



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

## **ANNOUNCED PRIMARY CARE INSPECTION**

<b>Name of Agency:</b>	<b>Mullan Mews</b>
<b>RQIA Number:</b>	<b>10843</b>
<b>Date of Inspection:</b>	<b>18 September 2014</b>
<b>Inspector's Name:</b>	<b>Joanne Faulkner</b>
<b>Inspection ID:</b>	<b>20354</b>

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

<b>Name of agency:</b>	Mullan Mews
<b>Address:</b>	6 - 16 Willowfield Avenue Belfast BT6 8HW
<b>Telephone Number:</b>	02890466480
<b>E mail Address:</b>	jacci.smyth@belfasttrust.hscni.net
<b>Registered Organisation / Registered Provider:</b>	Belfast HSC Trust Martin Dillon, Acting Responsible Person
<b>Registered Manager:</b>	Jacqueline Paula Smyth
<b>Person in Charge of the Agency at the Time of Inspection:</b>	Jaqueline Smyth Fiona McKinney-Assistant Services Manager
<b>Number of Service Users:</b>	30
<b>Date and Type of Previous Inspection:</b>	2 September 2013 Primary Announced Inspection
<b>Date and Time of Inspection:</b>	18 September 2014 09:30- 16:30
<b>Name of Inspector:</b>	Joanne Faulkner

## 2.0 Introduction

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

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

## 3.0 Purpose of the Inspection

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

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

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

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

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

## 4.0 Methods/Process

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

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

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

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

- Evaluation and feedback

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

## 5.0 Consultation Process

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

Service users	7
Staff	3
Relatives	2
Other Professionals	0

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

Issued To	Number issued	Number returned
Staff	25	7

## 6.0 Inspection Focus

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

The following three quality themes were assessed at this inspection:

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

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

The inspector reviewed the quality improvement plan issued following the previous inspection; one recommendation have been assessed as being fully met; one recommendation has been assessed as not being 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.

## 7.0 Profile of Service

Mullan Mews is a supported living type domiciliary care agency located on the outskirts of Belfast. The agency provides care and support to service users with a diagnosis of dementia.

The agency's aim is to provide care and support to service users, to enable them to live in their own home within the local community. Staff are available to support tenants 24 hours per day and each service user has an identified 'key worker'.

The design of the facility incorporates five town houses, each with six en-suite bedrooms and communal living/dining facilities. The agency's offices are situated adjacent to the service users' homes.

Specific services provided by the agency include assistance with personal care, medication, budgeting, shopping, cleaning, laundry and attending social activities, dependent upon individual service users' needs, interests and wishes.

## 8.0 Summary of Inspection

The announced inspection was undertaken on 18 September 2014 at the registered office adjacent to the service. The inspector was supported throughout the inspection by the registered manager, Mrs Jacqueline Smyth; Fiona McKinney, assistant services manager was present for a period during the inspection.

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

During the inspection the inspector viewed a number of care records which described the care and support required by the service users; the information recorded reflected a range of practices to meet the identified needs of the service users. Staff who met with the inspector stated that service users are provided with the necessary support to remain as independent as possible.

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

### 8.1 Staff Comments

"Some service users need more support than others"

"Service users are given choice"

"I complete care and support plans with tenants"

"Service users are supported to go shopping, to attend church"

"I get supervision every six to eight weeks"

"Service users can choose how they spend their money"

"Service users are encouraged to do as much as possible"

"I received induction training"

The completed questionnaires indicated the following:

- Seven staff have received Vulnerable Adult training

- Training was rated as good or excellent
- Staff have received Human Rights training
- Service users have in place individual service agreements
- Staff are aware of whistleblowing policy
- A number of staff have received training on managing service users monies
- Staff have received training on the supported living model
- Care and support plans are completed in conjunction with service users and their HSC representative

Records viewed by the inspector support the above statements; discussion with the manager suggests that training has been extended to all staff. Discussions with service users and their representatives at the time of inspection identified their involvement in the development of individual care and support plans.

## 8.2 Service Users' Comments

During the inspection, the inspector met with seven service users who stated that they were involved in developing their individual care and support plans and in their annual review.

Service users could describe the care and support they were receiving and were aware of any charges paid to the agency for services received. The service users informed the inspector that they are encouraged to make their own choices in relation to the care and support they receive.

