received.

Records viewed outline any charges in respect of service provision; however it was not clearly identified the service received for charges made. Mr Mark King stated that charges made cover food, heating, electricity and general household costs. A requirement has been made.

The manager stated that staff can avail of food whilst on duty in the service users' home; they stated that the agency pays any related charges. It was identified that they agency did not have in place a policy for staff meals. A recommendation has been made.

Service users are provided with the agreed support required to manage their finances. The agency maintains a record of all monies or valuables held on behalf of service users.

The agency provides a transport service; transport agreements in place detail the terms and conditions of the service.

Following the inspection RQIA requested a copy of the agency's finance policy; this was provided to RQIA on 1 April 2015.

One requirement and one recommendation have been made in relation to this theme.

#### **Theme 2: Responding to the needs of service users**

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

Prior to admission the agency receives a range of assessments from the referring HSC trust; these assist staff in developing individual care and support plans. Care plans viewed reflect a range of interventions used in the care and support of individual service users

Service users have received a review involving the relevant HSC trust representative in the previous year; a copy of the review documentation is retained by the agency.

Staff stated they had received induction training at the commencement of employment covering many areas; and that they receive quarterly supervision.



The agency maintains an electronic record of staff training; this was viewed by the inspector; the inspector discussed outstanding training updates and viewed the training plan for the forthcoming year to address this issue. A recommendation has been made.

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

One recommendation has been made have been made in relation to this theme.

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

It was the inspector's assessment that the agency is "not compliant" in this theme.

Service users have in place individual care and support plans; they detail the care provided by the agency to each individual service user. It was noted that care and support plans are reviewed monthly.

The agency has in place individual service user agreements; it was noted that Appendix 1 details charges made to the service user by the agency; however it was identified that it did not clearly detail what services service users' received for charges made. The service user guide does not clearly identify the service received for charges made. The manager stated that service users are in receipt of care services funded by the HSC trust.

A service user could describe the amount and type of care and support provided by the agency and was aware of charges for services provided by the agency. Staff could describe the care and support provided to individual service users.

It was identified that service users have an annual review involving their HSC trust representative; a copy of the review documentation is retained by the agency.

### **Additional Matters Examined**

#### **Charging Survey**

At the request of RQIA and in advance of this inspection, the agency submitted to RQIA a completed survey in relation to the arrangements for charging service users. During the inspection Mr Mark King and the responsible person informed the inspector that the relevant HSC trust commissions the care provided by the agency to the service users; the manager stated that no service users are paying additional charges for care. It was identified that service users pay a fixed amount based on the client contribution model agreed with the NHSCT. The manager stated that the agency does not act as appointee for any of the service users. Service users have in place financial support plans which detail the amount of support required to be provided by the agency to enable them to manage their monies.

#### **Statement of Purpose:**

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

**Annual Review of Service Users' Needs by HSC Trusts:**

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

Records viewed by the inspector identify that services users have received an annual review involving the HSC trust; a number of service users receive regular visits from their HSC trust representative. One service user informed the inspector that they are encouraged to participate in the review meeting and are given the opportunity to express their views.

**Monthly Quality Monitoring Visits by the Registered Provider**

The inspector viewed the agency's quality monitoring documentation in place and noted that unannounced monthly monitoring visits are completed. From the documentation viewed the views of service users where appropriate and their families had been recorded; however, it was identified by the inspector that on a number of the records no reference was made to the views of professionals. The documentation contains details of any incidents or safeguarding concerns and contains an action plan. A recommendation has been made.

## 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   | 23 (2) (c)      | The registered person must ensure that monthly quality monitoring visits confirm that requirements and recommendations made by RQIA are met by the timescale specified in the quality improvement plan. | <p>The inspector viewed the agency's monthly monitoring documentation; reference is made to RQIA's quality improvement plan and details any requirements, recommendations outstanding. It was noted that an action plan is completed.</p> <p>This requirement has been assessed as being fully met.</p>  | Once                   | Fully met.                           |
| 2   | 15 (2)          | The registered person must ensure that the service user's agreement specifies the number of support hours available to service user's individually.   | <p>The inspector viewed a service user agreement; it was noted that it did not specify the number of support hours available to individual service users'.</p> <p>The registered manager stated that the HSC trust is in the process of completing a task analysis to determine the specific hours.</p> <p>This requirement has been assessed as being not met and will be restated.</p> | Once                   | Not met                              |
| 3   | 14(e)           | The registered person must ensure that the location of the agency's office respects service users' privacy.   | The agency's registered office is situated at a separate location to service users' homes. The agency has no office facilities within service users' homes; this was observed by the inspector during the inspection.  | Once                   | Fully met.                           |

