PRIMARY INSPECTION

Name of Agency:	**L'Arche**
Agency ID No:	**10874**
Date of Inspection:	**24 April 2014**
Inspector's Name:	**Jim McBride**
Inspection No:	**18058**

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	L'Arche
Address:	Good Shepherd Centre 511 Ormeau Road Belfast BT7 3GS
Telephone Number:	02890641088
E mail Address:	admin@larchebelfast.org.uk
Registered Organisation / Registered Provider:	Ms Maria Bernadette Garvey
Registered Manager:	Mr Scott William Shively
Person in Charge of the agency at the time of inspection:	Mr Scott William Shively
Number of service users:	8
Date and type of previous inspection:	Primary Announced Inspection 16 May 2013
Date and time of inspection:	Primary Announced Inspection 24 April 2014 12:30-17:30
Name of inspector:	Jim McBride

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	7
Staff and Volunteers	6
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	15	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 four 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 agency's progress towards full compliance with the three requirements and four recommendations issued during the previous inspection of the 16 May 2013 was assessed. The agency has fully met the requirements and recommendations made. The inspector verified compliance by the records made available and during discussion with the Registered Manager during the inspection.

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.

Profile of Service

L'Arche is a domiciliary care agency / supported living facility operating under the auspices of the charity, L'Arche Belfast, and has been operational since October 2001.
The service offers supported living accommodation for nine service users (known as core members) and currently employs fourteen paid domiciliary care staff, and five volunteers. The support provided to service users includes personal care, promoting independence, life skills, support in social activities and educational courses as well as support to attend regional and international events run by L'Arche.

Core members also have opportunities to engage with community and social initiatives where they can make a contribution to the wider community by e.g. growing vegetables and producing in their social enterprise project. "Root Soup".

L'Arche Service users are referred to as core members and as such agree to live together in a spirit of friendship and community supporting each other. Staff and volunteers are also community members and have a clear role within the care and support of core members.

L'Arche state in their statement of purpose that they are committed to providing quality services and endeavour to improve services through:

- Multi-disciplinary reviews for core members
- Working with other services providers and community organisations
- Staff education and development
- Service user, carer and /or advocate involvement in service planning
- Service monitoring

Core members are provided with the opportunity to develop their own "Person centred description" with the assistance of a reference person (keyworker) and other staff.

Core members are encouraged by staff and volunteers to create a comfortable secure home with others where they have a sense of belonging and control, whilst offering them an opportunity to learn and develop personally.

Summary of Inspection

The inspection was undertaken on the 24 April 2014, the inspector met with the registered manager during the inspection.

The inspector had the opportunity to meet seven service users in their own homes. The inspector also spoke to six staff and volunteers.

The inspector had the opportunity to meet with three relatives and has included their comments within this report.

It was noted that the agency promotes strong community based care and support services and creates opportunities for people to take up their place in the community to realise their potential whilst being enabled to make an active contribution.

Care and support is offered to the service users within the context of an intentional community in which each person takes responsibility for the wellbeing not only of themselves but for all the community members.

It was noted by the inspector that central to the community is to provide each service users with individualised domiciliary care and housing support. Service users are supported by the use of overseas volunteers who live and share the community living ethos, whilst providing social outreach opportunities for service users.

Prior to the inspection, four staff members forwarded to RQIA completed questionnaires in relation to the quality of service provision, these comments are summarised in the comments section of this report.

Feedback in relation to the inspection findings and comments made by agency staff in the four questionnaires was provided to the manager during the inspection.

It was clear from evidence seen by the inspector during the inspection that the service is person centred and individual. This was reflected within care plans examined by the inspector as well as during discussion with the manager, staff, relatives, volunteers and service users. It was clear to inspector that service users live in a comfortable and individualised environment, whilst staff and volunteers focus on enablement and helping service users to engage in activities and individually selected social outreach.

Following the section of L'Arche a number of requirements and recommendations have been made to the registered person.

Requirements made are to ensure that the finance agreement between the service user and the agency specifics the arrangements for any financial transaction undertaken on behalf for the service user by the agency.

The registered person is also required to outline and agree the arrangements for appropriate restitution to tenants of any monies owed and details of such to be sent to RQIA.

The inspector has recommended that the registered person seek updated capacity assessments from the HSC Trust and review the current banking arrangements in place for the three service users, to ensure they can easily access their monies.