### Comments

- "I love living here"
- "I can buy what I want"
- "Staff are good"
- "Staff are here all the time"
- "I know my keyworker"
- "I keep my valuables in the drawer"
- "I go out for coffee, I go knitting"
- "I go out to the daycentre"
- "We are spoilt rotten"
- "I lock my money and my tablets in the cupboard"
- "We can choose what we want to eat"
- "We have the freedom of the whole house"

## 8.3 Service User Representative

The inspector spoke with relatives of one service user who stated that their relative is supported to live as independently as possible; they stated that they are involved in the review meeting and encouraged to express their views.

### Comments

- "I am kept informed of any changes"
- "I have no concerns"
- "My relative goes out with staff"

- “Best thing that ever happened”
- “Lovely atmosphere”
- “She loves it here”
- “My relative was previously in a nursing home, this is much better”

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

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

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

It was the inspector’s assessment that the agency is “not compliant” in this theme.

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

- Tenants and family agreements
- Financial care and support plans
- Financial support agreement

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

Service users do not pay additional charges for care services provided by the agency; the relevant HSC Trust commissions the care provided by the agency to the service users.

Service users currently pay a weekly agreed amount into a shared fund for food and pay an agreed amount for utilities. Service users described to the inspector the process for cancelling any services no longer required from the agency.

The agency provides each service user with the agreed support required to manage their finances; this is clearly recorded in the service users’ individual financial support plans and the financial support agreements. Service users are supported to manage their money and can access their money at all times.

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

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

The agency does not provide a transport service; service users are given the support they require to avail of appropriate transport and are supported to obtain appropriate benefits.

The agency has in place a finance policy (draft); it was viewed by the inspector.

The inspector discussed with the manager arrangements in place for staff accessing food whilst on duty in a service user’s home. The manager stated that staff have the option to eat



with the service users whilst on duty and that food eaten had been purchased by the service user; this was confirmed by staff who spoke to the inspector. The manager stated that some staff chose to bring their own food. The inspector discussed with the registered manager concerns relating to the current practice; it was suggested by the inspector that the practice of staff consuming food purchased by the service users should cease.

The tenant and family agreement details arrangements for staff accessing food whilst on duty in a service users home; however, it was noted that it did not record that food consumed by staff would be purchased by the service users.

It was identified by the inspector that the agency did not have a policy detailing arrangements for staff accessing food whilst on duty in a service user's home. A requirement has been made.

The agency's two offices are located adjacent to the service users' homes; during the inspection the registered manager was unable to inform the inspector who paid the utility cost for these offices.

This information highlighted serious areas of concern about the safety and quality of this service.

In accordance with RQIA's Enforcement Policy, RQIA wrote to the registered person and outlined the intention to serve a notice of failure to comply with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

Representatives of the registered person attended a meeting with RQIA on 22 October 2014.

At the meeting representatives of the registered person informed RQIA that service users are not contributing towards the cost of the agency's offices and that costs incurred are paid by the housing association.

At the meeting, representatives of the registered person informed RQIA that staff are no longer consuming food that has been purchased by the service users and that this practice had ceased following the inspection visit; representatives agreed to identify a six week period of time before and following the recent inspection; to complete an audit to determine if the practice of staff consuming food purchased by the service users had disadvantaged service users and to identify if any reimbursement was due.

RQIA requested that the agency submit written confirmation of their findings by 19 November 2014.

In light of the inspection findings and discussions held with the representatives of the provider organisation on 22 October 2014; RQIA did not issue a notice of failure to comply with the Regulations 14. (b)(d) of The Domiciliary Care Regulations (Northern Ireland) 2007.

RQIA will continue to monitor the agency's compliance with this Regulation and the agency is required to ensure continued compliance with legislative requirements and minimum standards.

Two requirements have been made in relation to this theme.

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

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

The manager stated that prior to admission the agency receives a range of assessments from the referring HSC trust representative; these assist staff in developing individual care and support plans in conjunction with each service user and their representative.

Records viewed by the inspector contained a range of assessments provided to the agency by the referring HSC Trust and individualised care and support plans. Service users and their representatives who met with the inspector stated that they are involved in developing their care and support plans and that their choices and preferences were reflected. Staff stated that they record daily the care and support provided to each service user. The inspector noted that care and support plans in place had are signed by the service users or their representative.

Records viewed by the inspector reflect a range of interventions used in the care and support of individual service users. Relevant human rights of service users are recorded within their care and support plans; it was identified that these are reviewed six monthly or as required.

The manager stated that practices are monitored regularly to identify practices which may be deemed as restrictive.