|   |            |  |  |      |           |
|---|------------|--|--|------|-----------|
|   |            |  | This requirement has been assessed as being fully met.   |      |           |
| 4 | 15 (3)     | The registered person must ensure that restrictive practices are regularly reviewed with the HSC trust to confirm that the least restrictive arrangements are in place, in particular the service users' ability to manage keys and the locking of external doors of service users' homes and gates. | <p>The inspector viewed documentation relating to the practice of locking an external door and a gate; it was noted that discussions had taken place with the HSC trust representative and the service users' relatives.</p> <p>Documentation viewed details the decisions made in relation to the practice and the rationale.</p> <p>This requirement has been assessed as being fully met.</p> | Once | Fully met |
| 5 | 16 (2) (a) | The registered person must ensure that staff receive training/guidance on human rights.  | <p>The registered manager stated that this training is incorporated within Safeguarding Vulnerable Adults training; the inspector viewed the content of the training provided and noted human rights was contained within. Staff stated that they had received relevant training.</p> <p>This requirement has been assessed as being fully met.</p>  | Once | Fully met |

| No. | Minimum Standard Ref. | Recommendations   | Action Taken - as Confirmed During This Inspection   | Number of Times Stated | Inspector's Validation Of Compliance |
|-----|-----------------------|---|--|------------------------|--------------------------------------|
| 1   | 2.2                   | It is recommended that the registered person ensures that the agency's organisational policies, procedures and service user guide are further developed to underpin the principles of service users choosing to live at the agency. The agency needs to clearly demonstrate how service users/representatives chose to live at the agency. The revised service user guide should be forwarded to RQIA by the 19 October 2013. | <p>The service user guide contains detail relating to the process used to enable service users to choose where they live.</p> <p>This recommendation has been assessed as being fully met.</p>   | Twice                  | Fully met                            |
| 2   | 2.2                   | It is recommended that the registered person ensures that the agency's organisational policies, procedures and service user guide are further developed to underpin the principles of service users choosing who they share their accommodation with. The agency need to clearly demonstrate how they discuss and consult with tenants about who they share with. The revised service user guide should be forwarded to RQIA  | <p>The service user guide contains detail relating to the process used to enable service users to choose who they live with.</p> <p>The manager stated that a number of service users would be unable to communicate their views; the manager described the process of consultation with HSC trust staff, relatives, psychologist and advocates that occurs prior to the service user accepting a tenancy. This recommendation has been assessed as being fully met.</p> | Twice                  | Fully met                            |

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|--|--|-------------------------|--|--|--|
|  |  | by the 19 October 2013. |  |  |  |
|--|--|-------------------------|--|--|--|

| <b>THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED</b>   |                                |
|---|--------------------------------|
| <p><b>Statement 1:</b></p> <p><b>The agency maintains complete and up to date records in respect of the terms and conditions of the provision of personal care</b></p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• 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;</li> <li>• 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;</li> <li>• 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;</li> <li>• 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;</li> <li>• The service user guide/ individual agreement clarifies what the arrangements are for staff meals while on duty in the service users' home;</li> <li>• 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;</li> <li>• 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;</li> <li>• 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.</li> </ul> | <p><b>COMPLIANCE LEVEL</b></p> |

| Provider's Self-Assessment  |                                |
|---|--------------------------------|
| <p>The Agency provides for each service user and for their families / representatvies a service user guide and a service user agreement in writing giving details of services provided by the Agency, terms and conditions and any charges which may apply. These documents are amended as required to reflect any changes which may apply.</p> <p>No service users currently pay for any additional personal care services which do not form part of the trust assessment of need and no additional charges are levied by the Agency to any service user for any additional personal care.</p> <p>Currentlty within the Agecny there are no shared costs between service users and the Agency. No charges are made to any service user for costs associated with accomodation used for administration or Agency business conducted from the service users' home. No charges are made to service users for maintaining any areas of their home which are unused and they do not have exclusive use of.</p> <p>Arrangements for staff meals for on duty staff are contained in the service users guide.</p> <p>All arrangements for the governance and management of service users personal monies are detailed in the service users agreement, in accordance with the Agencies financial policies and procedures.</p> <p>Each service user and / or their families / representatives will be notified in writing of any increase in charges by the Agency within the specified period of time.</p> <p>Every effort is made to ensure the service user's home has a homely atmostphere, as far as possible, with minimal workplace appearance.</p> | <p>Substantially compliant</p> |
| Inspection Findings:  |                                |
| <p>The inspector discussed the theme with the responsible person and the registered manager who stated that service users pay a fixed client contribution to the agency; the service user agreement did not clearly identify the services received for payments made to the agency.</p>   | <p>Not compliant</p>           |



