



The **Regulation and
Quality Improvement
Authority**

Primary Announced Care Inspection

Name of Agency:	Abbey House
RQIA Number:	10859
Date of Inspection:	30 March 2015
Inspector's Name:	Michele Kelly
Inspection ID:	20486

**The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Agency:	Abbey House
Address:	Little Diamond Londonderry BT48 9EJ
Telephone Number:	02871262385
Email Address:	v.mcglinchey@apexhousing.org
Registered Organisation / Registered Provider:	Apex Housing Association
Registered Manager:	Vivienne Barbara Anne McGlinchey
Person in Charge of the Agency at the Time of Inspection:	Vivienne Barbara Anne McGlinchey
Number of Service Users:	12
Date and Type of Previous Inspection:	22 July 2013 Announced Primary Care Inspection
Date and Time of Inspection:	30 March 2015 09:45- 15:15
Name of Inspector:	Michele Kelly

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	2
Staff	3
Relatives	3
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	8	5

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

Abbey House supported living scheme is situated in the Little Diamond area in Londonderry; it was opened in 1984. The tenants live in 12 individual flats, the aim of which is to provide housing to older people. The scheme is staffed 24 hours per day.

The flats are unfurnished as each tenant is encouraged to bring with them furnishings that are familiar to them and to decorate to their own taste. Part of the building is used for sheltered housing but has no bearing on the supported housing scheme.

Twelve tenants live in the scheme, supported by 9 staff.

8.0 Summary of Inspection

The announced inspection was undertaken on 2 March 2015, at the registered office located within the service users' home. The inspector was supported throughout the inspection by Vivienne Mc Glinchey, registered manager.

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

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

Prior to the inspection, five staff members forwarded to RQIA completed questionnaires in relation to the quality of service provision.

8.1 Staff

Staff comments:

"Tenants can choose where they wish to eat"

"Every person is given choice on a complete and daily basis"

"We have three monthly supervision and annual appraisal but there is always an open door to management"

The five returned questionnaires indicated the following;

- Staff have received Human Rights training
- Staff rated Vulnerable Adult training as very good or excellent.

Comments regarding the Principles of Supported Living included,

"Provision of independence and personal choice"

"Maintaining or helping to maintain a person's independence and choice".

8.2 Service Users' Comments

During the inspection, the inspector met with two service users who could describe the care and support they received; they stated that staff consult them when completing their individual care and support plans.

Service users stated that they are supported to live as independently as possible and provided with the agreed care and support.

Comments:

“You can come and go as you like”
 “I get on with every one of the carers”
 “Staff are very good they help in every way”
 “You can tell them anything”

8.3 Service User Representative

The inspector spoke to the relatives of three service users who stated that service users are supported to live as independently as possible.

Comments:

“I have no concerns”
 “I am more than happy”
 “There is good care and excellent food”
 “Communication channels are good”

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

8.4 Detail of Inspection Process:

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

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

Following a meeting in RQIA in January 2015 the registered provider was required to provide confirmation that they had written to the Western Health and Social Care Trust in respect of matters relating to charging, and the potential that the organisation's arrangements may be contrary to DHSSPS guidance; this matter is ongoing.

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 Attendance Allowance.

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 and methods of payment. Service users and their representatives were aware of charges made by the agency and could describe the care and support they received.

Service users pay an agreed amount per week for food and utilities; they are supported to plan the menu. The manager discussed how service users who do not partake of meals are rebated the amounts due to them.

Staff members who choose to eat food provided by the agency are required to pay a charge; the manager stated that the majority of staff provide their own food whilst on duty in the service users' home.

The manager stated the agency is in the process of supporting service users to avail of an assessment of need by the relevant HSC Trust. Some service users have decided that they do not want involvement of HSC Trust in their annual reviews.

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 record the times of removal and return of service users' bank cards from the agency safe.

A recommendation has been made.

- **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.

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 annually or as required and that staff record the care and support provided to service users on a daily basis.

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. Only two service users have had reviews involving their HSC Trust representative. Some service users who do not have current HSC Trust involvement have declined to give their consent to allow HSC Trust staff at their annual reviews within the agency. The agency is striving to work with HSC Trust to complete reviews with those tenants who have consented to their involvement

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.