From records viewed all service users have received an annual review involving their HSC Trust representative; a copy of the review documentation is retained by the agency.

Staff stated they had received induction training at the commencement of employment covering many areas including human rights, safeguarding vulnerable adults, care planning and restrictive practice and person centred support planning. Staff informed the inspector that they receive supervision quarterly and appraisal.

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

The inspector read the agency's service user guide and statement of purpose; they clearly outline the nature and range of services provided; however, the statement of purpose does not make reference to restrictive practice. A requirement has been made.

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

One requirement has been made in relation to this theme.

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

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

Service users have in place individual tenant's guide/ agreements and care and support plans; they detail the amount and type of care provided by the agency to each individual service user

and are updated annually.

The agency has in place referral information provided by the relevant referring HSC Trust prior to admission.

Service users and their representatives could describe the amount and types of care provided by the agency and were aware of charges for services received. Service users described a range of individualised activities that they participate in, with the support of the agency's staff. The manager stated that care provided by the agency is funded by the relevant HSC Trust and that none of the service users are paying additional charges to the agency for personal care services.

The registered manager and staff could clearly describe the amount and type of care provided to individual service users; they described individual practices in place to meet the assessed needs of the service users.

From the documentation in place and discussion with service users, the inspector identified that care and support plans are reviewed six monthly or as required in conjunction with the service user, their representative and allocated keyworker within the service.

Service users and their representatives stated that they are encouraged to participate in the review process and are given the opportunity to express their views and wishes.

A copy of the review documentation is retained by the agency; it was noted that it was signed by service users.

The tenants guide details the process for service users wishing to cancel services.

## **8.5 Additional Matters Examined**

### **8.5.1 Charging Survey**

At the request of RQIA and in advance of this inspection, the agency submitted to RQIA a completed survey in relation to the arrangements for charging service users. During the inspection the registered manager informed the inspector that the relevant HSC trust commissions the care provided by the agency to the service users; the manager stated that none of the service users are paying additional charges for care. Service users support plans detail the amount of support required to be provided by the agency to enable them to manage their monies.

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

The agency's statement of purpose was examined and reflected the nature and range of services provided by the agency at the time of inspection.

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

The registered manager completed and returned to RQIA a questionnaire which sought information about the role of the HSC Trust in reviewing the needs and care plans of service users during the period 1 April 2013 – 31 March 2014 (in accordance with the DHSSPS

Circular HSC (ECCU) 1/2010 “Care Management, Provision of Services and Charging Guidance”).

Records viewed by the inspector and discussion with staff and service users identified that all service users have received an annual review involving the HSC Trust. Service users and their representatives informed the inspector that they are encouraged to participate in the review meeting and are given the opportunity to express their views and wishes. The agency retains a copy of review documentation.

#### **8.5.4 Monthly Quality Monitoring**

The agency has in place records of monthly quality monitoring visits; these were available for the inspector to view. The inspector identified that the views of service users, their representatives and relevant professionals had been recorded. It was noted that the visits were completed by the assistant services manager and an action plan formulated.

## 9.0 Follow-Up on Previous Issues

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1.	8.11	<p>It is recommended that the registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis.</p> <p>This report summarises any views of service users and/or their carers/representatives ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p>	<p>The manager stated that a monthly report is now completed; the inspector viewed records in place it was noted that the views of service users and their representatives were record.</p> <p>This recommendation has been assessed as being fully met.</p>	Once	Fully met.
2.	9.5	<p>It is recommended that the registered person ensures that all policies and procedures are subject to a systematic review on a three yearly basis, with particular reference on this occasion to Supervision, Appraisal, Discipline, Grievance and Restrictive Practice policies and procedures.</p>	<p>The registered manager stated that the agency is in the process of updating all policies and procedures.</p> <p>The inspector viewed the agency's restrictive practice and disciplinary polices and noted that they had not been reviewed within</p>	Once	<p>Not met.</p> <p>This recommendation has been restated</p>

			<p>the previous three year period.</p> <p>This recommendation has been assessed as being not met and will be restated.</p>		
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**10.0 Inspection Findings**

<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</li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>

