



The **Regulation** and
Quality Improvement
Authority

Announced Primary Care Inspection

Name of Agency:	Clondermott House
RQIA Number:	10849
Date of Inspection:	19 March 2014
Inspector's Name:	Joanne Faulkner
Inspection ID:	20482

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General Information

Name of Agency:	Clondermott House
Address:	17 Clondermott Park Londonderry BT47 2LF
Telephone Number:	02871312073
Email Address:	j.anderson@apexhousing.org
Registered Organisation / Registered Provider:	Apex Housing Association
Registered Manager:	Janice Anderson
Person in Charge of the Agency at the Time of Inspection:	Janice Anderson
Number of Service Users:	16
Date and Type of Previous Inspection:	15 July 2013 Announced Primary Care Inspection
Date and Time of Inspection:	19 March 2015 09:45-15:00
Name of Inspector:	Joanne Faulkner

2.0 Introduction

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

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

3.0 Purpose of the Inspection

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

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

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

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

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

4.0 Methods/Process

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

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

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

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

- File audit
- Evaluation and feedback

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

5.0 Consultation Process

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

Service Users	3
Staff	3
Relatives	0
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	12	3

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; five recommendations have been assessed as being fully met.

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

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

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

7.0 Profile of Service

Clondermott House, is a domiciliary supported living agency, located in Londonderry, is situated in the Waterside part of the city and was opened in 1993. The 16 service users live in individual rooms, with shared toilet and bathroom facilities.

The aim of the agency is to provide housing and care /support to people with mental health difficulties; staff are available 24 hrs per day.

Individual tenants' rooms are unfurnished, as each tenant is encouraged to bring with them furnishings that are familiar to them, and to decorate to their own taste.

8.0 Summary of Inspection

The announced inspection was undertaken on 19 March 2015, at the registered office located within the service users' home. The inspector was supported throughout the inspection by Janice Anderson, registered manager.

During the inspection, the inspector had the opportunity to meet with three service users and three staff.

The inspector viewed the care records of two service users; they outlined a range of practices in place to meet the needs of individual service users. Staff who met with the inspector stated that service users are encouraged to remain as independent as possible and provided with the necessary support.

Prior to the inspection, three 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:

- "The training is good"
- "I get supervision and appraisal"
- "Service users can come and go as they please; they have their own key "
- "Service users are provided with support to manage their monies"
- "Service users can make food for themselves in their smaller kitchen"
- "I feel supported by the manager and senior staff; we can talk to them at any time"

The three 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
- Service users have in place individual service agreements
- Staff are aware of whistleblowing policy

Records viewed by the inspector and discussions with the manager and staff support the above statements. Discussions with staff and service users at the time of inspection identified their involvement in the development of individual care and support plans and the annual review involving the relevant HSC trust representative.

8.2 Service Users' Comments

During the inspection, the inspector met with three service users who could describe the care and support they received; they stated that they were involved in completing their individual care and support plans and meet regularly with their 'keyworker'.

Service users stated that they are encouraged to be as independent as possible and provided with the agreed care and support.

Comments:

- "I am happy with things."
- "I can come and go as I want".
- "The staff are grand."
- "At the start I couldn't talk to staff, now I am happy to talk to them if I have any concerns."
- "We can choose what we want to do; I go out every day."
- "I want to remain living here."
- "I am happy with the charges I pay; they sent a letter of any change."
- "I look after my own money; I go out to the bank."
- "I attend review meetings."
- "Staff are very nice."
- "Staff help me with my money; I can buy what I want."
- "I go to the daycentre twice a week."
- "I clean my own room and do my laundry."
- "The staff are brilliant; they reassure me."
- "I go out with my friend."
- "I would like to get a place of my own."
- "I have a key for my door but I do not lock my door."

8.3 Detail of Inspection Process

8.3.1 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:

- Support and Care Agreement
- Tenancy Financial Agreement
- Tenants' Guide

Documentation viewed outlines the terms and conditions in respect of service provision, including charges to the service user for any care or support provided by the agency.

Discussions with the manager identified that a number of service users who are in receipt of care/support services are making a contribution towards the care received from the agency; the manager stated that contributions made by service users are linked to their Disability Living Allowance (DLA).

The manager advised the inspector that these charges were in respect of services provided to meet needs that had been identified by the HSC trust; the HSC trust is contributing an amount for each individual service user to the agency for care.

The inspector viewed the service user agreements for two service users and noted that service users are paying additional charges related to their DLA benefit for care provided by the agency.

The manager stated that an assessment of service users' needs is completed by the agency prior to admission and agreement made on services to be provided by the agency and any related charges agreed.

Service users who spoke to the inspector were aware of charges made by the agency and could describe the care and support they received.

The manager informed the inspector that service users pay an equal share of utility bills; this is revised annually and service users informed of changes. Service users contribute a fixed amount per week for food; they can opt in or out of this arrangement. Staff stated that they have the option to opt into meal provision and related costs are deducted from their salary the manager stated that the majority of staff provide their own food whilst on duty in the service users' home.

The agency has a locked facility for safe storage of service users' monies; this is managed in accordance with the agency's finance policy. Service users stated that they can access their monies at any time. The agency maintains records for all monies held on behalf of service users; they detail all transactions and available balance; records are signed by the service users if appropriate and two staff members. Reconciliation of monies is completed regularly and a record maintained. It was identified that the agency does not maintain a list of safe contents. A requirement has been made.