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| <p>The inspector was informed that the charging arrangements are reflective of a client contribution model agreed by the NHSCT; and stated that the trust commissions the care for individual service users.</p> <p>The inspector viewed the service user agreements for two service users and noted that service users are paying a charge to the agency. The responsible person stated that the charge covers cost of heating, electricity, food and gardening; however it was noted that the information was not clearly broken down to indicate the charges for individual items. A requirement has been made.</p> <p>One service user could describe the process for menu planning and purchasing food; service users are encouraged to participate in the preparation of food with the support of staff, dependant on their ability; this was reflected in the individual care and support plans viewed by the inspector.</p> <p>The manager stated that the agency pays for staff food whilst on duty; it was noted that the agency did not have in place a policy relating to staff meals. A number of staff stated that they provide their own food whilst on duty in the service users' home. A recommendation has been made.</p> <p>The agency's office is not located within the service users' homes.</p> <p>The service user agreement records the process for service users in relation to cancellation of services for which they are charged.</p> |  |
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| <b>THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED</b>   |                                |
|---|--------------------------------|
| <p><b>Statement 2:</b></p> <p><b>Arrangements for receiving and spending service users' monies on their behalf are transparent, have been authorised and the appropriate records are maintained:</b></p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• 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;</li> <li>• 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;</li> <li>• 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;</li> <li>• 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);</li> <li>• 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;</li> <li>• A reconciliation of the money/possessions held by the agency on behalf of service users is carried out, evidenced and recorded, at least quarterly;</li> <li>• 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;</li> </ul> | <p><b>COMPLIANCE LEVEL</b></p> |

|  |                                |
|--|--------------------------------|
| <ul style="list-style-type: none"> <li>• 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;</li> <li>• 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,</li> <li>• 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;</li> </ul> <p>If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the agency on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user's agreement.</p>   |                                |
| <b>Provider's Self-Assessment</b>  |                                |
| <p>The trust assessment of need reflects the capabilities and capacity of the service user including the level of support required in supporting the service user to manage their finances.</p> <p>A record is maintained by the Agency of all amounts paid by / in respect of the service user for all agreed services specified in the service users agreement. The Agency maintains records of all allowances and monies received on behalf of a service user and how monies are distributed. Arrangement for all transactions to / from or on behalf of a service user are as detailed in this criteria and in accordance with the Agencies financial policies and procedures. This also applies in relation to authorisation for the expenditure of service users personal finances on their behalf.</p> <p>Where the trust is acting as appointee for a service user or in the case of the Courts Funds office controlling a service users funds the arrangements and procedures currently in place do not lend themselves to services users being able to access their money at short notice.</p> <p>The Agencies arrangements for the management and audit of service users personal finances are as described in this criterion and in accordance with the Agencies financial policies and procedures.</p> <p>No representative of the Agency acts as a nominated appointee for any service user. The Agecny does not operate any bank accounts on behalf of service users.</p> | <p>Substantially compliant</p> |

| Inspection Findings:   |                  |
|--|------------------|
| <p>The agency has in place care and support plans detailing the support required by individual service users to manage their monies. The manager stated that the agency is not in receipt of benefits for any of the service users and does not operate bank accounts on behalf of service users. The inspector viewed the documentation for two service users and noted they detailed the support required by service users to manage their finances.</p> <p>The agency retains details in individual service users care records of their appointee; service users are supported to manage their monies as agreed. The registered manager stated that service users can access their monies at all times.</p> <p>Where items are purchased on behalf of service users the agency maintains a record and retains receipts; this arrangement is monitored by the manager.</p> <p>One service user stated that they have been involved in discussions and agreements in place in relation to their monies; they stated that they can access their money at any time and choose how to spend their money.</p> <p>Cash ledgers viewed record transactions and are signed by the service users where applicable and two staff members. Reconciliation of monies held on behalf of service users is completed at least daily by agency staff.</p> <p>Following a request by the inspector the agency forwarded to RQIA a copy of the Finance policy on 1 April 2015.</p> | <p>Compliant</p> |

| <b>THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED</b>   |                         |
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| <p><b>Statement 3:</b></p> <p><b>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:</b></p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• 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;</li> <li>• 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;</li> <li>• Service users are aware of the arrangements for the safe storage of these items and have access to their individual financial records;</li> <li>• 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;</li> </ul> <p>A reconciliation of the money and valuables held for safekeeping by the agency is carried out at regular intervals, but least quarterly. Errors or deficits are handled in accordance with the agency's SVA procedures.</p> | <b>COMPLIANCE LEVEL</b> |
| <p><b>Provider's Self-Assessment</b></p> <p>In cases where the Agency staff have access to storage arrangements for service users money and / or valuables held for safekeeping robust controls are in place. Only two senior staff members have access to secure storage areas.</p> <p>Records are maintained for all amounts or valuables received for safekeeping and when disposed of.</p> <p>No service users currently have an assessed need in relation to the safety and security of their property.</p> <p>In this Agency service users would not have sufficient capacity to understand arrangements for the</p>  | Substantially compliant |

