



The Regulation and  
Quality Improvement  
Authority

## PRIMARY ANNOUNCED INSPECTION

<b>Name of Agency:</b>	<b>Daleview House</b>
<b>Agency ID No:</b>	<b>1164</b>
<b>Date of Inspection:</b>	<b>28 May 2014</b>
<b>Inspector's Name:</b>	<b>Joanne Faulkner</b>
<b>Inspection No:</b>	<b>17893</b>

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

<b>Name of Agency:</b>	Daleview House
<b>Address:</b>	Shepherd's Way Dungiven Road Londonderry BT47 2AL
<b>Telephone Number:</b>	02871348015
<b>E mail Address:</b>	<a href="mailto:m.mccorkell@apexhousing.org">m.mccorkell@apexhousing.org</a>
<b>Registered Organisation / Registered Provider:</b>	Apex Housing Association Mr Gerald Kelly
<b>Registered Manager:</b>	Mrs Marcella Harriet McCorkell
<b>Person in Charge of the Agency at the Time of Inspection:</b>	Mrs Marcella McCorkell
<b>Number of Service Users:</b>	13
<b>Date and Type of Previous Inspection:</b>	9 July 2013 Unannounced Follow Up Inspection
<b>Date and Time of Inspection:</b>	28 May 2014 09:30- 16:30
<b>Name of Inspector:</b>	Joanne Faulkner

## Introduction

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

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

## Purpose of the Inspection

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

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

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

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

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

## Methods/Process

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

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

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

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

- Evaluation and feedback

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

### Consultation Process

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

Service users	3
Staff	3
Relatives	1
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	9	4

### Inspection Focus

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

The following three quality themes were assessed at this inspection:

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

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

The inspector reviewed the Quality Improvement Plan issued following the previous inspection. Two requirements and five recommendations have been assessed as being fully met. One recommendation has been assessed as being partially met and will be restated.

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

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

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

## Profile of Service

Daleview House is a supported living type domiciliary care agency, located on the outskirts of Londonderry. The agency aims to provide quality and affordable accommodation, support and care to meet the needs of older people, in an environment that takes into account the physical, social, emotional, spiritual, as well as cultural, needs of the residents.

The agency operates a key worker system for all service users; they are provided with support to maintain their tenancy, live as independently as possible and to be involved in the local community.

The care and support is provided by nine staff; there are presently 13 service users in the scheme. Specific services can include assistance with personal care, medication, budgeting, shopping, cleaning, laundry and social activities, dependent upon service users' needs, interests and wishes.

## Summary of Inspection

The announced inspection was undertaken on 28 May 2014, at the registered office located within the service. The inspector was supported throughout the inspection by the registered manager, Mrs Marcella Mc Corkell and Denise Douglas, senior support worker.

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

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

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

### Staff Comments:

"I have worked here for 19 yrs, before it became a supported living service"

"I receive supervision quarterly"

"Service users are given choice"

"Service users supported to go out shopping, to attend activities in the community and to attend appointments"

"I was supported to complete my NVQ"

"Care plans are reviewed quarterly"

"Service users decide who attends their review meeting"

### The four returned questionnaires indicated the following:

- Four staff have received Vulnerable Adult training
- Training was rated as excellent
- Four staff have received Human Rights training

- Service users have in place individual service agreements
- Staff are aware of whistleblowing policy and its significance
- Four staff have received training on the supported living model
- Four staff member has received finance training

Records viewed by the inspector and discussions with the manager and staff support the above statements and identified that other staff had also received the training. Discussions with staff and service users at the time of inspection identified their involvement in the development of individual care and support plans.

### **Service Users' Comments:**

During the inspection, the inspector met with three service users who described an individualised approach to the care and support they received; they informed the inspector that they were involved in developing their individual care and support plans. The service users could describe the care and support they received and any related charges; they stated that they are encouraged to express their views and choices. Service users stated that they are encouraged to be as independent as possible and provided by the agency with the agreed care and support.

### **Comments:**

- "Staff are perfect"
- "I can come and go as I please".
- "Staff help me with my tablets, I forget to take them; they are in a locked box in my room"
- "I look after my own money"
- "I go out boules and the legion "
- "I go to the pipe band contest with my daughter"
- "It took me a while to settle "
- "If I didn't like anything, they would soon know"
- "Staff are very good, they couldn't be better"
- "I was frightened living alone, I feel safe now"
- "I am happy with the charges I pay for services received"
- "They send you a letter telling you when the charges are changing"
- "I can make tea anytime I want , I make my husband a cup too"

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

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

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

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

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

- Support and care agreement
- Tenancy financial agreement
- Tenants guide

The 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. The manager stated that one service user is in receipt of care from the relevant HSC trust; all other service users pay a fixed amount for care received from the agency. The manager stated that service users are assessed by the agency prior to admission and any charges for services agreed; she stated that service users have not been assessed for services by the HSC trust. **A requirement has been made.**

Service users are assessed prior to admission by the registered manager and agreement made on services that will be provided by the agency.