Service users are provided with the required support to access appropriate transport; they can access the agency's transport scheme; a policy is in place and the tenant's financial agreement outlines any charges.

The agency's finance policy was viewed by the inspector.

8.3.2 Theme 2: Responding to the needs of service users

It was the inspector's assessment that the agency is "moving towards compliance" in this theme.

The manager stated that prior to admission service users have an assessment of their needs completed; the agency receives a range of multi professional assessments; these are used in the development of service users' individual care and support plans.

Care and support plans viewed outlined the care and support provided to individual service users; service users stated that they are involved in the development of these and that their choices and views are reflected. Relevant human rights of service users are recorded within their care and support plans; it was identified that they are reviewed six monthly or as required and that staff record the care and support provided to service users on a daily basis.

The agency maintains a record of staff training; staff stated they had received induction training at the commencement of employment, covering a number of topics including human rights, safeguarding vulnerable adults and handling service users' monies. Staff informed the inspector that they receive quarterly supervision and annual appraisal.

Staff described a restrictive practice in place; documentation viewed by the inspector identified that consultation with the service user and representatives had taken place and are reviewed regularly.

The inspector viewed the agency's service user guide and statement of purpose; they clearly outline the nature and range of services provided; however it was identified that reference is not made of restrictive practice in the service users' guide. 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.

8.3.3 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 'not compliant' in this theme.

Service users could describe the type of care provided by the agency and were aware of any charges; it was identified that users are in receipt of care services funded by an HSC trust.

Staff could describe the care and support provided to individual service users; they stated that service users are supported to be as independent as possible.

Service users have individual care and support agreements and financial agreements in place; they are signed by the service user and updated annually. Service users stated that they participate in an annual review involving their HSC trust representative and the agency's staff; a copy of the review documentation is retained by the agency.

The service user support and care agreement details the process for the cancellation of services; service users were aware of their right to choose the services they required.

Prior to admission the manager completes a needs assessment for all service users; this information together with relevant professional assessments forms part of the initial care planning.

The registered manager stated that service users are in receipt of services funded by the HSC trust and additionally a number of service users' pay an amount to the agency related to their DLA benefit for care.

Service users have an individual care and support agreement; it details that service users are required to make a contribution from their DLA benefit for help they receive; the manager stated that this arrangement is agreed with service users prior to the commencement of their tenancy. Records viewed and discussions with the manager could not clearly identify the amount of service provided to individual service users in relation to the payments made by them to the agency.

The registered person and their representatives attended a meeting with RQIA on 28 January 2015.

At the meeting the representatives of the registered person informed RQIA they are currently in the process of completing a task analysis for each individual service user to clearly identify the amount of service provided to service users for payments made by them to the agency.

It was agreed that the registered person would forward to RQIA, when completed, the outcome of the service user task analysis currently ongoing within the agency.

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.

8.4 Additional Matters Examined

8.4.1 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 inspector discussed with the registered manager the agency's current charging arrangements. Discussions identified that service users who are in receipt of care/support services are making a contribution towards the care received from the agency; the manager stated that contributions made by service users are linked to their Disability Living Allowance (DLA). This arrangement is inconsistent with guidance issued by the former HSS Executive on 3 June 1999 "Provision of Community Care Services – Treatment of Attendance Allowance" (Circular BP 2451/ 97) which states:

“...the Minister has decided that receipt of Attendance Allowance or other disability related benefits should not be taken into account in decisions about the provision of community care services.”

The registered manager advised the inspector that these charges were in respect of services provided to meet needs of service users that had been identified by the HSC trust; the HSC trust is also contributing a fixed amount for each individual service user to the agency for care.

The registered person and their representatives attended a meeting with RQIA on 28 January 2015.

At the meeting the registered person informed RQIA that this charging arrangement has been in place for a considerable amount of time; they stated that the WHSCT is aware of charges. The registered person has informed RQIA that correspondence has been forwarded to the WHSCT to inform them of the current charging arrangements and the potential that the arrangement is contrary to DHSSPS guidance.

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

8.4.2 Statement of Purpose:

The agency's statement of purpose was viewed by the inspector; it details the nature and range of services provided by the agency.

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

The acting 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 the manager identified that 16 service users had received an annual review involving the relevant HSC trust. Service users stated that they are encouraged to participate in a review of their care and support; the agency retains a copy of review documentation.

8.4.4 Monthly Quality Monitoring

The inspector viewed the agency's quality monitoring documentation in place and noted that monthly monitoring visits are completed by a senior manager. The documentation contains detail of any incidents or safeguarding concerns and contains an action plan. From the documentation viewed it was identified that the views of service users and their representatives had been reflected.