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| <p>safekeeping of money or valuables and associated records but their families / representatives are aware of arrangements. Where there are restrictions in service users accessing their money and / or valuables this is reflected in the trust assessment of need and care plan.</p> <p>A reconciliation of any money and / or valuables held for sakekeeping by the Agency is carried out at least quarterly and errors / deficits are handled in accordance with the Agencies SVA procedures.</p>  |                  |
| <p><b>Inspection Findings:</b></p>  |                  |
| <p>There is a locked facility for the safe storage of monies and valuables in the service users' homes; a record of the contents was available for the inspector to view and is audited weekly by the senior staff.</p> <p>Individual care and support plans viewed detailed the support required by service users to manage their monies.</p> <p>The manager stated that the senior member of staff on duty retains the key for the safe; staff informed the inspector that a reconciliation of monies held by the agency is completed after each transaction, and could describe the necessary steps if a discrepancy was identified.</p> <p>The inspector viewed the cash sheets for monies held on behalf of two service users and noted that they record transactions and available balance; two staff sign for any transactions and receipts are retained; the agency has in place a list of staff signatures. One service user who spoke to the inspector stated that they can access their money at any time.</p> <p>The manager informed the inspector that a finance audit is completed quarterly by the agency's administrator.</p> <p>Staff informed the inspector that they had received training on handling service users' monies.</p> | <p>Compliant</p> |

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

**Statement 4:**

**COMPLIANCE LEVEL**

**Arrangements for providing transport to service users are transparent and agreed in writing with the service user/their representative:**

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

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| <p>(staff) vehicles, meet the relevant legal requirements regarding insurance and road worthiness. Where the agency facilitates service users to have access to a vehicle leased on the Motability scheme by a service user, the agency ensures that the above legal documents are in place;</p> <ul style="list-style-type: none"> <li>• Ownership details of any vehicles used by the agency to provide transport services are clarified.</li> </ul>   |                             |
| <p><b>Provider's Self-Assessment</b></p>   |                             |
| <p>The transport needs of service users does not always form part of the trust's assessment of need. However, where the trust is appointee the transport arrangements for the service user are agreed with the trust.</p> <p>The Agencies transport scheme charges are based on individual usage. The scheme is reviewed quartly and charges amended accordingly.</p> <p>The Agency issues individual Transport agreements to service users or their representatives. The Agreement states that service users may opt out at any time. The Agreement details charges, method and frequency of payments and are signed by service users and / or their representatives.</p> <p>The Agency has policies and procedures in place that detail the terms and conditions of the transport scheme and records to be kept.</p> <p>The Agency currently have no service users with a Mobility vehicle.</p> <p>No benefits are received by the Agency on behalf of any service user.</p> <p>The Agency maintain records of all transport charges made to service users.</p> <p>The Agency maintain and retain records detailing journies made by all service users. The records are double signed by Agency staff.</p> <p>All relevant vehicle running costs are recorded and maintained.</p> <p>The Agency only use company vehicles to transport service users and ensures that they meet all relevant legal requirements.</p> | <p>Provider to complete</p> |



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| <p>Owenship details of all vehicles used by th Agency lie with the Agency.</p>   |                  |
| <p><b>Inspection Findings:</b></p>   |                  |
| <p>The registered manager stated that the agency provides a transport service; service users can choose to opt in or out of this service. The agency currently provides a vehicle for the use of service users; the manager stated that the rate for the transport service is reviewed quarterly and is based on incurred costs.</p> <p>Individual care and support plans detail the support required by service users in relation to transport.</p> <p>The agency has in place transport agreements they detail the terms and conditions of the service and are signed by the service users' representatives. Service users are charged based on individual usage and billed in arrears; the manager stated that invoices are forwarded to the identified appointee. The transport agreement is reviewed quarterly; it was noted that they are signed by the service user's appointee.</p> <p>The inspector viewed the agency's transport log record it details the date travelled, mileage and purpose of the journey, records service users who have availed of the service and is signed by the driver.</p> <p>The agency has a policy in place detailing the procedure for staff using vehicles to transport service users; it was viewed by the inspector.</p> | <p>Compliant</p> |

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

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| <p><b>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p> | <p><b>COMPLIANCE LEVEL</b></p> |
|   | <p>Not compliant</p>           |