One service user is in receipt of services following assessment of their needs by the relevant trust. Service users pay a fixed amount to the agency for care received. Service users and a representative who met with 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 a set charge for utility bills; this is revised annually and service users informed of changes.

Service users contribute £45 per week for food; they are supported to plan the menu; service users can opt in or out of this service on a daily basis and any charges made will be refunded by the agency. Staff members have the option of eating with the service users and the cost deducted from their salary; all staff have opted out and provide their own food whilst on duty in the service users' home.

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.

One service users' finances are managed by the Office of Care and Protection; agency staff act as agent and provide the service user with the agreed support required to manage their finances.

The agency maintains records for all monies held on behalf of service users; they detail all transactions in or out, and available balance. The cash sheets were signed by two staff members and receipts are in place for all transactions.

Service users are given the required support to access appropriate public transport and pay any costs incurred. The agency can have access to the organisations transport scheme; a policy is in place and the tenant's financial agreement clearly details any charges.

Service users are provided with keys for their home and have a facility in their flats for safely storing valuables.

The agency has a financial policy in place; this was viewed by the inspector.

**One requirement has been made in relation to this theme.**

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

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

The manager stated that prospective tenants are either self referred or referred by the Housing executive. Prior to admission service users have an assessment of their needs completed by the registered manager; the agency does not receive assessments from the relevant HSC Trust. **A recommendation has been made.**

The records examined by the inspector had in place individualised care and support plans; service users who met with the inspector stated that they are involved in developing these and that their choices and opinions were reflected. Staff record daily the care and support provided to each service user.

Records viewed reflect a range of interventions used in the care and support of individual service users. Relevant human rights of service users are explicitly recorded within their care and support plans; it was identified that these are reviewed quarterly or more frequently if required.

One service user receives services from the HSC Trust; they have received an annual review with their commissioning HSC Trust representative in the previous year. Agency staff participate in the review and retain a copy of the review documentation. The remaining service users have had a review completed in conjunction with agency staff within the last year.

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

From the documentation examined and discussion with the manager, service users and staff; it was identified that there are presently no restrictive practices in place within the service.

The inspector discussed the practice of service users having a check call from staff during the night; the registered manager stated that service users can choose if they require this service. The agency has in place documentation which records the wishes of individual service users; it is signed by the service user and details the choices of each individual service user. The inspector recommended that the registered manager ensures that this practice is regularly reviewed so as to promote the independence of service users and the outcome recorded. **A requirement has been made.**

Staff could describe the necessary actions in relation to whistleblowing and had knowledge of the policy in place.

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

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

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

Service users have in place a tenant's guide, individual care and support agreements and a tenant's financial agreement. They clearly detail the amount and type of care provided by the agency.

The registered manager completes a needs assessment for all service users prior to admission; this information forms part of the initial care planning when service users move to supported living. The agency reviews the needs of service users annually or as required.

Service users could describe the amount and types of care provided by the agency and were aware of charges for services received. Service users described a varied range of individualised activities that they participate in, with the support of the agency's staff. One service user is in receipt of care services funded by an HSC Trust.

The manager and staff clearly described the amount and type of care provided to individual service users.

Service users informed the inspector that they participate in their annual review with the agency staff and are given the opportunity to express their views and wishes.

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 who spoke to the inspector were aware of their right to choose the services they required.

### **Additional Matters Examined**

#### **Charging Survey**

At the request of RQIA and in advance of this inspection, the agency submitted to RQIA a completed survey in relation to the arrangements for charging service users. During the inspection the manager informed the inspector that one service user receives care commissioned by the HSC Trust; the manager stated that service users pay a fixed amount to the agency for care services. This is agreed with the serviced user prior to the commencement of their tenancy; service users have not had a needs assessment completed by the relevant HSC. **A requirement has been made.**

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

The agency's statement of purpose, April 2014, was viewed by the inspector; it details the nature and range of services provided by the agency.

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

The registered manager completed and returned to RQIA a questionnaire which sought information about the role of the HSC Trust in reviewing the needs and care plans of service users during the period 1 April 2013 – 31 March 2014 (in accordance with the DHSSPS Circular HSC (ECCU) 1/2010 "Care Management, Provision of Services and Charging Guidance").

Records viewed by the inspector and discussion with the registered manager identified that one service user was in receipt of services commissioned by the relevant HSC Trust and had received an annual review.

**Monthly Quality monitoring**

The agency has in place records of monthly quality monitoring visits; these were available for the inspector to view. The inspector identified that the visits were completed by a senior within the organisation; the information recorded indicated that the person completing the visit had sought the views of service users and their representatives.

### Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1	Regulation 16.4	<p>The registered person shall ensure that each employee receives appropriate supervision.</p> <p>Standard (13)</p>	<p>The inspector viewed the agency's supervision records and discussed the requirement with staff; staff stated that they received quarterly supervision.</p> <p>This requirement has been assessed as being fully met.</p>	Once	Fully met
2	Regulation 23	<p>The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. Standard 8.10 8.11.</p> <p>The agency will forward the completed monitoring forms for the next 3 months to RQIA to ensure compliance of recommendation (1)</p>	<p>The inspector viewed the agency's quality monitoring records and noted that they are completed monthly by a senior staff member within the organisation. It was noted by the inspector that visits are unannounced. From the records viewed it noted that the views of service users and their representatives were recorded.</p> <p>This requirement has been assessed as being fully met.</p>	Once	Fully met.

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	Standards 1.1, 2.1, 2.2, 4.1, 4.2, 8.6, 8.7, 8.8, 8.9, 9 (1-5) Appendix 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 minutes of tenants meetings and 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 (1-5)	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 care and support agreements and tenancy financial agreements for each service user; the inspector viewed these records for two service user.</p> <p>This recommendation has been assessed as being fully met.</p>	Twice	Fully met.
3	Standards 6 1-4 8.6 8.7 8.8 8.9 9 1-5 Appendix 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 clearly 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	Standards 6 1-4 8.6 8.7 8.8 8.9 9 1-5 Appendix 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 statement of purpose and the tenants guide; it was identified that they detail the process for service users wish to move. However, they do not state that service users can remain in their accommodation if care is no longer required.</p> <p>This recommendation has been assessed as being partially met and will be restated.</p>	Twice	Partially met.
5	Standards 1.1, 2.1, 2.2, 4.1, 4.2, 8.6, 8.7, 8.8, 8.9, 9 (1-5) Appendix 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 inspector viewed the minutes of tenants meetings; they contain detail of discussions about prospective new tenants and the views of those presently residing in the scheme were reflected.</p> <p>One service user who spoke to the inspector stated that any new service users visit the service and meet with those residing in the service.</p> <p>This recommendation has been assessed as being fully met.</p>	Twice	Fully met.
6	Standard 1.1 Standard 12	It is recommended that the agency complete staff training and guidance on human rights for all staff.	The inspector viewed the agency's training records and noted that staff had received human rights training in May 2013.	Once	Fully met.

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

<p><b>Provider's Self-Assessment</b></p>	
<p>We have a scheme brochure and individual tenancy/financial agreement and separate care/support agreement for all tenants. These include information on the fees payable by the tenant and outlines what services will be provided for the charges (including services charges) and outlines our terms and conditions. If our tenant has additional care needs these are paid by the tenant and agreed by the tenant, next of kin and any professional involved. Apex have policies for staff to follow for managing tenant's finances and property. Apex advises tenants via letter in advance of yearly rent increases.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The agency has in place individual care and support agreements, tenancy financial agreements and a tenant's guide for each service user; the inspector viewed the records for two service users. The documentation in place details the charges to the service user for any care or support provided by the agency. The manager stated that one service user is in receipt of care from the relevant HSC trust; all other service users pay a fixed amount for care received from the agency. The manager stated that service users are assessed by the agency prior to admission and any charges for services agreed; she stated that service users have not been assessed for services by the HSC trust. <b>A requirement has been made.</b></p> <p>Service users pay an equal share of utility costs, this is reviewed annually; service users who met with the inspector stated that they receive written notification of any changes to charges. The manager stated that the agency pay a proportion of the cost for the areas that they occupy for the agency's office.</p> <p>Staff on duty in the service users home have the option of eating food provided by the agency. This is deducted from their salary and staff have the option to opt out. The registered manager stated that all staff have opted out of this arrangement and provide their own food whilst on duty.</p> <p>The service users have a comfort fund which is managed by a number of the tenants; the funds are used for outings agreed by the service users at tenant's meetings.</p> <p>The inspector viewed the support plans for two 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>Moving towards compliance</p>

The agency is agent for one service user whose finances are managed by the Office of Care and Protection. The agency's staff maintain a ledger for monies held; this was viewed by the inspector. The service user is supported to withdraw money from the bank on a weekly basis.