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	Standard 1.1	It is recommended that the agency's organisational policies, procedures, processes and documents should show how they underpin the principles of service users choosing where they live.	<p>The inspector viewed the revised statement of purpose; they detail the agency's role in consulting with service users in relation to prospective tenants and the rights of service users choosing where they wish to live.</p> <p>This recommendation has been assessed as being fully met.</p>	Twice	Fully met
2	Standard 4.1, 4.2, 4.3, 4.4, 4.5.	It is recommended that the agency should show clearly how organisational policies, procedures, processes and documents support the separate provision of care and accommodation.	<p>The agency has in place separate care and support agreements and tenancy agreements for each service user; the inspector viewed the records for two service users.</p> <p>This recommendation has been assessed as being fully met.</p>	Twice	Fully met
3	Standard 9 1	It is recommended that the agency's organisational policies, procedures, processes and documents clearly show how they underpin the principles of tenants choosing who supports them and how they are supported.	<p>The inspector viewed the agency's support and care agreement for two service users; they state that service users have the option to obtain their care and support from an alternative provider.</p> <p>This recommendation has been assessed as being fully met.</p>	Twice	Fully met

4	Standard 9.1	It is recommended that the agency clearly show that tenants are aware that they can remain in their accommodation even if the provision of care is no longer required or no longer meets their needs.	<p>The inspector viewed the agency's move on policy; it details that should service users no longer require care that their tenancy will be discussed with them.</p> <p>This recommendation has been assessed as being fully met.</p>	Twice	Fully met
5	Standard 1.1	It is recommended that the agency's organisational policies, procedures, processes and documents should underpin the principles of service users being able to choose who they share their accommodation with. The agency should further clearly demonstrate how they discuss and consult with tenants about who they share their accommodation with.	<p>The domiciliary service guide details the process for consulting with service users in relation to who they share their accommodation with.</p> <p>Service users stated that agency staff consult with them in relation to new service users.</p> <p>This recommendation has been assessed as being fully met.</p>	Twice	Fully met

10.0 Inspection Findings

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<p>Statement 1:</p> <p>The agency maintains complete and up to date records in respect of the terms and conditions of the provision of personal care</p> <ul style="list-style-type: none"> • The agency provides to each service user a written guide, including a personalised written agreement detailing the specific terms and conditions in respect of any specified service to be delivered, including the amount and method of payment of any charges to the service user; • The individual agreement details all charges payable by the service user to the agency, the services to be delivered in respect of these charges and the method of payment; • Where service users pay for additional personal care services which do not form part of the HSC trust's care assessment, documentation exists confirming that the HSC trust are aware of any arrangements in place between the agency and the service user; • The individual agreement clarifies what arrangements are in place to apportion shared costs between the agency and the service user(s). This includes those costs associated with any accommodation used in connection with agency business, where this is conducted from the service users' home; • There are arrangements in place to quantify the costs associated with maintaining any unused areas within the service users' home which they do not have exclusive possession of; • The service user guide/ individual agreement clarifies what the arrangements are for staff meals while on duty in the service users' home; • Where the agency is involved in supporting a service user with their finances or undertaking financial transactions on the service user's behalf, the arrangements and records to be kept are specified in the service user's individual agreement; • The agency has a policy and procedure in place to detail the arrangements where support is provided by agency staff to enable the service users to manage their finances and property; • The agency notifies each service user in writing, of any increase in the charges payable by the service user at least 4 weeks in advance of the increase and the arrangements for these written notifications are included in each service user's agreement 	<p>COMPLIANCE LEVEL</p>

Provider's Self-Assessment	
<p>The agency provides a Tenant Information brochure for the service which includes the tenancy agreement, care/support agreement and financial information leaflet including a breakdown of all charges for services. The tenants pay a service charge which includes costs for maintaining communal areas and is proportionate for the running costs of the scheme, this is apportioned equally to all tenants of the service. Where a room does not have a tenant the void loss is costed to the Association. The Supported Living Domiciliary Care Service Guide highlights what the roles and responsibilities of staff in relation to meals are while on duty. Financial policies are in place that clearly clarify the arrangement for meals for staff on duty. The agency has agreements in place with DSS to operate as corporate appointee. We also have corporate appointeeship agreements signed by the tenant giving consent to manage their monies where applicable. Financial policies are in place to manage tenant's finances and property. All tenants are advised annually by letter four weeks in advance of any rent increases. A copy of the letter is also kept centrally in the Association's Head Office.</p>	Compliant
Inspection Findings:	
<p>Discussions with the manager identified that service users in receipt of care/support services are making a contribution towards the care received from the agency; the manager stated that contributions made by service users are linked to their Disability Living Allowance (DLA).</p> <p>The manager advised that these charges were in respect of services provided to meet needs that had been identified by the HSC trust assessment; the HSC trust is also contributing a fixed amount for each individual service user to the agency for care.</p> <p>The inspector viewed the service user agreement for two service users and noted that service users are paying additional charges related to their DLA benefit for care provided by the agency. The service user agreement details charges and are signed by the service users or their representative. Service users could describe the process for cancelling any services provided by the agency.</p> <p>Service users stated that they pay an agreed amount for food and utilities; they stated that they can access kitchen facilities at any times.</p> <p>Staff stated that they have the option to purchase food; related charges are deducted from their salaries; the manager stated that the majority of staff provide their own food whilst on duty in the service users' home.</p>	Not compliant

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

The service user guide and agreement records the process for service users in relation to cancellation of services for which they are charged.