| <b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>  |                         |
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| <p><b>Statement 1:</b></p> <p><b>The agency responds appropriately to the assessed needs of service users</b></p> <ul style="list-style-type: none"> <li>• The agency maintains a clear statement of the service users’ current needs and risks.</li> <li>• Needs and risk assessments reflect the input of the HSC trust and contain the views of service users and their representatives.</li> <li>• Agency staff record on a regular basis their outcome of the service provided to the individual</li> <li>• Service users’ care plans reflect a range of interventions to be used in relation to the assessed needs of service users</li> <li>• 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.</li> </ul> | <b>COMPLIANCE LEVEL</b> |
| <p><b>Provider’s Self-Assessment</b></p> <p>Service user's care plans identify areas of risk and assessments of need which reflect input from relevant professionals from the HSC trust and the views of service users and / or their representatives, where possible.</p> <p>Care plans include person centred action plans and interventions based on assessed needs together with outcomes of interventions.</p> <p>Care plans are formulated in conjunction with representatives from the referring Trust and the service user and / or their representatives, where possible and reflect consideration of the service user's human rights.</p>  | Provider to complete    |
| <p><b>Inspection Findings:</b></p> <p>The inspector viewed the care records for three service users; it was identified that prior to admission the agency receives a range of multi-disciplinary assessments from the referring HSC trust; they outline the assessed needs of service users and highlight identified risks. The manager stated that in most instances a multi-disciplinary meeting which involves the service user and their relative takes place.</p> <p>Prospective service users and their relatives are encouraged to visit the accommodation and meet the</p>   | Compliant               |

current tenants.

From care plans viewed the inspector noted that the information outlined a range of interventions and reference was made to the consideration of the individual service user's human rights. It was identified that care and support plans are signed by the service user or their relative.

One service user stated that they are involved in developing their care and support plans and that their choices are reflected. The inspector observed that care plans were signed by the service users and are reviewed at monthly or as required. Staff record daily the care and support provided to each service user; this was viewed by the inspector.

Staff stated that they are in regular contact with the relevant HSC trust representative due to the complexity and changing in needs of individual services users.

| <b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>   |                         |
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| <p><b>Statement 2:</b></p> <p><b>Agency staff have the appropriate level of knowledge and skill to respond to the needs of service users</b></p> <ul style="list-style-type: none"> <li>• Agency staff have received training and on-going guidance in the implementation of care practices</li> <li>• The effectiveness of training and guidance on the implementation of specific interventions is evaluated.</li> <li>• Agency staff can identify any practices which are restrictive and can describe the potential human rights implications of such practices.</li> <li>• The agency maintains policy and procedural guidance for staff in responding to the needs of service users</li> <li>• The agency evaluates the impact of care practices and reports to the relevant parties any significant changes in the service user’s needs.</li> <li>• Agency staff are aware of their obligations in relation to raising concerns about poor practice</li> </ul> | <b>COMPLIANCE LEVEL</b> |
| <p><b>Provider’s Self-Assessment</b></p> <p>Agency staff are only expected to implement care practices and interventions for which they are trained and competent in and the effectiveness of training and guidance in terms of interventions is evaluated. Any restrictive practices which may apply are detailed in the service user's care plan and staff are familiar with the potential human rights implications.</p> <p>The Agency maintains policies and guidelines for staff in relation to services and support provided to service users.</p> <p>Care planning arrangements reflect the impact of support and care practices and inform the need to report significant changes in the service user's needs.</p>  | Substantially compliant |

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| <p>Staff are aware of their requirement to raise concerns about suspected or actual poor practice and receive training in this area.</p>  |                                |
| <p><b>Inspection Findings:</b></p>  |                                |
| <p>The agency maintains an electronic staff training matrix. From those records viewed it was identified that staff have received training in human rights, safeguarding of vulnerable adults and child protection , manual handling, managing service users monies, medication management, and management of challenging behaviours and restraint. The inspector discussed outstanding training updates and viewed the training plan for the forthcoming year to address any gaps. A recommendation has been made.</p> <p>Staff who met with the inspector stated that they had received induction at the commencement of their employment and ongoing training throughout their employment. Staff stated that they receive quarterly supervision and are encouraged to identify any training needs. It was noted that staff have received training relating to the specific needs of service users such as Autism and Epilepsy awareness.</p> <p>Staff stated that they receive an annual appraisal; they informed the inspector that they felt competent to carry out the requirements of their role, and feel supported by the manager. Staff outlined the process for highlighting any changes to service users' needs and described instances when they are in regular contact with the service users trust representative.</p> <p>Staff could describe the necessary actions in relation to safeguarding vulnerable adults and whistleblowing.</p> | <p>Substantially compliant</p> |

| <b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>  |                         |
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| <p><b>Statement 3:</b></p> <p><b>The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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</li> <li>• 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.</li> <li>• 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.</li> <li>• The impact of restrictive practices on those service users who do not require any such restrictions.</li> </ul> | <b>COMPLIANCE LEVEL</b> |
| <p><b>Provider’s Self-Assessment</b></p> <p>The need for care practices of a restrictive nature are explicit in service users assessments of need from the referring trust's care manager or the multidisciplinary team prior to any admission. Individual care plans reflect any restrictive practices which may pertain to a service user and their relatives, agent and the service user, where possible, will be integral to any practices which impinge on choice, right's and independence.</p> <p>Our Statement of Purpose and Service User Guide details the range of services provided and where appropriate will refer to restrictive practices or interventions.</p> <p>Service users maintain the right to decline aspects of care and service provision. In most cases within this Agency service users would lack capacity to consent to care practices and this will be reflected in their care plans. Currently one service user has a good understanding as to their care plan and contributes in terms of</p>  | Substantially compliant |