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

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

**Statement 2:**

**COMPLIANCE LEVEL**

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

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

<ul style="list-style-type: none"> <li>• If a member of staff acts as an agent, a record is kept of the name of the member of staff, the date they acted in this capacity and the service user on whose behalf they act as agent;</li> <li>• If the agency operates a bank account on behalf of a service user, written authorisation from the service user/their representative/The Office of Care and Protection is in place to open and operate the bank account,</li> <li>• Where there is evidence of a service user becoming incapable of managing their finances and property, the registered person reports the matter in writing to the local or referring Trust, without delay;</li> </ul> <p>If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the agency on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user's agreement.</p>	
<p><b>Provider's Self-Assessment</b></p>	
<p>Where possible we get a copy of the tenants Trust risk assessment and Care Plan detailing the tenant's capabilities and support required to manage their finances. On scheme we assess tenants and if they require support with finances then we write a risk assessment and support plan which details the level of support provided, however if the tenant wants additional items these will be purchases. 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 Tenants Bank Account Policy will be completed and provided to the Trust representative at annual review. Apex Housing have policies and procedures in place for managing tenants 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 and records are kept. Apex finance department have a record of all monies paid by tenants for rent.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The inspector discussed this theme with the manager. The agency has in place individual service user support plans; the inspector noted from records viewed that they clearly detail the support required by the service users to manage their monies and are signed by the service users.</p> <p>The manager informed the inspector that the Office of Care and Protection manage the finances of one service user; the agency retains documentation detailing this arrangement; it was viewed by the inspector.</p>	<p>Compliant</p>

The registered manager informed the inspector that the agency contact the Office of Care and Protection to request additional monies if required.

The agency maintains a record of all monies received on behalf of the service user and records all transactions; the ledger was viewed by the inspector and it was noted that two staff signed for all transactions and receipts were retained.

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

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

A reconciliation of all monies held by the agency is completed weekly and audits are carried out by the OCP annually.

<b>THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED</b>	
<p><b>Statement 3:</b></p> <p><b>Where a safe place is provided within the agency premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained:</b></p> <ul style="list-style-type: none"> <li>• Where the agency provides an appropriate place for the storage of money and valuables deposited for safekeeping, robust controls exist around the persons who have access to the safe place;</li> <li>• Where money or valuables are deposited by service users with the agency for safekeeping and returned, a record is signed and dated by the service user/their representative, and the member of staff receiving or returning the possessions;</li> <li>• Where a service user has assessed needs in respect of the safety and security of their property, there are individualised arrangements in place to safeguard the service user's property;</li> <li>• Service users are aware of the arrangements for the safe storage of these items and have access to their individual financial records;</li> <li>• Where service users experience restrictions in access to their money or valuables, this is reflected in the service user's HSC trust needs/risk assessment and care plan;</li> </ul> <p>A reconciliation of the money and valuables held for safekeeping by the agency is carried out at regular intervals, but least quarterly. Errors or deficits are handled in accordance with the agency's SVA procedures.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>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 and tenant signs plans and can access financial records at any time. If the Trust is involved they sign plans also.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The agency has a facility for the safe storage of service users' monies and valuables. The manager stated that safe keys are held by the senior on duty.</p>	Compliant

Service users informed the inspector that they have a locked facility in their individual flats to secure money, valuables and medication. Staff informed the inspector that service users are encouraged to keep their valuables safe and are provided with the necessary support to safely manage their monies.

The agency maintains a record of staff signatures this was viewed by the inspector; the agency's finance policy clearly details the process for the management of service users' monies.

The agency holds an agreed amount of money for one service user; the inspector viewed the ledger in place. It was noted that the date and details of each transaction was recorded, it denoted the available balance and was signed by two staff members; receipts are retained for each transaction. The service users' care and support plan was viewed by the inspector; it details the agreed support required by the service user to safely manage their monies.

The inspector was informed that a weekly reconciliation is completed by the manager, six monthly by the agency's finance department and that an annual audit is completed by the Office of Care and Protection.

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

**Statement 4:**

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

- 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;

**COMPLIANCE LEVEL**

<ul style="list-style-type: none"> <li>• 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;</li> <li>• Ownership details of any vehicles used by the agency to provide transport services are clarified.</li> </ul>	
<b>Provider's Self-Assessment</b>	
<p>Our tenants 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>	Compliant
<b>Inspection Findings:</b>	
<p>The manager stated that prior to admission the needs of the service user is assessed and any support required is recorded in the care and support plan.</p> <p>Staff informed the inspector that they provide the required support to the service users to avail of appropriate public transport. Service users informed the inspector that the support required to use public transport is agreed with them and that they are responsible for any costs incurred.</p> <p>The manger stated that the agency can avail of the organisations bus for outings. They have in place a transport policy and procedure; this was viewed by the inspector. Charges incurred for the use of this service are clearly outlined in individual service users' tenancy financial agreements. The inspector viewed two financial agreements and noted the charges were clearly denoted and that they had been signed by the service users.</p> <p>The manager stated that service users are supported to apply for relevant benefits to assist them with cost of transport.</p>	Compliant