The registered person should ensure that the human rights of all service users are explicitly outlined in care records.

Service user comments:

"Staff are good they help me with my life"
"Staff and volunteers are honest and support me to do what I like "
"Staff listen to me and I feel safe here"
"This is a great place I love it here"
"We have no restriction we can go where we want"
"I love all the staff and volunteers and they love me I am free here"
"My family miss me sometimes but my family here are good to me"
"I have a great life and get out a lot".

Staff/Volunteer Comments:

“Training and support is very good”
“Induction is comprehensive and includes shadowing with others and meeting the core members, sharing their interests”
“Person centred thinking and action is important to us”
“Supervision is always one to one and relevant to the role of support worker”
“We live the ethos every day and provide independence and support to members”
“Supported living offers independence, opportunity and choice”
“Person centred care is essential to me and the members”
“Supported living provides discreet and respectful support in all aspects of personal care”
“Helping to develop the necessary skills to help core members create a safe and comfortable service”
“Local community involvement and keeping people in contact with friends and family”.

Relatives Comments:

“This is the supported living of our choice”
“My ******** is so happy here and the staff are excellent”
“This is the best option for my relatives”
“Staff communicate well with me “
“We have no complaints”
“The reference person” (1) role is excellent and service users know the person as a friend as well as an advocate for them”.

The inspector has discussed outcomes and assessments of compliance for all the themes examined further on in this report.

(Ref 1) The agency’s “reference person” role relates to a services user’s individual keyworker

Detail of inspection process:

Theme 1 - Service users’ finances and property are appropriately managed and safeguarded
The agency has achieved a compliance level of “Moving towards compliance” for this theme.

The agency provided supporting evidence of documentation in place that ensures each individual service user has in place the following:

- Finance support assessment
- Finance agreement
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The above arrangements were discussed with the registered manager during the inspection. Service users are provided with a service user guide.

The documentation highlighted above shows clear evidence of specific terms and conditions in respect of service provision including the amounts and methods of payments, whilst the current statement of purpose describes the nature and range of services provided.

Records examined show arrangements are in place to apportion shared costs between the agency and the service user. This is referred to in the "Member financial agreement" under the heading of "Management overhead costs" which include the food for staff and volunteers.

There are arrangements in place to quantify the costs associated with maintaining areas within the service users' home which they do not have exclusive possession of i.e. staff/volunteers living quarters.

The manager stated that the staff have attended training on the finance support policy 7 November 2013. In house finance training was provided on the 20 October 2013.

The inspector has recommended the registered person seek updated capacity assessments from the HSC Trust and review the current banking arrangements in place for the three service users, to ensure they can easily access their monies.

Theme 2 – Responding to the needs of service users

The agency has achieved a compliance level of "Substantially Compliant" for this theme.

The agency does have in place person centred care/support plans. Reviews and risk assessments were in place up to date. The documentation includes a service agreement outlining the service philosophy and service delivery.

These documents reflect the input of the HSC Trust and the thoughts and views of the service users and their representatives.

The current care plans focus on goals and outcomes for service users and are regularly reviewed to ensure that interventions are relevant. Care plans show clear evidence that the agency appropriately responds to the assessed needs of service users. This was evident form discussion with service users, staff and relatives.

Records examined show a range of interventions used in the care and support of individuals. The manager explained the agency's commitment to human rights and how it is inherent in all its work with service users.

The agency has in place comprehensive risk assessments describing capacity and as well as measuring the ability of individuals to achieve greater independence and choice in daily living. Human rights considerations are implicit in the agency's documentation.

However one recommendation has been made in relation to this theme:

The registered person should ensure that service users' human rights are explicitly outlined in their support plans where required.

Theme 3 - Each service user has a written individual service agreement provided by the agency
The agency has achieved a compliance level of "Compliant" for this theme.

Each service user has in place an individual service agreement provided by the agency. Records examined by the inspector show clear details of the amount and type of care provided by the agency.

The agency has in place referral information provided by the HSC Trust and this information forms part of the overall assessment of need, care plan and service summary.

The service users and their representatives are aware of the number of hours care and support provided to each service user. Individual care plans state the type of care and support provided.