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| <p>expressing views and opinions. Another service user can contribute to a limited degree. Five service users within this Agency lack capacity and sufficient understanding to contribute to their care plans. In all five cases relatives and involved and attend care and multidisciplinary reviews which in turn inform care planning.</p> <p>Advocacy services c/o MENCAP have been involved with three service users and a clinical psychologist with one to provide a counselling service.</p> <p>Every effort is made to ensure that restrictive practices do not impinge on service users who do not require restrictions.</p>   |                  |
| <p><b>Inspection Findings:</b></p>   |                  |
| <p>The inspector viewed the agency's service user guide and statement of purpose; they outline the nature and range of services provided.</p> <p>One service user stated that they are encouraged to make their own decisions and are involved in developing their individual care and support plan.</p> <p>The registered manager informed the inspector that any restrictive practices in place have been agreed in conjunction with the service user were appropriate, their relative and HSC trust representatives. The agency has in place risk assessments and care and support plans for any restrictive practice in place; those viewed by the inspector detailed decisions made and the rationale for such restrictions and evidenced involvement of relevant service user representatives. Reference was made to relevant guidance in relation to restrictive practice.</p> <p>A relative of one service user discussed their involvement in the decision making process of a practice deemed to be restrictive and stated that they felt that the human rights of their relative were respected and that the least restrictive measure was in place to reduce the risk to the service user.</p> | <p>Compliant</p> |

| <b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>   |                         |
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| <p><b>Statement 4</b></p> <p><b>The registered person ensures that there are robust governance arrangements in place with regard to any restrictive care practices undertaken by agency staff.</b></p> <ul style="list-style-type: none"> <li>• Care practices which are restrictive are undertaken only when there are clearly identified and documented risks and needs.</li> <li>• 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.</li> <li>• Care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance.</li> <li>• The agency evaluates the impact of restrictive care practices and reports to the relevant parties any significant changes in the service user’s needs.</li> <li>• 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.</li> <li>• 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.</li> <li>• The agency forwards to RQIA and other relevant agencies notification of each occasion restraint is used</li> <li>• 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</li> </ul> | <b>COMPLIANCE LEVEL</b> |
| <p><b>Provider’s Self-Assessment</b></p> <p>Care practices which are restrictive in nature will only be applied when documented as an assessed requirement involving the trust multidisciplinary team, including the positive behaviour support service; based on the "RESPECT" model and using the least restrictive measures to ensure the safety and security of the service user. Care practices are in accordance with the relevant regulations and guidance and restrictive</p>   | Substantially compliant |



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| <p>physical interventions are in accordance with departmental and trust guidance and protocols.</p> <p>Any restrictive practice which may apply form part of all care managements / multidisciplinary reviews and all incidences of physical restrictive interventions (restraint) are recorded and notified to the trust's designated monitoring officer in line with existing NH&amp;SCT protocols and DHSSPS (2005) guidance on restraint and seclusion. Currently this Agency notifies the designated monitoring officer (NH&amp;SCT Positive Behaviour Support Service, Dr R Whitehouse) and the service users care manager or trust named worker only of incidences of physical restrictive interventions.</p> <p>Arrangements will be put in place henceforth to notify RQIA also. The Registered Person monitors care practices including those of a restrictive nature as part of Regulation 29 monitoring arrangements.</p>   |                  |
| <p><b>Inspection Findings:</b></p>  |                  |
| <p>The inspector discussed with the manager current practices within the agency deemed as restrictive; the inspector viewed documentation in place in relation to any practice deemed as restrictive; it was noted that consultation involving relatives, HSC trust representatives and on occasions independent advocates had taken place.</p> <p>Agency staff stated that care practices are regularly monitored to ensure that practices which are may be deemed as restrictive are identified. The manager stated that any restrictions are regularly reviewed and discussed with the relevant HSC trust representatives to ensure that they are within the best interest of the service users and least restrictive.</p> <p>From the training records viewed and discussion with staff it was noted that staff have received training in human rights, autism awareness, management of challenging behaviours, respect training and protection of vulnerable adults.</p> <p>The agency has a process in place for informing the relevant bodies of the use of restraint.</p> | <p>Compliant</p> |