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<p>Statement 2:</p> <p>Arrangements for receiving and spending service users' monies on their behalf are transparent, have been authorised and the appropriate records are maintained:</p> <ul style="list-style-type: none"> • The HSC trust's assessment of need describes the individual needs and capabilities of the service user and the appropriate level of support which the agency should provide in supporting the service user to manage their finances; • The agency maintains a record of the amounts paid by/in respect of each service user for all agreed itemised services and facilities, as specified in the service user's agreement; • The agency maintains a record of all allowances/ income received on behalf of the service user and of the distribution of this money to the service user/their representative. Each transaction is signed and dated by the service user/their representative and a member of staff. If a service user/their representative are unable to sign or choose not to sign for receipt of the money, two members of staff witness the handover of the money and sign and date the record; • Where items or services are purchased on behalf of service users, written authorisation is place from the service user/their representative to spend the service user's money on identified items or services; • There are contingency arrangements in place to ensure that the agency can respond to the requests of service users for access to their money and property at short notice e.g.: to purchase goods or services not detailed on their personal expenditure authorisation document(s); • The agency ensures that records and receipts of all transactions undertaken by the staff on each service user's behalf; are maintained and kept up-to-date; • A reconciliation of the money/possessions held by the agency on behalf of service users is carried out, evidenced and recorded, at least quarterly; • If a person associated with the agency acts as nominated appointee for a service user, the arrangements for this are discussed and agreed in writing with the service user/ their representative, and if involved, the representative from the referring Trust. These arrangements are noted in the service user's agreement and a record is kept of the name of the nominated appointee, the service user on whose behalf they act and the date they were approved by the Social Security Agency to act 	<p>COMPLIANCE LEVEL</p>

<p>as nominated appointee;</p> <ul style="list-style-type: none"> • If a member of staff acts as an agent, a record is kept of the name of the member of staff, the date they acted in this capacity and the service user on whose behalf they act as agent; • If the agency operates a bank account on behalf of a service user, written authorisation from the service user/their representative/The Office of Care and Protection is in place to open and operate the bank account, • Where there is evidence of a service user becoming incapable of managing their finances and property, the registered person reports the matter in writing to the local or referring Trust, without delay; <p>If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the agency on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user's agreement.</p>	
<p>Provider's Self-Assessment</p>	
<p>The initial assessment by the Trust, identifies a tenant's capabilities and support/care needed for managing finances. The rent account is managed by Apex Head Office staff and details all monies/benefits received and debited for rent charges and personal allowances. At scheme level the staff follow the finance policies recording income/expenditure, sign withdrawals if tenant unable to do so and carry out weekly reconciliations as stated in the Safeguarding Service Users' Finances Policy. Where items are purchased on behalf of tenants these are discussed and agreed at annual reviews. In reference to contingency measures for accessing money where a tenant has asked the Association to operate a 'purse' system on their behalf all budgets agreed are signed off in their care/support plan and agreed at annual MDT review. Where a member of staff is the appointee or agent, the Association has in place a written agreement that is signed and dated. Where the Association operates a bank account for a tenant the Association has a written agreement in place signed by a staff member and a representative of Office of Court of Care and Protection. If evidence of a tenant becoming incapable of managing their finances arises this is reported to the Trust keyworker involved with the tenant's care for assessment and review.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The agency has in place individual service user agreements and care and support plans for service users; they detail the support required by individual service users to manage their monies. The manager stated that this is agreed with the HSC trust; they stated that none of the service users have been deemed as lacking capacity.</p>	<p>Compliant</p>

The inspector viewed the documentation for two service users and noted they detailed the support required by individual service users to manage their finances.

The agency retains details in individual service users care records of their appointee; service users are supported to manage their monies as previously agreed. The manager stated that service users are provided with the agreed support to access their monies.

Service users 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.

The agency's finance policy details the procedure for staff handling service users' monies; this was viewed by the inspector; staff stated they have received training on handling service users' monies.

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<p>Statement 3:</p> <p>Where a safe place is provided within the agency premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained:</p> <ul style="list-style-type: none"> • Where the agency provides an appropriate place for the storage of money and valuables deposited for safekeeping, robust controls exist around the persons who have access to the safe place; • Where money or valuables are deposited by service users with the agency for safekeeping and returned, a record is signed and dated by the service user/their representative, and the member of staff receiving or returning the possessions; • Where a service user has assessed needs in respect of the safety and security of their property, there are individualised arrangements in place to safeguard the service user's property; • Service users are aware of the arrangements for the safe storage of these items and have access to their individual financial records; • Where service users experience restrictions in access to their money or valuables, this is reflected in the service user's HSC trust needs/risk assessment and care plan; <p>A reconciliation of the money and valuables held for safekeeping by the agency is carried out at regular intervals, but least quarterly. Errors or deficits are handled in accordance with the agency's SVA procedures.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p> <p>Where the agency provides storage of money/valuables there are policies in place around access such as the Safeguarding Service Users' Finances Policy.</p> <p>Where money / valuables are deposited by tenants for safe keeping there is a receipt book and money book which is signed by the tenant and two members of staff and this is kept in a locked area.</p> <p>Where a tenant has been assessed as requiring safety and security in respect of their property there are individual arrangements in place detailed in their care/support plan and agreed at annual MDT review.</p> <p>Tenants are aware of arrangements for the safe storage of their items and have access to their individual financial records. Where there are restrictions in place there would be a risk assessment and care plan in</p>	Compliant