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

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

<b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>	
<p><b>Statement 1:</b></p> <p><b>The agency responds appropriately to the assessed needs of service users</b></p> <ul style="list-style-type: none"> <li>• The agency maintains a clear statement of the service users’ current needs and risks.</li> <li>• Needs and risk assessments reflect the input of the HSC Trust and contain the views of service users and their representatives.</li> <li>• Agency staff record on a regular basis their outcome of the service provided to the individual</li> <li>• Service users’ care plans reflect a range of interventions to be used in relation to the assessed needs of service users</li> <li>• Service users’ care plans have been prepared in conjunction with the service user and their HSC Trust representative(s) and reflect appropriate consideration of human rights.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment</b></p> <p>Prior to admission all tenants are assessed by OIC, this assessment looks at individuals risks and needs and assesses if tenants needs/wishes can be met in Housing with Care and additional information can be sought from other professionals involved in tenants care. We provide the 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 completed. Where possible risk assessments, support / care plans are written in conjunction with the Trust. For those Tenants who do not have Trust representation the key worker records the support/care plan with the tenant and their family (where appropriate) and includes their views, preferences and considers Human Rights. We follow and record the Older Persons Star tool and all interventions are recorded. The risk assessment and support/care plans are updated quarterly or more often if required as changes occur. A review takes place annually.</p>	Compliant
<p><b>Inspection Findings:</b></p> <p>The inspector viewed two service users’ individual care records and identified that prior to admission service users have an assessment carried out by the registered manager. The manager stated that the agency do not receive assessments for service users from the relevant HSC trust prior to admission; the manager</p>	Moving towards compliance

stated that service users will self refer or be referred by the Housing Executive. A recommendation has been made in relation to the registered manager exploring with the service user that value of availing of the HSC Trust's systems.

The inspector discussed the admission process with the manager who stated that the agency would encourage prospective service users to visit the service on a few occasions prior to admission, during which they have the opportunity to meet those presently residing in the service. The manager also informed the inspector that any prospective tenants would be discussed with those presently residing in the service and that their views are considered.

The inspector viewed care records of two service users and noted they each have in place individualised care and support plans which are developed in conjunction the service users and their representatives; it is noted by the inspector that these are updated quarterly or as required. Those read outlined the consideration of the service users' human rights; it was noted by the inspector that they were signed by the service users.

The service users who met with the inspector stated that they are involved in this process and that their choices and opinions were reflected. All service users who spoke with the inspector were able to identify their individual keyworker in the service; they informed the inspector that they meet regularly with their keyworker to discuss their care and support needs.

Staff who met with the inspector could describe the process for compiling care and support plans in conjunction with the service users and their representatives and described to the inspector the significance of the recording daily the care and support provided for each service user.

<b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>	
<p><b>Statement 2:</b></p> <p><b>Agency staff have the appropriate level of knowledge and skill to respond to the needs of service users</b></p> <ul style="list-style-type: none"> <li>• Agency staff have received training and on-going guidance in the implementation of care practices</li> <li>• The effectiveness of training and guidance on the implementation of specific interventions is evaluated.</li> <li>• Agency staff can identify any practices which are restrictive and can describe the potential human rights implications of such practices.</li> <li>• The agency maintains policy and procedural guidance for staff in responding to the needs of service users</li> <li>• The agency evaluates the impact of care practices and reports to the relevant parties any significant changes in the service user’s needs.</li> <li>• Agency staff are aware of their obligations in relation to raising concerns about poor practice</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
<p>All staff receive an intensive 2 week induction at head office. Prior to woking a shift on scheme new staff shadow one of the residential workers and record an induction form at scheme level. Mandatory training and refresher updates relevent to their job role and responsibilities are ongoing for e.g Adult &amp; Child Protection, record keeping, administration of medication, human rights and confidential reporting.</p> <p>Following attendance of any training an evaluation form is completed by each participant and is head centrally at head office.</p> <p>All staff respond to the needs of the tenant and record care/support plans quarterly or more often as required.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The inspector discussed this theme with the registered manager and agency staff.</p> <p>Staff informed the inspector that they had received an initial two week induction at the commencement of</p>	Compliant

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 and medication. Staff stated that they are provided with further training throughout their employment with the agency. The registered manager stated that the senior staff member will observe staff regularly whilst they are delivering care and support to service users and will identify any areas that need further training.

Staff also stated that they receive quarterly supervision and annual appraisal, and are encouraged to identify any training needs they may have. The manager stated that the agency has recently introduced an E Learning module and this will be implemented with all staff to enable them to avail of training on line. Staff informed the inspector that they are required to complete a training evaluation record following any training received. Staff stated that they feel supported by the registered manager and have the required skills to carry out their roles.

The inspector viewed the staff training records in place; from those viewed it was identified that staff have received training in human rights, safeguarding of vulnerable adults, management of challenging behaviours, management of medication, and star outcome assessment training.

The agency has in place the following policies: Restrictive Practice, July 2013; Protection of Vulnerable Adults; Whistleblowing; and Finance Policy, April 2012; Care and Support Planning, Feb 2014 and Training and Development; Nov 2013. These were viewed by the inspector.