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| <b>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b> | <b>COMPLIANCE LEVEL</b> |
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| <b>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b> | <b>COMPLIANCE LEVEL</b> |
|  | Substantially compliant |

| <b>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</b>  |                         |
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| <p><b>Statement 1</b></p> <p><b>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</b></p> <ul style="list-style-type: none"> <li>• Service users/representatives can describe the amount and type of care provided by the agency</li> <li>• Staff have an understanding of the amount and type of care provided to service users</li> <li>• 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.</li> <li>• 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.</li> </ul> | <b>COMPLIANCE LEVEL</b> |
| <p><b>Provider’s Self-Assessment</b></p> <p>In this Agency the service users families or representatives are familiar with the type and level of care provided.</p> <p>One service user can described the level of care provided in detail and another can partially vocalise the care and support provided. Support staff have an in-depth knowledge of the type and level of care provided.</p> <p>The trust provide assessments of need for prospective service users which informs assessing and care planning and type and level of care required. Our service user agreement and service user guide describe the level and type of care provided by the Agency to service users in a format accessible to service users and their families / representatives.</p>   | Compliant               |

| Inspection Findings:   |                      |
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| <p>The inspector viewed a number of individual service user agreements which detail charges made to the service user for services received; it was noted that the agreement did not clearly identify the service received for charges made; individual care plans detail the care provided to the service user by the agency. One service user who met with the inspector could describe the care and support received by the agency; they stated that they are encouraged to participate in the development of their individual care and support plans.</p> <p>Staff could describe the amount and type of care provided to individual service users; they described a range of practices which were individualised to the needs of the service users. Staff demonstrated their awareness of the need to ensure that service users and their representatives were consulted in relation to aspects of their care and support and the importance of service users' choice and human rights. Staff described the importance of providing the necessary support whilst promoting the independence of the service users.</p> <p>From documentation viewed and discussion with service users the inspector noted that care plans are developed in conjunction with the commissioning trust and are reviewed at least annually.</p> | <p>Not compliant</p> |

| <b>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</b>   |                         |
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| <p><b>Statement 2</b></p> <p><b>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.</b></p> <ul style="list-style-type: none"> <li>• Service users/representatives can demonstrate an understanding of the care they receive which is funded by the HSC trust</li> <li>• Service users/representatives can demonstrate an understanding of the care which they pay for from their income.</li> <li>• 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.</li> <li>• Service users/representatives have an understanding of how to terminate any additional hours they are paying for from their income</li> <li>• 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.</li> </ul> | <b>COMPLIANCE LEVEL</b> |
| <p><b>Provider's Self-Assessment</b></p> <p>Service users in this Agency would not be able to demonstrate an understanding of how their care is funded by the trust, but their families or representatives can, this also relates to elements of service provision which the service users may be responsible for from their own income.</p> <p>This Agency currently operates a client contribution model in conjunction with the NH&amp;SCT for all service users which is based on the provision of 24 hour care at an agreed rate for each service user.</p> <p>Service users or their families / representatives are familiar with these arrangements and understand the protocols to amend particulars of service provision details of which are contained in the service users guide / agreement.</p>   | Substantially compliant |

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| <p>The client contribution model which we operate is currently under review by NH&amp;SCT.</p> <p>The assessed needs of service users in our Agency by the referring trust determine the care hours required and the level of care to provide a safe and secure environment for service users and does not easily lend itself to apportioning individual care hours.</p> <p>The rights of tenancy for service users are protected by Tenancy Agreements.</p>   |                      |
| <p><b>Inspection Findings:</b></p>   |                      |
| <p>The agency has in place individual service user agreements; the inspector viewed two agreements; it was noted that Appendix 1 details charges made to the service user by the agency; however it was identified that it did not clearly detail what services the service user received for the payment. The documentation details that the commissioning HSC trust pays the agency an agreed amount for each individual service user.</p> <p>The registered provider and registered manager stated that the agency operates a client contribution model which has been agreed with the NHSCT; the registered person stated that this is currently under review by the NHSCT. The inspector was informed that charges made to service users related to food, utilities and household costs; the registered provider stated that charges did not relate to care provided by the agency to service users. A requirement has been made.</p> <p>One service user representative stated that charges had been agreed with them prior to commencement of the tenancy.</p> <p>The service user agreement and the service user guide details the process for the cancellation of services; of the records viewed ,service users have in place a signed service user agreement.</p> | <p>Not compliant</p> |

| <b>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</b>   |                         |
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| <p><b>Statement 3</b></p> <p><b>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.</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Records and discussion with staff confirm that the agency contributes to the HSC trust annual review.</li> <li>• Records and discussion with staff confirm that reviews can be convened as and when required, dependent upon the service user's needs and preferences.</li> <li>• 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.</li> </ul> | <b>COMPLIANCE LEVEL</b> |
| <b>Provider's Self-Assessment</b>  |                         |
| <p>Care and services provided are reviewed at least annually by the commissioning trust and includes input from service users where possible and their families and representatives. Reports in writing of reviews are provided by the trust and include the expressed views of service users or their families / representatives in relation to the care and services provided by the Agency.</p> <p>Representation and contribution by Agency staff is integral to all trust led reviews.</p> <p>The requirement for additional needs led trust reviews of care and services can be convened on request by the service user's key worker or the Manager. Any need for service users' agreements to be updated following reviews would have to be authorised by the trust and changes to fees would not be made without discussion, consent and supporting documentation from the trust. Where applicable care plans will be</p>  | Substantially compliant |