<p>place reflecting this(restrictive policy). Finance audits/service reviews are carried out at regular intervals.</p>	
<p>Inspection Findings:</p>	
<p>The agency has a facility for the safe storage of service users' monies and valuables; service users can access their monies at all times. The manager stated that staff members on duty can access service users monies at all times.</p> <p>Service users stated that they have a facility in their individual rooms to secure money, valuables and medication; they are provided with the key. Staff stated that service users are supported to keep their valuables safe.</p> <p>The agency's finance policy outlines the procedure for staff in relation to supporting service users to manage their monies.</p> <p>Individual ledgers are maintained for monies held on behalf of service users by the agency; it was noted that staff record any transactions, the purpose of the transaction and available balance. Ledgers are signed by the service users where appropriate and two staff members; receipts are retained if appropriate; the agency has a list of staff and service users signatures. Service users' care and support plans detail the agreed support required by the service user to safely manage their monies.</p> <p>It was identified that the agency does not maintain a list of safe contents. A requirement has been made.</p> <p>The inspector was informed that reconciliation is completed twice daily at staff handover and weekly and by the manager; in addition an audit is completed by the agency's finance department.</p> <p>Staff stated that they have received handling service user monies training and could describe the necessary steps if a discrepancy was identified.</p>	<p>Moving towards compliance</p>

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<p>Statement 4:</p> <p>Arrangements for providing transport to service users are transparent and agreed in writing with the service user/their representative:</p> <ul style="list-style-type: none"> • 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; 	<p>COMPLIANCE LEVEL</p>

<ul style="list-style-type: none"> • The agency ensures that the vehicle(s) used for providing transport to service users, including private (staff) vehicles, meet the relevant legal requirements regarding insurance and road worthiness. Where the agency facilitates service users to have access to a vehicle leased on the Motability scheme by a service user, the agency ensures that the above legal documents are in place; • Ownership details of any vehicles used by the agency to provide transport services are clarified. 	
Provider's Self-Assessment	
<p>On initial assessment the potential tenants needs and resources are considered including information provided by the Trust. The transport provision is based on individual usage and charges are based on per tenant per mile basis. The tenants have the opportunity to opt out of the transport service and are only charged if they use the transport service. The tenant signs a transport agreement detailing the charges to be applied and method of payment.</p> <p>The Association has a transport policy detailing the roles and responsibilities and costs.</p> <p>In relation to the shared use of an individuals mobility vehicle, this is not applicable - if a tenant has a mobility car this is for their own private use and they are not expected to transport other tenants.</p> <p>Records are maintained by the Association where the Association receive benefits on behalf of the tenant. Records are in place for amounts charged for use of vehicles and tenants receive a monthly statement, each journey is recorded and dated.</p> <p>Records for the the associations vehicles annual running costs are kept by finance.</p> <p>In reference to vehicles providing transport to tenants such as the Associations buses and staff vehicles these meet the relevant legal requirement and road worthiness, staff are asked to produce their insurance certificates annually. Ownership details of any vehicles used by the tenants are clarified by the Association.</p> <p>The Association has a fleet of buses which the tenants can use for the charges highlighted in the financial policy.</p>	Compliant
Inspection Findings:	
<p>The agency has in place a transport scheme for service users to avail of; the service user guide details the option for service users to opt in or out of this scheme and outlines any related charges.</p> <p>The manager stated that service users have the choice to opt in/out of the transport scheme; service users have the option to use a taxi service; they are invoiced for all journeys made and transport agreements are in place.</p>	Compliant

<p>It was noted that all journeys are recorded and service users are charged for individual usage; service users have the option to pay the cost at time of journey. Staff informed the inspector that they provide the agreed support to individual service users to avail of appropriate public transport; they stated that service users are supported to apply for relevant benefits to assist them with cost of transport. Staff that are required to use their vehicles for transporting service users are paid cost by the agency.</p> <p>The agency's transport agreement details charges made to the service users for the use of the transport scheme.</p>	
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<p>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>

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

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 1:</p> <p>The agency responds appropriately to the assessed needs of service users</p> <ul style="list-style-type: none"> • The agency maintains a clear statement of the service users’ current needs and risks. • Needs and risk assessments reflect the input of the HSC Trust and contain the views of service users and their representatives. • Agency staff record on a regular basis their outcome of the service provided to the individual • Service users’ care plans reflect a range of interventions to be used in relation to the assessed needs of service users • Service users’ care plans have been prepared in conjunction with the service user and their HSC Trust representative(s) and reflect appropriate consideration of human rights. 	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>An initial assessment is carried out prior to being offered accommodation with information provided by the Trust on a tenant's assessed needs and risks.</p> <p>The support/care plan documents the current needs and risks and these are reviewed 3 months after moving in, then 6 monthly thereafter or when required due to a change in needs or risks.</p> <p>Needs and risk assessments reflect the view of the Trust, the tenant and their representatives and these are reviewed annually at the annual MDT care review.</p> <p>In relation to staff recording the outcome of the service to the individual, this is recorded on the review of support/care plans and risk assessments which are ongoing and at least 6 monthly.</p> <p>The tenant's care/support plans detail any interventions agreed by the MDT and tenant and consider the tenant's human rights.</p> <p>Care plans have been prepared in conjunction with the tenant and their HSC Trust representative. The tenant signs their care plan and confirms they have agreed and understood the content. They are encouraged to provide their feedback. Staff are also trained on human rights.</p>	Compliant
Inspection Findings:	
<p>The manager stated that prior to admission service users have a needs assessment completed by the manager; in addition the agency receive a range of multi professional assessments from the referring HSC</p>	Compliant