<b>Provider's Self-Assessment</b>	
<p>The agency provides a guide in the form of a written 'Tenant &amp; Family Agreement' providing the rental, service charge and enhanced support charge for tenants. The Tenant and Family agreement clearly identifies instruction on the method of payment for rent and support charges. There are no other additional charges applied for personal care. Individual support plans documents the level of support if required with personal care. Tenants do not pay for personal care services and if a care package is required the Belfast HSC Trust would commission this at no extra cost.</p> <p>Mullan Mews is a group living model, and contributions to a household budget is an integral part of the service. Costs and information regarding this are explained to prospective tenants and their family at the initial visit and during the allocation process. Where an individual makes a decision to move to Mullan Mews a Tenant &amp; Family Agreement, detailing costs is agreed and signed by the tenant/family.</p> <p>It is current practice that staff would regularly have meals with tenants in their homes in keeping with the ethos of supported housing group living mode. The aim is to encourage social interaction and enhance the meal time experience</p> <p>Staff do not accept responsibility for the management of tenants finances, however if support is needed it will be clearly documented in the individuals support plan. The agency has local guidance in place that detail arrangements where support is required for tenants to manage their finances</p>	Compliant
<b>Inspection Findings:</b>	
<p>The inspector discussed the theme with the registered manager who stated that none of the service users are charged for personal care provided by the agency; the HSC trust commissions care provided to service users.</p> <p>From the records viewed, service users have in place a tenant's guide/ agreement, and a finance agreement which detail services provided and any related charges; they are signed by the service users and their relative. Service users' representatives could describe the process for cancelling any services provided by the agency.</p> <p>The service users informed the inspector that they pay an agreed amount per week for utilities and shopping; they described to the inspector the process for shopping and preparing food. All service users are encouraged to participate in the preparation of food with the support of staff, dependant on their ability; this</p>	Not compliant



was reflected in the individual care and support plans viewed by the inspector. Service users who met with the inspector stated that they can access the kitchen at any time and are provided with the necessary support to prepare food.

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

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

The inspector discussed with the manager the arrangements in place for staff accessing food whilst on duty in a service user's home. The manager stated that staff have the option to eat with the service users whilst on duty; food eaten has been purchased by the service user; this was confirmed by staff who spoke to the inspector

The tenant and family agreement details arrangements for staff accessing food whilst on duty in a service users home; however it was noted that it did not record that food would be purchased by the service users.

It was identified by the inspector that the agency did not have a policy detailing arrangements for staff meals whilst on duty in a service user's home. A requirement has been made.

The agency's two offices are located adjacent to the service users' homes; during the inspection the registered manager was unable to inform the inspector who paid the utility cost for these offices.

This information highlighted serious areas of concern about the safety and quality of this service.

In accordance with RQIA's Enforcement Policy, RQIA wrote to the registered person and outlined the intention to serve a notice of failure to comply with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

Representatives of the registered person attended a meeting with RQIA on 22 October 2014.

At the meeting representatives of the registered person stated that service users are not contributing

towards the cost of the agency's offices and that costs incurred are paid by the housing association.

At the meeting representatives of the registered person informed RQIA that staff are no longer consuming food that had been purchased by the service users and that this practice had ceased following the inspection visit.

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

**Statement 2:**

**COMPLIANCE LEVEL**

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

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

<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>	
<p><b>Provider's Self-Assessment</b></p>	
<p>The 'Initial Referral' completed by the HSC key worker will indicate the level of support required to facilitate the tenant in managing their finances          The agency does not maintain any records of amounts paid as there are no extra charges          The agency does not receive any allowances or income on behalf of tenants.          Tenants living in their home can access their own money. There are some tenants whose family members support them to manage their finances. When tenants are unable to manage their finances, arrangements can be made for a small amount of cash to be placed in a locked cupboard in the tenants bedroom.          The agency has procedures to ensure that records and receipts are recorded and a weekly audit is carried out. Family will collect and tally receipts.          There are no nominated appointees within the agency          No member of staff acts as an agent          The agency does not operate a bank account on behalf of tenants          Some tenants that are unable to manage their finances have support from families to do so. If there were any concerns in relation to this a referral would be made to the Trust. If a tenant became incapable of managing their finances and had no family a referral would be made to the Trust</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The agency has in place tenants agreements and care and support plans detailing the support required by individual service users to manage their monies. The inspector viewed the documentation for two service users and noted they detailed the support required by service users to manage their finances.</p>	<p>Compliant</p>

The manager stated that a small number of service users' finances are managed by family members and arrangements can be made for service users to be supported to secure small amounts of money on their own home.

The manager stated that all service users are provided with the agreed support to access and manage their monies.