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| <p>updated following reviews in consultation with the service user, where possible, and their families / representatives.</p>  |                  |
| <p><b>Inspection Findings:</b></p>   |                  |
| <p>Prior to the inspection the registered manager completed and returned to RQIA a questionnaire which sought information about the role of the HSC trust in reviewing the needs and care plans of service users during the period 1 April 2013 – 31 March 2014 (in accordance with In accordance with the DHSSPS Circular HSC (ECCU) 1/2010 “Care Management, provision of services and charging guidance”).</p> <p>The registered manager stated that all service users had received an annual review in conjunction with the commissioning HSC trust or more frequently if required.</p> <p>One service user stated that they attended an annual review involving their trust representative and were given the opportunity to contribute their views; the manager stated that a number of service users are unable to engage in the review process and therefore their relatives are encouraged to attend on their behalf.</p> <p>The inspector viewed the care records for two service users and noted that the reviews were being carried out annually; the agency retains a copy of review documentation.</p> <p>Staff stated that individual service user’s care and support plans are updated monthly or as required; staff stated that they participate in the review meetings.</p> <p>The agency has in place service agreements which record charges to service users; it was noted that they are signed by the service users’ representative and the manager stated they are reviewed annually.</p> | <p>Compliant</p> |



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| <b>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b> | <b>COMPLIANCE LEVEL</b> |
|   | Substantially compliant |

|  |                         |
|--|-------------------------|
| <b>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b> | <b>COMPLIANCE LEVEL</b> |
|  | Not compliant           |

## **11.0 Any Other Areas Examined**

### **11.1 Complaints**

The agency has had two complaints for the period 1 January 2013 to 31 December 2014; this was verified from records available for inspection at the agency; from records viewed and discussion with the registered manager it was identified that that the agency's policy had been followed.

## 12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr Eoghain King, registered provider and Mr Brian Campbell, registered manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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



The Regulation and  
Quality Improvement  
Authority

## Quality Improvement Plan

### Announced Primary Inspection

**Manor Healthcare**

**19 January 2015**

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 the 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.

**Recommendations**

These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2008), 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.  | 9.1                        | It is recommended that that the agency develops a policy and procedure in relation to arrangements for staff accessing food and drink whilst on duty in a service user's home. | Once                   | A policy in relation to staff accessing food and drink whilst on duty in a service users home has been developed.             | 19 July 2015 |
| 1.  | 13.3                       | It is recommended that staff supervision is planned and that staff are given sufficient notice to enable appropriate preparation in advance.                                   | Once                   | A yearly rota covering staff supervision has been developed.  | 19 July 2015 |
| 3.  | 12.4                       | It is recommended that identified outstanding training updates required by staff are provided.   | Once                   | Staff have been reminded of their need to attend training   | 19 July 2015 |
| 4.  | 8.11                       | It is recommended that views of relevant professionals where appropriate are included within the monthly quality monitoring documentation.                                     | Once                   | The views of relevant professionals where appropriate should be included within the monthly quality monitoring documentation. | 19 July 2015 |

Relevant professionals are invited and encouraged to attend reviews. Their views on the level of care provided are sought.

**Statutory Requirements**

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

| No. | Regulation Reference | Requirements  | Number Of Times Stated | Details Of Action Taken By Registered Person(S)   | Timescale    |
|-----|----------------------|---|------------------------|---|--------------|
| 1.  | 14 (d)               | <p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided—</p> <p>(d) so as to ensure the safety and security of service users' property, including their homes;</p> <p>This registered person is required to ensure that the service user agreement clearly details the services received by service users for charges made.</p> | Once                   | <p><i>This requirement is being progressed. This is being developed in partnership with the referring trust.</i></p>    | 19 July 2015 |
|     |                      |   |                        |   |              |
| 2.  | 15 (2)               | <p>The registered person must ensure that the service user's agreement specifies the number of support hours available to service user's individually.</p>  | Twice                  | <p><i>The service user agreement specifies the number of support hours available to service users individually.</i></p> | 19 July 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:

|   |                       |
|---|-----------------------|
| <b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>                                | <i>Bairn Campbell</i> |
| <b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b> | <i>Eof. Lin</i>       |

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

| QIP Position Based on Comments from Registered Persons | Yes | Inspector          | Date    |
|--|-----|--------------------|---------|
| Response assessed by inspector as acceptable           | X   | Joanne<br>Faulkner | 27/7/15 |
| Further information requested from provider            |     |                    |         |