- **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.

Service users have individual care and support agreements and financial agreements in place; they are signed by the service user and updated annually.

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

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. The registered manager discussed involvement in this process.

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.

8.5 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. This survey 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 survey stated that contributions made by service users are linked to their Attendance Allowance.

Following a meeting in RQIA in January 2015 the registered provider was required to provide confirmation that they had written to the Western Health and Social Care Trust in respect of matters relating to charging, and the potential that the organisations arrangements may be contrary to DHSSPS guidance; this matter is ongoing.

8.5.2 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 and had been updated on 8 April 2014.

8.5.3 Annual Review of Service Users' Needs by HSC Trusts

The 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").

Discussion with the manager identified that two of the service users have had reviews involving the relevant HSC Trust; the manager stated service users who do not have a social worker had been asked about including HSC Trust representatives in annual reviews but some had declined to have their involvement and had signed documentation to confirm this.

8.5.4 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 housing manager. From the documentation viewed the views of service users, professionals and relatives had been recorded. The documentation contains detail of any incidents or safeguarding concerns and contains an action plan and references the RQIA quality improvement plan.

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 agency's statement of purpose details that prospective service users are encouraged to visit the service users' home prior to accepting a tenancy. The registered manager explained that initially prospective tenants identify an area where they wish to leave. The inspector viewed the agency's Allocations and Referral and Assessment policies; they make reference to service users choosing where they live.</p> <p>This recommendation has be assessed as 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 tenancy and support agreements for individual service users; these were viewed by the inspector. The agency's referrals and assessment policy details the separate provision of care and accommodation.</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 service user guide and support agreement; they detail that service users can choose who provides their support.</p> <p>This recommendation has been assessed as being fully met .</p>	Twice	Fully met

4	Standard 9.1	<p>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>	<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. The registered manager outlined examples of measures undertaken to ensure service users' wishes are considered when needs change.</p> <p>This recommendation has been assessed as being fully met.</p>	Twice	Fully met
5	Standard 1.1	<p>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>	<p>Service users informed the inspector that agency staff consult with them in relation to new service users. Service users live in separate flats but choice is available in respect of dining arrangements.</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

Statement 1:

The agency maintains complete and up to date records in respect of the terms and conditions of the provision of personal care

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

COMPLIANCE LEVEL

Provider's Self-Assessment	
<p>We have a scheme brochure, individual tenancy / financial agreements and separate care/support agreements for all tenants. These include information on the fees payable by the tenant and outlines what services will be provided for the charges (including service charges) and outlines our terms and conditions. If our tenant has additional care needs, these are paid for and agreed by the tenant, next of kin and any professionals involved.</p> <p>Apex have policies for staff to follow for managing tenant's finances and property.</p> <p>Apex advise tenants via letter in advance of yearly rent increases.</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 Attendance Allowance.</p> <p>Following a meeting in RQIA in January 2015 the registered provider was required to provide confirmation that they had written to the Western Health and Social Care Trust in respect of issues relating to charging. This matter is ongoing.</p> <p>The agency has in place individual care and support agreements, financial agreements and a tenant's guide; the inspector viewed the records for three service users. The documentation in place details the charges to the service user for any care or support provided by the agency.</p> <p>The manager stated the agency is in the process of supporting service users who wish to avail of an assessment of need by the relevant HSC Trust. The inspector viewed the support plans for three service users; it was noted that the support required by service users to manage their finances is recorded. The inspector identified that they had been signed by the relevant service user.</p> <p>Service users stated that they pay an agreed amount per week for food and utilities, and could describe the process for menu planning and for opting out of services. Meals are prepared by a cook on the agency's premises and tenants can choose to eat in the dining room or in their own accommodation.</p> <p>The manager stated that staff can opt in to eat meals provided by the agency; she said that the majority of staff provide their own food whilst on duty in the service users' home; this was confirmed by staff who spoke to the inspector.</p>	Not compliant

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

Statement 2:

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

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

COMPLIANCE LEVEL

<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>When possible we get a copy of the tenant's "Trust generated" risk assessment and Care Plan detailing the tenant's capabilities and support required to manage their finances. On admission, finances are discussed and if tenants require support, then a risk assessment and support plan which details the level of support provided is produced. If the tenant wants additional items these will be purchased. If there is any concerns re capacity then this is recorded and reported to the Trust. If the tenant lacks capacity and has HSC Trust involvement, "Appendix 12 of Residents Bank Account Policy" will be completed and provided to the Trust representative at annual review. Apex have policies & procedures in place for managing tenant's bank account and includes instructions for appointee or agency involvement. If tenants need financial support then we follow Apex policies and ensure all monies (income / expenditure), valuables are recorded and reconciled at least quarterly. All entries are countersigned, dated and include tenant's signature when possible. Records are retained for inspection. Apex finance department have a record of all monies paid by tenants for rent.</p>	<p>Compliant</p>

Inspection Findings:	
<p>The inspector viewed the documentation for three service users and noted they outlined the support required by service users to manage their finances.</p> <p>The agency retains details in individual service users care records of their appointee; service users are supported to manage their monies as previously agreed. The manager stated that service users are provided with the agreed support to access their monies.</p> <p>Service users stated that they have been involved in discussions and agreements are in place in relation to their monies; they stated that they can access their money at any time and choose how to spend their money.</p> <p>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.</p>	<p>Compliant</p>

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
Provider's Self-Assessment	
<p>Apex has a register of staff signatures who can access monies and valuables. All monies / valuables are recorded, reconciled at least quarterly, and include 2 signatures, 1 to include tenant where possible. All tenants who have assessed risk / need, have a risk assessment / support plan. The tenant signs their support plans and can access financial records at any time. If the Trust is involved they sign plans also.</p>	Compliant

Inspection Findings:	
<p>The agency has a locked safe facility; this is managed in accordance with the agency's finance policy. Service users can access their monies at any time.</p> <p>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. Receipts are in place for all transactions. It was identified that the agency does not record the times of removal and return of service users' bank cards from the agency safe.</p> <p>A recommendation has been made.</p>	<p>Substantially compliant</p>

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

Statement 4:

COMPLIANCE LEVEL

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

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

<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"> Ownership details of any vehicles used by the agency to provide transport services are clarified. 	
<p>Provider's Self-Assessment</p>	
<p>Our tenant's transport needs are assessed if applicable and a support plan written in conjunction with the Trust. Transport can be organised for tenants and can include taxi, public transport and Apex bus service. Apex has a transport policy which tenants can opt into or out of.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<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 or public transport.</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>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>Prior to admission, all tenants are assessed by OIC. This assessment looks at individual's risks and needs and assesses if tenant's needs/wishes can be met in Housing with Care. Additional information can be sought from other professionals involved in tenant's care. We provide each tenant with a letter to say we can meet their assessed need.</p> <p>All tenants admitted to the scheme have a risk assessment and support/care plan. When possible risk assessment / care plans are written in conjunction with the Trust. Some tenants do not have Trust representation and so OIC / key worker plan support/care needs in conjunction with tenant and their family (where appropriate). This includes their views, preferences and considers Human Rights. We use outcome based STAR assessment and all interventions are recorded. The risk assessment and support,/care plans are updated quarterly or more often if required, as changes occur.</p>	Compliant

Inspection Findings:	
<p>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 annually or as required and that staff record the care and support provided to service users on a daily basis</p> <p>Only two service users have had reviews involving their HSC Trust representative. Some service users who do not have current HSC Trust involvement have declined to give their consent to allow HSCTrust staff at their annual reviews within the agency. The agency is striving to work with HSC Trust to complete reviews with those tenants who have consented to their involvement.</p>	<p>Moving towards compliance</p>

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
Provider’s Self-Assessment	
<p>All staff receive an intensive 2 week induction, ongoing training and updates, relevant to their job role and responsibilities, e.g. Adult & Child Protection, Care / Support Record Keeping, Medication, Human Rights and Confidential Reporting.</p> <p>Following attendance of any training an evaluation form is completed by each participant.</p> <p>All tenant care/support plans are reviewed quarterly or more often as required.</p>	Compliant