<p>trust.</p> <p>Prospective service users are encouraged to visit the service prior to admission during which they have the opportunity to meet those presently residing in the service.</p> <p>The inspector viewed care records of two service users and noted they each have in place care and support plans outlining the care and support that they require; it is noted by the inspector that these are updated three monthly initially and then six monthly or as required. Service users stated that they are involved in developing their individual care and support plans; they have an identified keyworker.</p> <p>Staff could describe the process for compiling care and support plans in conjunction with service users and their representatives; they stated that they record weekly the care and support provided for each service user.</p> <p>The manager stated that care and support plans are prepared in conjunction with the HSC trust and discussed at review meetings.</p>	
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THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 2:</p> <p>Agency staff have the appropriate level of knowledge and skill to respond to the needs of service users</p> <ul style="list-style-type: none"> • Agency staff have received training and on-going guidance in the implementation of care practices • The effectiveness of training and guidance on the implementation of specific interventions is evaluated. • Agency staff can identify any practices which are restrictive and can describe the potential human rights implications of such practices. • The agency maintains policy and procedural guidance for staff in responding to the needs of service users • The agency evaluates the impact of care practices and reports to the relevant parties any significant changes in the service user’s needs. • Agency staff are aware of their obligations in relation to raising concerns about poor practice 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p> <p>Staff including agency staff complete an induction and have ongoing guidance through supervision by their line manager on the implementation of care practices. Evaluation forms are completed at all training including care practices. Through supervision and staff meetings feedback / guidance is also given on specific interventions which have been agreed by the MDT as part of the tenant's care plan. Staff are trained on human rights and are aware of restrictive practices and can describe the potential human rights implications of such practices. The supported living manual highlights policies and procedural guidance for staff in responding to the needs of tenants. Through annual care reviews, liaising with trust representatives and liaising with care managers staff evaluate the impact of care practices and report to relevant parties any significant changes in tenants needs.</p>	Compliant

<p>All staff have received vulnerable adults training /confidential reporting and are aware of their obligations on poor practice.</p>	
<p>Inspection Findings:</p>	
<p>Staff stated that they had received induction at the commencement of their employment; the detail of the induction timetable was available for the inspector to view. The inspector noted that areas covered included protection of vulnerable adults and child protection, record keeping, managing service users' monies and medication.</p> <p>Staff stated that they are provided with ongoing training throughout their employment with the agency; the agency has recently introduced an E learning training module. A number of staff stated that they have recently completed training specific to the needs of individual service users.</p> <p>Staff stated that they receive quarterly supervision and annual appraisal.</p> <p>The agency maintains a record of staff training; from those viewed it was identified that staff have received training in human rights, safeguarding of vulnerable adults, MAPA, handling service users monies and management of medication; and risk assessment.</p> <p>The agency has in place the following policies: Restrictive Practice; Protection of Vulnerable Adults; Whistleblowing and Finance Policy.</p> <p>Staff could describe practices which could be viewed as restrictive and could outline the actions required in relation to whistleblowing.</p>	<p>Compliant</p>

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 3:</p> <p>The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency</p> <ul style="list-style-type: none"> • Service users and their relatives and potential referral agents are advised of any care practices that are restrictive or impact on the service users’ control, choice and independence in their own home. • The agency’s Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions • Service users are advised of their right to decline aspects of their care provision. Service users who lack capacity to consent to care practices have this documented within their care records. • Service users are provided with a copy of their care plan (in a format that is appropriate to their needs and level of understanding) and receive information in relation to potential sources of (external) support to discuss their needs and care plan. • The impact of restrictive practices on those service users who do not require any such restrictions. 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p> <p>Tenants, relatives and potential referral agents are advised of the nature and range of services provided at initial assessment and are given a copy of the Tenant Information pack including the statement of purpose. Any care practices that are restrictive, impact on the tenant's control, choice and independence in their own home are agreed at annual care reviews and Multi Disciplinary Team meetings.</p> <p>The Associations statement of purpose and Tenant Information pack make appropriate reference to the nature and range of service provision and where appropriate details restrictive interventions agreed.</p> <p>Tenants are advised and this is documented on their right to decline aspects of care. This also applies to tenants who lack capacity to consent to care provision, tenants wishes are respected at all times.</p> <p>Tenants are provided with a copy of their care plan and receive information in a format appropriate to their needs and understanding i.e Easy Read, and receive information for contacting external advocacy groups.</p> <p>Any restrictive practices are agreed by the tenant,staff and Multi Disciplinary Team ensuring any agreed</p>	Compliant

<p>action doesn't impact on other tenants.</p>	
<p>Inspection Findings:</p>	
<p>The inspector viewed the agency's service user guide and statement of purpose; they detail the nature and range of services provided; however it was identified that no reference was made to restrictive practice in the service user guide. A requirement has been made.</p> <p>Service users stated that their views and choices are respected; they stated that they attend tenants meetings and are encouraged to express their views. Service users stated that they are involved in the completion of their care and support plans.</p> <p>Service users stated that they are provided with keys for their home and individual rooms and can enter or leave at all times.</p> <p>The manager described a restrictive practice in place; documentation viewed by the inspector identified that consultation with the service user and representatives had taken place. The manager stated that any restrictions are reviewed regularly.</p>	<p>Moving towards compliance</p>