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

The agency has in place ledgers for pooled monies; these were viewed by the inspector. They detail all transactions and are signed by two members of staff. Reconciliation of monies held on behalf of service users is carried out daily at each shift handover and weekly by the senior. The agency's policy for management of household accounts details the procedure for staff.

The manager could describe the procedure for referral of a service user for a capacity assessment.

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

<b>THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED</b>	
<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>
<b>Provider's Self-Assessment</b>	
<p>The agency does not provide storage for Tenants' personal money or valuables. Tenants have a locked cupboard within their bedroom. Mullan Mews has written procedures for supporting and monitoring tenant's personal finance and details are recorded in individual support plan</p> <p>Household Budget - There are no restrictions for tenants to access additional monies from the total amount available in each house. The Tenant &amp; Family Agreement outlines arrangements for the use and management of the Household budget and Prosective tenants/family agree and sign the document. Mullan Mews has written procedures in place for the reconciliation of household monies. A daily safe check and</p>	Compliant

<p>reconciliation of the total expenditure per house is recorded by a senior coordinator, checked and signed by a second member of staff and Manager. The agency keep electronic records of all transactions and expenditures, these are forwarded to the Trust finance department. There is a built in audit process from the manager down which was recently reviewed. Errors or discrepancies are handled in accordance with the Trusts Cash Handling Policy.</p>	
<p><b>Inspection Findings:</b></p>	
<p>The inspector discussed this theme with the team manager who stated that service users have a locked facility in their individual rooms for storage of monies or valuables; service users are provided with a key.</p> <p>The registered manager informed the inspector that the agency provides a locked cupboard located in the agency's link office for the storage of pooled monies; it is managed in accordance with the agency's finance policy and procedures. The inspector viewed the records maintained by the agency and noted that a record of all safe contents is maintained and reconciled daily; the manager stated that a financial audit is completed weekly by senior staff. The agency has in place a list of staff signatures.</p> <p>Service users' pooled monies are secured for individual houses and a ledger maintained; it was viewed by the inspector. It was noted that staff recorded all transactions, in or out, the purpose of the transaction and available balance. The ledgers were signed by two staff members and receipts are retained.</p> <p>Staff informed the inspector that service users are encouraged to keep their valuables safe and are provided with the necessary support to safely manage their monies.</p> <p>The inspector viewed the agency's finance policy; it details the procedure for the management of service users' monies, and management of safe contents. Staff who met with the inspector could describe the content of the policy.</p> <p>Staff informed the inspector that they have received finance awareness training and could describe the necessary steps if a discrepancy was identified.</p> <p>The agency has in place documentation which clearly records the level of support individual service users require to manage their monies.</p>	<p>Compliant</p>

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

**Statement 4:**

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

**COMPLIANCE LEVEL**

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



<p>(staff) vehicles, meet the relevant legal requirements regarding insurance and road worthiness. Where the agency facilitates service users to have access to a vehicle leased on the Motability scheme by a service user, the agency ensures that the above legal documents are in place;</p> <ul style="list-style-type: none"> <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 agency does not provide transport for tenants. There are no tenants using or sharing mobility vehicles. This is the tenants own home and they use their own transport i.e buses, private taxi or families cars. If tenants are going out together they share the cost of the taxi. The agency does not keep records as these are informal arrangements between tenants. There are occasions when tenants attend some community events and the organisers provide free transport</p>	<p>Not applicable</p>
<p><b>Inspection Findings:</b></p>	
<p>The inspector discussed this theme with the manager who stated that the agency does not provide a transport service for service users. Staff stated that they support service users to avail of appropriate public transport; service users pay any cost incurred.</p> <p>Individual service users' care and support plans detail the level of support required to avail of suitable transport.</p>	<p>Compliant</p>

<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>Compliant</p>

<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>	
<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>
<b>Provider’s Self-Assessment</b>	
<p>The agency has support plans for all tenants documentating needs and identified risks. Support plans are reviewed six monthly with tenants and their representatives being fully involved enabling them to express their views. If there are changes to tenants support needs or changes to risk identified, the support plans will be amended to reflect this, shared with tenant and family member and signed by both parties.</p> <p>It has been agreed that referrals will be made to the Community Mental Health Team for professional involvement at reviews if the tenant does not already have a Trust representative involved.</p> <p>All tenant support plans take consideration of human rights and are reflected appropriately. The agency develops support plans and risk management in partnership with the Tenant and their family member</p>	Compliant
<b>Inspection Findings:</b>	
<p>The manager stated that prior to admission the agency receives a range of multi-disciplinary assessments from the referring HSC Trust; these are retained in the service users care records. The inspector viewed the care records of two service users and noted that they contained a range of assessments detailing the needs of the service users and any identified risks. Records viewed contained care and support plans detailing the care and support required by the service user.</p>	Compliant

Staff informed the inspector that care and support plans are reviewed and updated six monthly or as required; service users and their relatives informed the inspector that they are encouraged to participate in the development of their individual care and support plans. It was noted by the inspector from records viewed that the care plans had been signed by the service user and their representative and outlined the consideration of the relevant human rights.