The manager, staff, volunteers, relatives and core members interviewed by the inspector discussed what care and support was provided to individuals daily. Following discussion it would appear that the service received is person centred.

The agency's statements 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 information accurately details the amount and type of care provided by the agency in an accessible format that is suitable for the needs of the service user.

Additional matters examined

Monthly Quality Monitoring Visits by the Registered Provider:

The inspector read a number of monthly monitoring reports. These have been completed regularly and were up to date and include action plans and follow up actions for service improvement.

Records examined show evidence of discussions with:

- Staff and service users
- Relatives

The reports include updated information on any action plans in place following RQIA visits, as well as follow up information following the annual quality review. The registered manager stated that he is in the process of further updating the report format in line with the template discussed during the recent RQIA provider's roadshow.

Charging Survey:

Prior to inspection the agency were asked to complete and return to the RQIA a charging survey, outlining the procedures and any charges incurred by service users in a supported living scheme. The returned survey shows that service users are paying for additional services that do not form part of the HSC Trusts' care assessment called a "Community Support Fee". The agency's charging survey states:" L'Arche Belfast does not charge for personal care as this is adequately covered within the domiciliary care contract with the HSC Trust.

As an intentional community which was created to provide a "Home for life" for each service user, in which each individual is fully supported to live the life of their choosing and balance. The manager stated during discussions:

“Part of the service we provide includes a robust volunteer programme, which provides eight full time volunteers that live alongside the core members, and supplement the support provided by the paid support workers.” He also stated “The charges we ask each service user to pay helps cover the costs of the volunteer programme, which both service users and their families have claimed adds great value to the service.”

It was noted by the inspector that both within individual finance agreements and the agency’s statement of purpose that the service users can opt out of this “Community support fee”.

The community support fee was discussed with the relatives interviewed and they all stated “We are aware of the fees and charges in the community” and they all felt this represents good added value and support for their relatives and cited some of the support and activities that costs cover i.e. Art and drama classes as well as comprehensive social outreach.

The manager informed the inspector that L’Arche have in place plans to review the fees structure and will be discussing this with the board soon and all service users will be informed of any changes to be made.

Two staff currently act as appointee for three individuals, however this was discussed with the inspector and it is recommended that the registered person ensures capacity assessments are in place for the three individual service users and that this is discussed and agreed with service users, their representatives and the HSC Trust.

Statement of Purpose:

The agency’s statement of purpose was examined and reflected the nature and range of services provided by the agency at the time of the inspection. The agency’s statement of purpose was reviewed in April 2014.

Annual review:

Records examined show clear evidence that annual review of service users’ needs having been completed by the relevant HSC Trusts and show evidence of attendance by the agency and representatives of the service users. The HSC Trust reviews show evidence of finance support plans being discussed and agreed.

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	6 (b)	The registered person must ensure that the transport agreement is signed by the service user/representative.	This requirement was assessed as fully met; the documentation in place was satisfactory. The inspector read the current transport policy and charging procedure.	Once	Compliant
2	14 (e)	The registered person must ensure that the option of service users having a key to their home and their individual bedroom is discussed with service users again, and their preference accommodated and recorded.	This requirement was assessed as fully met; the documentation in place was satisfactory.	Once	Compliant
3	23 (1)	The registered person must ensure that quality monitoring visits are completed by the responsible person or their representative on a monthly basis, and include the agency's response to areas of quality improvement identified by RQIA.	This requirement was assessed as fully met; the documentation in place was satisfactory. The inspector read a number of monitoring reports in place.	Once	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	2.2	It is recommended that the registered person ensures that the agency's organisational policies, procedures, and service user guide clearly show how they underpin the principles of tenants choosing who supports them.	This recommendation was assessed as fully met; the documentation in place was satisfactory.	Once	Compliant
2	2.1	It is recommended that the registered person ensures that service users are provided with information in an accessible format in relation to their human rights.	This recommendation was assessed as fully met; the documentation in place was satisfactory.	Once	Compliant
3	3.3	It is recommended that the registered person ensures that service users' human rights are explicitly outlined on their support plans.	This recommendation was assessed as fully met; the documentation in place was satisfactory.	Once	Compliant