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 4</p> <p>The registered person ensures that there are robust governance arrangements in place with regard to any restrictive care practices undertaken by agency staff.</p> <ul style="list-style-type: none"> • Care practices which are restrictive are undertaken only when there are clearly identified and documented risks and needs. • Care practices which are restrictive can be justified, are proportionate and are the least restrictive measure to secure the safety or welfare of the service user. • Care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance. • The agency evaluates the impact of restrictive care practices and reports to the relevant parties any significant changes in the service user’s needs. • The agency maintains records of each occasion restraint is used and can demonstrate that this was the only way of securing the welfare of the service user (s) and was used as a last resort. • Restraint records are completed in accordance with DHSSPS (2005) Human Rights Working Group on Restraint and Seclusion: Guidance on Restraint and Seclusion in Health and Personal Social Services. • The agency forwards to RQIA and other relevant agencies notification of each occasion restraint is used • The registered person monitors the implementation of care practices which are restrictive in nature and includes their on-going assessment of these practices within the monthly quality monitoring report 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p> <p>Care practices which are restrictive are undertaken only when they are clearly identified and documented through risk assessment, are discussed and agreed with the tenant at a multidisciplinary meeting. Care practices which are restrictive are always used as a last measure using the least restrictive measure to address the risk.</p>	Compliant

<p>Care practices are always compliant with legislation and in agreement with the MDT and the tenant. The Association evaluates the impact of restrictive practice care practices and reports to the relevant parties any significant changes in the tenants needs.</p> <p>At present no restraint practices are being used however policies and procedures and documentation are in place to record if required. Staff receive MAPA training and are aware of Deprivation of Liberty Safeguards. Staff are aware of their responsibilities in reporting restraint/ restrictive practices.</p> <p>On the monthly monitoring visit the registered person monitors care practices which are restrictive.</p>	
<p>Inspection Findings:</p>	
<p>Staff stated that care practices are regularly reviewed to ensure that practices which may be deemed as restrictive are identified; they stated that practices are discussed with the person completing the monthly quality monitoring visit to identify any practice that may be restrictive.</p> <p>From the training records viewed and discussion with staff it was identified that staff have received training in human rights, management of challenging behaviours and protection of vulnerable adults.</p> <p>The agency has in place a policy on restrictive practice.</p> <p>Service users stated they are provided with a key for their individual rooms; they stated that they are encouraged to lock their doors and that they can leave their home at any time.</p>	<p>Compliant</p>

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

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

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p>Statement 1</p> <p>Evidence inspected confirms that service users/representatives have written information and/or had explained to them the amount and type of care provided by the agency</p> <ul style="list-style-type: none"> • Service users/representatives can describe the amount and type of care provided by the agency • Staff have an understanding of the amount and type of care provided to service users • The agency's policy on assessment and care planning and the statement of purpose/service user guide describe how individual service user agreements are devised. • The agency's service user agreement is consistent with the care commissioned by the HSC Trust. The agency's care plan accurately details the amount and type of care provided by the agency in an accessible format. 	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p> <p>Tenants/representatives can describe the amount and type of care provided by the Association as they are involved in the care review, which is documented and they have a support & care agreement highlighting hours of care. They receive the Tenant Information pack, tenancy agreement and support/care agreement detailing the level of service provided.</p> <p>Staff have an understanding on the amount and type of care as they have participated in the support/care analysis for the tenant, staff also participate in support/care plan reviews</p> <p>The association's policy on assessments and support/care planning and the statement of purpose advise how individual agreements are devised.</p> <p>The tenancy agreement and support / care agreement are consistent with the care commissioned by the Trust. The care plan accurately details the amount and type of care provided by the agency in an accessible format, the amount and type of care is agreed at an annual review.</p>	Compliant
<p>Inspection Findings:</p> <p>The manager stated that the relevant HSC trust commission a fixed amount for care for each service user.</p> <p>The inspector viewed a number of individual service user agreements and care plans; it details any charges</p>	Not compliant

<p>made to the service user for care and support provided by the agency.</p> <p>Service users could describe the care received by the agency and were aware that the relevant HSC trust commission care provided to them; in addition service users pay the agency an amount related to their DLA benefit for care. Records viewed and discussions with the registered manager could not clearly identify the amount of service provided to individual service users in relation to the payments made by them to the agency. The manager stated that the agency is presently completing a task analysis for all service users.</p> <p>Service users 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 were aware of the importance of promoting the independence of the service users.</p>	
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THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p>Statement 2</p> <p>Evidence inspected confirms that service users/representatives understand the amounts and method of payment of fees for services they receive as detailed in their individual service agreement.</p> <ul style="list-style-type: none"> • Service users/representatives can demonstrate an understanding of the care they receive which is funded by the HSC Trust • Service users/representatives can demonstrate an understanding of the care which they pay for from their income. • Service users/representatives have an understanding of how many hours they are paying for from their income, what services they are entitled to and the hourly rate. • Service users/representatives have an understanding of how to terminate any additional hours they are paying for from their income • Service users/representatives have been informed that cancellation of additional hours they are paying for from their income will not impact upon their rights as a tenant. 	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p> <p>Tenants / representatives can demonstrate an understanding of the care they receive which is funded by the trust, this is recorded on their care plan and reviewed and agreed annually at the MDT meeting. Tenants/ representatives at the financial assessment stage and sign up are advised on the care which they pay from their income. Tenants / representatives have an understanding on how many hours they are paying for from their income and what services they are entitled to. This is advised on their tenancy agreement, offer letter for accommodation, annual rent charge letter, care/support agreement and within the Tenant Information pack received at sign up. Tenants are aware they can opt out of receiving care paid for from their income by agreement with the MDT involved in their care and this is reflected in their care plan and documented on the support/care agreement.</p>	Compliant