Staff informed the inspector that they record daily the care and support provided to each individual service user.

The inspector discussed the admission process with the manager who stated that the agency encourages all prospective service users to visit the service on three occasions prior to admission; during which they have the opportunity to meet those presently residing in the service. The manager stated that individual service users are consulted with in relation to prospective tenants and their views are recorded and considered prior to offering a tenancy.

<b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>	
<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>All staff receive induction training and are in the process of being registered with NISCC.                      The ethos of supported living within Mullan Mews is explained and reinforced during supervision and on-going daily guidance.                      All staff attend mandatory training which includes dementia training, Human Rights Awareness and Vulnerable Adults Awareness. Training is evaluated and discussed during supervision. Informal and formal reflective practice discussions take place.                      Staff are aware of their roles and responsibilities as support staff and can identify when tenants needs change and require referral for assessment for additional services or support. Reviews and multi disciplinary meetings are convened when required. Staff would be aware of practices which are restrictive and potential impact on tenants human rights                      The agency has Guidance in place in relation to Changing Needs Criteria. Staff are aware of the need to escalate concerns in relation to poor practice.</p>	Compliant

Inspection Findings:	
<p>The agency maintains a record of all staff training; it was viewed by the inspector. From records viewed it was identified that staff have received training in human rights, safeguarding of vulnerable adults, manual handling, dementia, supported housing model, and management of medication. Staff stated they had received training on managing challenging behaviours and informed the inspector that restrictive practice was included in this training. The registered manager stated that the training database is monitored and gaps identified.</p> <p>Staff who met with the inspector stated that they had received induction training at the commencement of their employment; they stated that they receive quarterly supervision and appraisal; they stated that they are encouraged to identify any training needs to senior staff. Staff informed the inspector that they are provided with support and guidance on a day to day basis from the manager and feel supported by senior staff.</p> <p>The agency has in place the following policies: Protection of Vulnerable Adults and Whistleblowing Policy; these were viewed by the inspector.</p> <p>Staff could describe practices which could be viewed as restrictive and the impact for service users. They described the process for highlighting any changes to service users' needs and described instances when they are in regular contact with the service users HSC trust representatives.</p> <p>Staff could describe the necessary actions in relation to whistleblowing and had knowledge of the agency's policy.</p>	<p>Compliant</p>

<b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>	
<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>Mullan Mews has a clear statement of purpose documenting the range of service provision. Tenants live in their own home with their own front door with choice and independence encouraged. The use of any restrictive care practices would be considered in consultation with the tenant, family, multi disciplinary professionals with regard to tenants human rights. Any restrictions would be documented as part of support plan and would be reviewed on regular basis.</p> <p>All support that is arranged is discussed and agreed with the individual tenants. Tenants have a shortened version of their support plan in their room and a process is now in place were an independent Trust professional will be involved with tenants and attend annual reviews. Tenants are also aware of Alzheimers Advocacy service and referrals have been made in the past.</p> <p>All tenants have a support plan to meet their individual needs.</p> <p>There are no restrictive practices that impact on other tenants.</p>	Compliant

<p><b>Inspection Findings:</b></p> <p>The inspector read the agency’s service user guide and statement of purpose; they clearly outline the nature and range of services provided; however, it was noted that the statement of purpose did not make reference to restrictive practices. A requirement has been made.</p> <p>The manager stated that regular review of care practices occurs to ensure that any practice deemed as restrictive is identified.</p> <p>Service users who met with the inspector stated that they are involved in the development of their care and support plans; they stated that they are encouraged to express their views and make their own decisions; they stated that they are provided with a copy of their care and support plans. Service user representatives who spoke to the inspector stated that they are invited to input into review meetings and receive copies of relevant care and support plans.</p> <p>Service users stated that they are supported to live as independently as possible and can exit the house at all times.</p> <p>The inspector identified that the agency has a policy on restrictive practice; training records viewed identified that staff have received training on restrictive practice.</p>	<p>Substantially compliant</p>