The manager and staff who met with the inspector could describe practices which could be viewed as restrictive and stated that there is currently no restrictive practice in place within the agency.

Staff outlined the process for highlighting any changes to service users' needs and described instances when they have made a referral to the relevant HSC Trust; staff informed the inspector that service user care and support plans are reviewed in conjunction with the service user quarterly or more frequently if required.

Staff could describe the necessary actions in relation to whistleblowing and had knowledge of the policy in place.

<b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>	
<p><b>Statement 3:</b></p> <p><b>The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency</b></p> <ul style="list-style-type: none"> <li>• Service users and their relatives and potential referral agents are advised of any care practices that are restrictive or impact on the service users’ control, choice and independence in their own home.</li> <li>• The agency’s Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions</li> <li>• Service users are advised of their right to decline aspects of their care provision. Service users who lack capacity to consent to care practices have this documented within their care records.</li> <li>• Service users are provided with a copy of their care plan (in a format that is appropriate to their needs and level of understanding) and receive information in relation to potential sources of (external) support to discuss their needs and care plan.</li> <li>• The impact of restrictive practices on those service users who do not require any such restrictions.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
<p>Currently in Daleview House we do not have any restrictive practices however if any restrictive interventions are necessary then these would be discussed by HSC Trust and agreed at multi disciplinary team meetings. 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 describes fully the nature and range of service provision available.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The inspector viewed the agency’s tenant guide and statement of purpose; they clearly outline the nature and range of services provided and makes reference to restrictive practices. It was noted that both documents contain detail on the right for service users to choose what services they choose to receive. Staff informed the inspector that they support service users in understanding services provided by the agency and their right</p>	Substantially compliant

to choose what care they receive.

Service users who met with the inspector stated that they are encouraged to make their own decisions and that their views and wishes are respected. Service users informed the inspector that they attend regular tenants meetings and are encouraged to express their views and choices; they 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 stated that agency staff support them in understanding the content of their care and support plans; they stated that they sign their support plans if they are in agreement to the detail.

Service users informed the inspector that they are provided with keys for the main door and their flats and can enter or leave the building at all times; they stated that they have a locked facility in their flats to store valuables.

The registered manager informed the inspector that there are no restrictive practices in place. The inspector viewed the care and support plans of two service users and from those viewed identified that service users were in receipt of regular checks by staff during the night. The inspector discussed this practice with the registered manager and staff; the manager stated that all service users have the option to avail of night checks. The agency maintains a record of service user choices; the inspector noted that the choices and preferences of all service users was recorded and had been signed by the service users. The service users who met with the inspector stated that they had agreed to night checks and choose the frequency of checks; one service user stated that they have agreed to have three checks per night and that the practice made them feel secure. The inspector discussed with the manager the need for this practice to be reviewed regularly and the choices of the service users clearly recorded.

**A requirement has been made.**

The agency has a restrictive practice policy, July 2013; this was viewed by the inspector.

Service users can choose to opt in or out of the meals service on a daily basis; one service user informed the inspector that she makes her own breakfast. If service users decide to opt out the charge is refunded to their individual bank accounts on a weekly basis. Service users can choose to have fridges or kettles in their individual flats. The registered manager stated that medication is stored securely in service users' flats and staff provide the agreed support to the service users to enable them to take their medication.

<b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>	
<p><b>Statement 4</b></p> <p><b>The registered person ensures that there are robust governance arrangements in place with regard to any restrictive care practices undertaken by agency staff.</b></p> <ul style="list-style-type: none"> <li>• Care practices which are restrictive are undertaken only when there are clearly identified and documented risks and needs.</li> <li>• Care practices which are restrictive can be justified, are proportionate and are the least restrictive measure to secure the safety or welfare of the service user.</li> <li>• Care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance.</li> <li>• The agency evaluates the impact of restrictive care practices and reports to the relevant parties any significant changes in the service user’s needs.</li> <li>• The agency maintains records of each occasion restraint is used and can demonstrate that this was the only way of securing the welfare of the service user (s) and was used as a last resort.</li> <li>• Restraint records are completed in accordance with DHSSPS (2005) Human Rights Working Group on Restraint and Seclusion: Guidance on Restraint and Seclusion in Health and Personal Social Services.</li> <li>• The agency forwards to RQIA and other relevant agencies notification of each occasion restraint is used</li> <li>• The registered person monitors the implementation of care practices which are restrictive in nature and includes their on-going assessment of these practices within the monthly quality monitoring report</li> </ul>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment</b></p> <p>Currently in Daleview House we do not have any restrictive practices however if any restrictive interventions are necessary then these would be discussed in conjunction with 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