<p>Tenants are aware that if they opt out of care, this will not impact upon rights as a tenant, this is advised in the care /support agreement.</p>	
<p>Inspection Findings:</p>	
<p>The registered manager informed the inspector that service users are in receipt of services funded by the HSC trust and in addition a number of service users pay an amount to the agency related to their DLA benefit for care received.</p> <p>Individual care and support agreements detail that service users will be required to make a contribution from their DLA benefit for help they receive; the manager stated that this arrangement is agreed with service users prior to the commencement of their tenancy. Records viewed and discussions with the registered manager could not identify the amount of service provided to individual service users in relation to the payments made by them to the agency.</p> <p>Prior to admission to the service, service users have an assessment of their needs completed by the manager and a support and care agreement is agreed.</p> <p>Service users stated that they are involved in the completion of their individual care and support plans and are provided with a copy by the agency. Service users could describe to the inspector the care and support they received from the agency and were aware of associated charges. Service users stated that the agency's staff support them in understanding the content of their care</p> <p>Service users could describe the process for cancelling services provided by the agency.</p>	<p>Not compliant</p>

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p>Statement 3</p> <p>Evidence inspected confirms that service users’ service agreements, care plans are reviewed at least annually confirming that service users/representatives are in agreement with the care provided and the payment of any fees.</p> <ul style="list-style-type: none"> • Service users/representatives confirm that their service agreement, care plans are reviewed at least annually by the commissioning HSC Trust, and confirm that they are in agreement with the care provided and the payment of any fees. • Records and discussion with staff confirm that the agency contributes to the HSC Trust annual review. • Records and discussion with staff confirm that reviews can be convened as and when required, dependent upon the service user’s needs and preferences. • Records confirm that service users’ service agreements, care plans are updated following reviews. Authorisation from the HSC Trust and consent from the service user/representative is documented in relation to any changes to the care plan or change to the fees paid by the service user. 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p> <p>Tenants/representatives have a support/care agreement reviewed annually and support/care plan reviewed 6 monthly and signed by tenant/representative to confirm they are in agreement. Documents on scheme such as annual care reviews highlight that Association staff and Trust representatives contribute to annual reviews. Documents on scheme and staff, can advise that a review can be convened when required, dependent on the tenants needs and preferences. Care plans are reviewed 6 monthly or more frequently if needs and risks change or at the request of the tenant. Care plans on scheme are accurate and reflective and updated after reviews. Any changes to the care plan is also signed by tenant/representative and the Trust representative. The tenant receives a letter four weeks in advance of any changes to fees due to be paid, where necessary the Housing Officers can arrange a meeting to clarify this and provide advice on benefit entitlements.</p>	Compliant

Inspection Findings:	
<p>Prior to the inspection the agency forward to RQIA details of service users annual reviews.</p> <p>The manager stated that 16 of the service users have received an annual review involving the relevant HSC trust representative; that the agency retains a copy of the review meeting record; the inspector viewed the records for two service users.</p> <p>Service users stated that they participate in the review process and given opportunity to contribute their views.</p> <p>Staff stated that the care and support plans are updated six monthly or as required; they stated that they are encouraged to participate in the annual review of the service users. The inspector noted from records viewed that care and support plans are reviewed six monthly or more frequently if required.</p>	Compliant

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

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Not compliant

11.0 Any Other Areas Examined

11.1 Complaints

The agency has received four complaints for the period 1 January 2013 to 31 December 2013; this was verified by the returns forwarded by the agency to RQIA and from records viewed. Discussion with the registered manager indicated that the agency's procedures were followed.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Janice Anderson, registered manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan

Announced Primary Care Inspection

Clondermott House

19 March 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 Janice Anderson, 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.(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 requirement is in relation to the registered person ensuring that the agency maintains a register of safe contents.</p>	Once	The Tenant's Personal Effects Policy will be updated to include a register of safe contents.	Two months from the date of inspection: 19 May 2015.
2.	6.-(1)(b)	<p>The registered person shall produce a written service user's guide which shall include-</p> <p>(b)the terms and conditions in respect of the services to be provided to service users, including details as to the amount and method of payment of fees, if appropriate;</p> <p>This requirement relates to the registered person ensuring that the service user's guide is updated to include information relating to restrictive practice.</p>	Once	Information relating to restrictive practice is contained within both the Organisational and Scheme Statements of Purpose. Both these documents are included in the Tenant Information Brochure Pack which each tenant receives at sign up stage prior to moving in to the service.	Two months from the date of inspection: 19 May 2015.

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

NAME OF REGISTERED MANAGER COMPLETING QIP	Janice Anderson
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Ellen Hall

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	X	J faulkner	27/04/15
Further information requested from provider			