<b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>	
<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>The ethos of Mullan Mews is premised on creating opportunities and supports that are focussed on self determination and avoidance of restrictive practice. Positive risk taking is encouraged and managed through robust risk assessments, monitoring and review. Should care practices which are restrictive be required the agency are aware of the need to clearly identify risks and document how the practice is proportionate and the least restrictive option.</p>	Compliant



<b>Inspection Findings:</b>	
<p>The inspector discussed this theme with the registered manager; who stated that care practices are reviewed regularly to ensure that practices which may be deemed as restrictive are identified. The manager stated that there are currently no restrictive practices in place.</p> <p>Staff who spoke to the inspector could describe practices which could be deemed as restrictive, and stated that they have received relevant training.</p> <p>From the training records viewed and discussion with staff, the inspector noted that staff have received training in human rights, management of challenging behaviours and protection of vulnerable adults.</p>	<p>Compliant</p>

<b>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	<p>Provider to complete</p>

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

<b>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</b>	
<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>
<b>Provider’s Self-Assessment</b>	
<p>Tenants and families are aware of the amount and type of care provided by the agency and as documented in the Tenant and Family Agreement and Statement of Purpose</p> <p>Assessment and support planning processes are discussed with the service user and family during the initial visits to Mullan Mews where the assessment and support planning commences prior to taking up allocation. Staff understand and are involved in assessment and agreeing support plans for tenants. Staff are experienced in the delivery of person centred care in a supportive living environment. Staff are trained in dementia care and person centred care All tenants and families are involved in agreeing individual support plans. These are reviewed six monthly or sooner if tenant, family or staff feel necessary.</p> <p>Tenants support plans accurately reflect the tenants individual support needs and tenants have a short accessible copy in their bedrooms</p>	Compliant
<b>Inspection Findings:</b>	
<p>The agency has in place individual tenants agreements; those viewed by the inspector detailed the amount and type of care provided to the service user by the agency staff and any related charges. Service users and their representatives who spoke with the inspector could describe the care received by the agency and stated that they were involved in the development of their individual care and support plans.</p>	Compliant

The manager stated that care provided to individual service users is funded by the relevant HSC Trust; staff who spoke to the inspector could describe the care and support provided to each individual service user; they described practices which were specific to the needs of individual service users.

Staff stated that they promote the independence of the service users whilst providing them with the agreed care and support.

From the documentation in place and discussion with service users and their representatives it was noted that care and support plans are reviewed six monthly or as required.

<b>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</b>	
<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>
<b>Provider's Self-Assessment</b>	
<p>If a tenant receives services commissioned by HSC Trust they will have a care plan provided by the Trust. The details of this care plan will be incorporated into the tenants individual support plan, discussed and agreed with tenant, family and key worker in Mullan Mews. Tenants do not pay for care from their income.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The inspector viewed two service user and finance agreements; it was noted that any charges made to the service user by the agency was clearly recorded. The manager informed the inspector that service users do not pay additional charges for care provided by the agency.</p> <p>Service users and their representatives who met with the inspector could describe the type and amount of care they received from the agency; they were aware that care provided by the agency was funded by the</p>	Compliant

trust; records viewed by the inspector indicate that service users were not being charged by the agency for personal care.

Service users could describe the support that they received in relation to shopping, meal preparation and attending social activities in the local community. The inspector noted that the support required was detailed in the service users individual care and support plans viewed.

Service users could describe to the inspector the process for cancelling any services provided by the agency which they no longer required. Records viewed by the inspector identified that service users have in place a signed tenants agreement; the service user guide clearly details the process for service users wishing to cancel services.

<b>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</b>	
<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>Reviews are arranged six monthly by staff in Mullan Mews. It has not been the practice for HSC Trust professionals to remain involved with tenants following a move to Mullan Mews unless there was a particular reason. Tenants, families and staff will be able to confirm that reviews take place but not by the HSC Trust as this practice is just commencing in Mullan Mews. If a tenant had a care package provided by the HSC Trust, the care manager involved would make the arrangements for the yearly review. .</p>	Compliant
<b>Inspection Findings:</b>	
<p>Prior to the inspection the agency were requested to forward to RQIA details of service users’ annual reviews. The records viewed by the inspector and discussion with staff and service users identified that all service users have received an annual review involving the commissioning HSC trust.</p> <p>The registered manager stated that the agency previously completed six monthly reviews with service users and their representatives; the relevant HSC trust have recently completed annual review of all service users.</p>	Compliant