<p><b>Inspection Findings:</b></p> <p>The inspector discussed this theme with the registered manager who stated that there are presently no restrictive practices in place within the service. The manager and staff stated that care practices are regularly monitored to ensure that practices which are may be deemed as restrictive are identified.</p> <p>From the training records viewed and discussion with staff the inspector noted that staff have received training in human rights, management of challenging behaviours, and protection of vulnerable adults. Staff informed the inspector that they received training on restrictive practices during a staff meeting.</p> <p>Staff who met with the inspector could describe practices which may be viewed as restrictive; they stated that there are no such practices in place within the service. Service users who spoke to the inspector stated they are provided with a key for the front door and their individual rooms; they stated that they are encouraged to lock their doors. Service users stated that they can leave the building at any time and have full access to all shared areas.</p> <p>The agency has in place a policy on restrictive practice, July 2013; this was viewed by the inspector.</p>	<p>Compliant</p>

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

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

<b>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</b>	
<b>Statement 1</b>	<b>COMPLIANCE LEVEL</b>
<p><b>Evidence inspected confirms that service users/representatives have written information and/or had explained to them the amount and type of care provided by the agency</b></p> <ul style="list-style-type: none"> <li>• Service users/representatives can describe the amount and type of care provided by the agency</li> <li>• Staff have an understanding of the amount and type of care provided to service users</li> <li>• The agency’s policy on assessment and care planning and the statement of purpose/service user guide describe how individual service user agreements are devised.</li> <li>• The agency’s service user agreement is consistent with the care commissioned by the HSC Trust. The agency’s care plan accurately details the amount and type of care provided by the agency in an accessible format.</li> </ul>	
<p><b>Provider’s Self-Assessment</b></p> <p>All tenants are provided with a scheme brochure which includes 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 tenants 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>	Compliant
<p><b>Inspection Findings:</b></p> <p>The inspector discussed this theme with the registered manager who stated that prior to admission all service users are assessed by the manager to identify their individual care and support needs.</p> <p>Service users who met with the inspectors could describe the type and amount of care and support received by the agency; they informed the inspector that they were involved in the development of their individual care and support plans.</p>	Compliant

A service user representative could describe the type and amount of care provided by the agency and any related charges; they stated that they are involved in the reviewing of the care and support plans.

Staff who spoke to the inspector could describe the care and support provided to each service user; they described practices which are individualised and specific to the needs of each service user. Staff demonstrated their awareness of the need to ensure that service users were consulted in relation to all aspects of their care and support; they discussed with the inspector the importance of choice and of providing the necessary support to service user whilst promoting their independence.

The agency has in place individual care and support plans for service users; the inspector noted that those viewed clearly detailed the care and support required and had been signed by the service user.

The Support and care agreement clearly records the type and amount of care hours provided to the individual.

<b>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</b>	
<p><b>Statement 2</b></p> <p><b>Evidence inspected confirms that service users/representatives understand the amounts and method of payment of fees for services they receive as detailed in their individual service agreement.</b></p> <ul style="list-style-type: none"> <li>• Service users/representatives can demonstrate an understanding of the care they receive which is funded by the HSC Trust</li> <li>• Service users/representatives can demonstrate an understanding of the care which they pay for from their income.</li> <li>• Service users/representatives have an understanding of how many hours they are paying for from their income, what services they are entitled to and the hourly rate.</li> <li>• Service users/representatives have an understanding of how to terminate any additional hours they are paying for from their income</li> <li>• Service users/representatives have been informed that cancellation of additional hours they are paying for from their income will not impact upon their rights as a tenant.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>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
<b>Inspection Findings:</b>	
<p>All service users have in place a signed care and support agreement. It details the amount of care and support provided to the service user by the agency. The registered manager informed the inspector that one service user is in receipt of services from the HSC trust. 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 signed.</p> <p>The inspector viewed the care and support agreements and care plans for two service users; they record the</p>	Compliant

<p>amount and type of care provided to the service user by the agency.</p> <p>Service users who met with the inspector 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 services they received from the agency and any associated charges. Service users stated that agency staff support them in understanding the content of their care and support plans.</p> <p>The inspector viewed the support and care agreements and tenants finance agreements for two service users; they detailed any charges made by agency to the service user.</p> <p>Service users described to the inspector the process for cancelling any services provided by the agency; the support and care agreement outlines the process for cancelling services.</p>	
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<b>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</b>	
<p><b>Statement 3</b></p> <p><b>Evidence inspected confirms that service users’ service agreements, care plans are reviewed at least annually confirming that service users/representatives are in agreement with the care provided and the payment of any fees.</b></p> <ul style="list-style-type: none"> <li>• Service users/representatives confirm that their service agreement, care plans are reviewed at least annually by the commissioning HSC Trust, and confirm that they are in agreement with the care provided and the payment of any fees.</li> <li>• Records and discussion with staff confirm that the agency contributes to the HSC Trust annual review.</li> <li>• Records and discussion with staff confirm that reviews can be convened as and when required, dependent upon the service user’s needs and preferences.</li> <li>• Records confirm that service users’ service agreements, care plans are updated following reviews. Authorisation from the HSC Trust and consent from the service user/representative is documented in relation to any changes to the care plan or change to the fees paid by the service user.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
<p>We complete an overall review of the tenants care/support needs which is carried out 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 payment of any charges for services. Any action/outcomes following the review are documented and agreed in the tenants care/support plans and tenants sign and can receive a copy of these changes if they wish.</p>	Compliant
<b>Inspection Findings:</b>	
<p>Prior to the inspection the agency were requested to forward to RQIA details of service users annual reviews.</p> <p>The inspector discussed this theme with the registered manager who stated that at present one service user is in receipt of services commissioned by the trust; the agency retain a copy of the review record completed</p>	Compliant