Inspection Findings:	
<p>Staff spoken to on the day of inspection said 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
Provider’s Self-Assessment	
<p>Currently in Housing with Care we do not have any restrictive practices however if any restrictive interventions are necessary then these would be prescribed by HSC Trust and agreed at multi disciplinary team meetings.</p> <p>At assessment tenants are informed of their right to opt in and out of elements of the service provided and their wishes are documented within their individualised support/care plans. The organisations statement of purpose and service user guide discribes fully the nature and range of service provision available.</p>	Compliant
Inspection Findings:	
<p>The inspector viewed the agency’s service user guide and statement of purpose; they detail the nature and range of services provided. The registered manager confirmed that there are no restrictive practices in Abbey House but that if any restrictions were necessary the HSC Trust would be involved in any decision making.</p>	Compliant

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>Currently in Housing with Care we do not have any restrictive practices however if any restrictive interventions are necessary then these would be prescribed by HSC Trust and agreed at multi disciplinary team meetings. Staff receive ongoing training in MAPA and are aware of Deprivation of Liberty Safeguards.</p>	Compliant

Inspection Findings:	
As stated in the self-assessment there are no restrictive practices in Abbey House. Staff spoken to on the day of inspection were knowledgeable in relation to the scope of restrictive practice.	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
	Moving towards compliance

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
Statement 1	COMPLIANCE LEVEL
<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. 	
Provider’s Self-Assessment	
<p>All tenants are provided with a scheme brochure which describes the level of service available. Prior to admission prospective tenants have their support / care needs assessed to determine their suitability for Housing with Care accommodation. On admission tenants care/support needs are assessed using the Apex support plan policy. A comprehensive individualised support / care plan is developed with the tenant's involvement within 30 days of admission which will clearly indicate the level of care/ support required. Tenants are fully involved in their support / care plan and these are signed by the tenant, key worker and family if applicable.</p>	<p>Compliant</p>

Inspection Findings:	
<p>The inspector viewed a number of individual service user agreements and care plans; they detail any charges 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. Service users pay the agency an amount related to their Attendance Allowance for care. 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>	<p>Not compliant</p>

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>All tenants have individual service level agreements and these are discussed on admission clearly stating the cost and levels of care and support they require. Tenants agree to the levels of support and care they wish to receive and these are reviewed annually or as and when required.</p>	Substantially compliant

Inspection Findings:	
<p>Prior to taking up a tenancy, 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 help them in understanding the care and support which they need.</p> <p>As discussed earlier within this report, the registered person and their representatives attended a meeting with RQIA on 28 January 2015.</p> <p>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.</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>We complete an overall review of the tenants care/support needs annually or more often if required and tenants give consent to the involvement of their family and other professionals where appropriate. This review includes risks, care/support needs and information on any charges for services. Any action / outcomes following the review are documented and agreed in the tenant's care/support plans and tenants sign and can receive a copy of these changes if they wish.</p>	Compliant

Inspection Findings:	
<p>Prior to the inspection the agency forwarded to RQIA details of service users annual reviews.</p> <p>The manager stated that none of the service users have received an annual review involving the relevant HSC trust representative. Since this document was submitted to RQIA two service users have had reviews involving the HSC Trust representative. The manager explained that the agency had worked with HSC Trust staff to schedule forthcoming reviews but that some service users who do not currently have involvement with trust staff did not give consent to have HSC Trust staff present at their review.</p> <p>Service users stated that they participate in the review process and are given the 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 annually or more frequently if required.</p>	<p>Moving towards compliance</p>

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

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

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Vivienne Mc Glinchey, 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:

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



Quality Improvement Plan

Announced Primary Care Inspection

Abbey House

30 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 Vivienne Mc Glinchey, registered manager during and after the inspection visit.

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

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

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

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

Recommendations:					
These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number of Times Stated	Details of Action Taken by Registered Person(S)	Timescale
1.	8.15	It is recommended that staff record the times of removal and return of service users' bank cards from the agency safe.	One	Documentation developed and put into practice from 01/04/15	By 30 August 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	Vivienne McGlinchey
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Muriel Sands

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	X	Joanne Faulkner	17/08/15
Further information requested from provider			