<p>Service users and representatives who spoke to the inspector stated that they are encouraged to participate in the review of their care and support plans and that their views are considered. Staff stated that they are encouraged to participate in the annual review of the service users.</p> <p>A copy of the review documentation is retained by the agency. The inspector viewed review documentation for two service users; it was noted that the documentation was signed by the service users.</p> <p>Staff who met with the inspector stated that the care and support plans are reviewed and updated six monthly or annually following the review with the relevant HSC trust representative or as required. It was noted that individual service user agreements are updated annually.</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>Provider to complete</p>

<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>Compliant</p>

## **11. Any Other Areas Examined**

### **11.1 Complaints**

The agency has had thirteen complaints for the period 1 January 2013 to 31 December 2013; this was verified by the returns forwarded by the agency to RQIA and observation of records available in the agency. Discussion with the registered manager and records viewed show that the correct process was followed; it was noted that a large number of complaints related to one issue that has now been resolved.



## 12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with **Mrs Jacqueline Smyth**, registered manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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



## Quality Improvement Plan

### Announced Primary Inspection

**Mullan Mews**

**18 September 2014**

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

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Jacqueline Smyth, **registered manager** during the inspection visit.

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

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

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

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

**Statutory Requirements**

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

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	14.(b)(d)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided-</p> <p>(b) so as to safeguard service users against abuse or neglect;            (d) so as to ensure the safety and security of service users' property, including their homes;</p> <p>This requirement relates to the registered person ensuring that an audit is completed to determine if the practice of staff consuming food purchased by the service users has disadvantaged service users and identify if any reimbursement was due.</p> <p>The registered people should submit to RQIA written confirmation of the agency's findings on or before 19 November 2014.</p>	Once	<p>The Trust completed an audit of Mullan Mews household accounts. Written confirmation containing details and outcome of the audit was forwarded to RQIA on 17/11/14. The audit findings conclude that tenants have not been financially disadvantaged due to the practice of staff sharing meals. The Trust did not identify the need for tenants to be reimbursed. It was agreed that the Trust would make a financial contribution to the household accounts to compensate for any cost incurred associated with staff sharing food they have prepared and cooked with tenants.</p>	By 19 November 2014
2.	14.(b)	Where the agency is acting otherwise than as an employment agency, the registered	Once	It is the intention to resume the practice of staff sharing meals	Four months from the date

		<p>person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided-</p> <p>(b) so as to safeguard service users against abuse or neglect;</p> <p>This requirement relates to the registered person ensuring that the agency has in place a policy relating to staff meals; it should clearly describe the process for staff accessing food whilst on duty in a service user's home and details of any charges to service users for staff food whilst being accompanied on an outing.</p>		<p>with tenants which they have cooked together. The Trust is to agree a monthly contribution to the household accounts of each house to cover the costs of staff meals. A Meals policy will be devised detailing the process of staff sharing meals with tenants while on duty and how staff meals will be covered whilst on outings with tenants.</p>	<p>of inspection: 18 January 2015.</p>
3.	5.-(1) Schedule 1	<p>The registered person shall compile in relation to the agency a written statement (in these Regulations referred to "the statement of purpose") which shall consist of a statement as to the matters listed in Schedule 1.</p> <p>This requirement relates to the registered person ensuring that the agency's statement of purpose makes reference to restrictive practice.</p>	Once	<p>The Statement of Purpose has been updated to include reference to restrictive practice and forwarded to RQIA</p>	<p>Four months from the date of inspection: 18 January 2015.</p>

**Recommendations**

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

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	9.5	It is recommended that the registered person ensures that all policies and procedures are subject to a systematic review on a three yearly basis, with particular reference on this occasion to Supervision, Appraisal, Discipline, Grievance and Restrictive Practice policies and procedures.	Twice	There is a process in place in the service area to identify when local policies and procedures require updating. Policies and procedures noted are all updated with exception of Trust Discipline and Grievance policies which are regional health service policies. When Trust policies are updated, the registered manager will ensure they are circulated to all staff and local guidance will be reviewed and updated in line with Trust policies by the Service Development Group for Supported Housing.	Four months from the date of inspection: 18 January 2015.

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

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Katie Campbell obo Jacci Smyth
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Martin Dillon Acting Chief Executive

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	X	Joanne faulkner	19/2/16
Further information requested from provider			