for this service user.

The inspector viewed the agency's care records for four service users and noted that they had received a review of their care needs by the agency staff within the previous year.

The inspector examined two individual service user care and support plans and service user agreements, and noted that they were reviewed and updated annually. Service users informed the inspector that they are encouraged to participate in the review process and given opportunity to contribute their views and opinions. Service users informed the inspector they can request a review meeting at any time.

A copy of the review documentation is retained by the agency; the inspector viewed the documentation for two service users and noted that it was signed by the service user and were appropriate their representative.

The inspector noted that care and support plans are reviewed quarterly by the service user and their allocated keyworker within the service; or more frequently if required.

Staff who met with the inspector stated that the care and support plans are updated annually; they stated that they are encouraged to participate in the annual review of the service users.

The inspector noted that the agency have in place support and care, and tenancy, financial agreements which clearly record charges for services to the service user; these are signed by the service user and updated annually.

From the training records viewed and discussion with staff the inspector noted that staff have received training in human rights, management of challenging behaviours, and protection of vulnerable adults.

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

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

## **Any Other Areas Examined**

### **Complaints**

The agency has had no complaints for the period 1 January 2013 to 31 December 2013; this was verified by the returns forwarded by the agency to RQIA and observation of records available in the agency.

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Marcella McCorkell, as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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



## Quality Improvement Plan

### Announced Primary Inspection

Daleview House

28 May 2014

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

The specific actions set out in the Quality Improvement Plan were discussed with **Mrs Marcella McCorkell, registered manager**, during 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.

<b>Statutory Requirements</b>					
<b>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</b>					
<b>No.</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1.	14(a)(b)	<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>(a)so as to ensure the safety and well-being of the service users;</p> <p>(b)so as to safeguard the service users against abuse or neglect;</p> <p>This requirement is in relation to the registered person ensuring that service users have an assessment of needs carried out by the relevant HSC Trust.</p>	Once	A Letter has been forwarded to Mr Alan Corry Finn( Executive Director of Primary Care & Older Peoples Services) requesting an urgent meeting to discuss the requirement in relation to the registered person that service users have an assessment of needs carried out by the relevant HSC Trust	Nine months from the date of inspection: 28 February 2014.
2.	14(c)(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>(c) so as to promote the independence of service users.</p> <p>(e) in a manner which respects the privacy, dignity and wishes of service users and the</p>	Once	Night check form reviewed with dates and preferences of the service user recorded.	Nine months from the date of inspection: 28 February 2014.

		<p>confidentiality of information relating to them:</p> <p>This requirement relates to the registered person ensuring that the practice of nightly checks of service users is reviewed regularly so as to promote the independence of service users.</p> <p>A record should be maintained of dates reviewed and the preferences of service users recorded.</p>			
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**Recommendations**

**These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.**

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Standards 6 1-4 8.6 8.7 8.8 8.9 9 1-5 Appendix 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>This recommendation has been assessed as being partially met and will be restated.</p> <p>The support and care agreement needs to reflect that service users 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. The registered person must forward to RQIA a copy of the amended documentation.</p>	Three	The support and care agreement has been revised to reflect that service users can remain in their accommodation even if the provision of care is no longer required or no longer meets their needs. Please find attached re wording of Care and Support Agreement (see point 6 page 3) All agreements will be reviewed for all tenants in April 2015	Seven Months from the date of inspection: 28 November 2014.
2	Standard 3.7	<p>Where the agency is acting in response to a self referred service user, the registered manager explores with the service user the value of availing of the HSC Trust's systems.</p> <p>This recommendation relates to the manager ensuring that service users are referred to the HSC Trust for assessment of need prior to admission to the service and the agency retain a copy of assessments.</p>	Once	The manager will ensure where the service user self refers that they explore the value of availing of the HSC Trust's systems.	Nine months from the date of inspection: 28 February 2014.

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

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Marcella Mc Corkell
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Muriel Sands

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	X	Joanne faulkner	5/11/20 14
Further information requested from provider			