4	3.3	It is recommended that the registered person requests the Trust keyworker to sign the agency's support plan confirming that they are in agreement with the support being provided, paying particular attention to the management of service user's finances.	This recommendation was assessed as fully met; the documentation in place was satisfactory. The HSC Trust reviews show evidence of finance support plans being discussed and agreed.	Once	Compliant

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	
L'Arche Belfast complies with most of the above statements, but we have identified some areas for improvement during our recent service expansion, and following the RQIA Roadshow in February. Each core member has an individualised service agreement and financial agreement which outline the services we provide, including those which are in addition to domiciliary care (e.g. Supporting People). However, the current agreements may not provide enough detail regarding the fees we charge, and what those fees are specifically used for, nor do they outline arrangements for shared costs or staff meals. We have recently reviewed our agreement documents, and once approved at Board level will ask core members and their representatives to read through and give feedback on the new agreements before asking them to sign up to them. Although the Trust is aware of the arrangements that are in place between ourselves and core members, this is not documented -- a Trust official (care manager) will be asked to sign off on the new agreements as well. There is a policy and procedure in place which details the type of support and record-keeping we provide when assisting core members with managing their financial affairs. L'Arche notifies core members on the behalf of Oaklee Homes Group as soon as they make us aware that there is due to be an increase in core members' rent and service charges; this practice will be extended to giving notice of changes in our own fees.	Moving towards compliance
Inspection Findings:	
The inspector discussed this theme with the registered manager and examined a number of revised documents in place. Documents in place included the service users' guide, individual care agreements, care plans and individual members finance agreement that show clear evidence of how service users manage their finances .Documents in place now show evidence of apportionment and individual percentages of shared costs with the L'Arche. Three service users have identified appointees who are part of the agency and documentation clarifying this was in place from the office of care and protection, however The registered person should ensure the agreement between the service user and the agency specifics the arrangements for any financial transaction undertaken on behalf for the service user by the agency. Staff that assist service users with shopping etc. have in place procedures for recording all transactions with two signatures and regular reconciliations of expenditure. Finance procedures are outlined within individual agreements. The agency has in place a community support fee with procedures for staff and volunteer "family Style "meals. The manager stated that individuals can opt out of the community support fees; he also stated that L'Arche staff meals are contributed to from the management overhead costs.	Substantially Compliant

Statement 2: **Arrangements for receiving and spending service users' monies on their behalf are transparent, have been authorised and the appropriate records are maintained:**	**COMPLIANCE LEVEL**
• 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; • 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; 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.	
Provider's Self-Assessment	
All new core members who have come to L'Arche within the last two years have had a needs assessment which describes their abilities and required support in the area of managing finances, which has helped to shape our own plan regarding the support provided to each core member in this area. Our recent review of our financial arrangements highlighted the need to improve our systems of recording to include dual signatures when core members' money is handled on their behalf, and to include more clear records of money received in from core members; we introduced Sage software into our office last year, in part to help address this issue. The introduction of new systems is well underway, but further work is still required at this point. Core members generally accompany staff when making purchases on their behalf, in the rare occasion when a staff member needs to purchase something for a core member when he/she is not present, there are guidelines in place for doing this in a way which respects the core member's right to choice. There are contingency arrangements in place so that core members can have access to their money when they wish at short notice. Each core member's reference person is responsible for helping them to record transactions and keep receipts on file. At present, L'Arche Belfast staff do not act as agent for any of our core members; however, a former employee acts as the nominated appointee for three of our core members. This arrangement was approved by the Office of Care and Protection in 2003, and documentation confirms this.	Moving towards compliance

Inspection Findings:	
The inspector examined a number of finance agreements in place. The documents outline the individual responsibilities of the appointees as well as staff and show clear procedures to be followed when handling service users' monies. A number of records examined by the inspector show receipts and signatures as well as regular reconciliations in line with procedures. Service users who have taken up tenancy recently have been assessed by the HSC Trust as having the capacity to take responsibility for their finances in conjunction with their family. The inspector examined the relevant documents in place. Annual reviews completed by the HSC Trust show evidence of finance arrangements within the service users' agreement and a record is kept of the name of the nominated appointee, on whose behalf they act and the date they were approved by the office of care and protection. However, the manager discussed the current arrangements for three service users and it has been recommended the register person seek updated capacity assessments from the HSC Trust and review the current banking arrangements in place, the manager state that he has started the process and has been in touch with the bank and the current appointees.	Moving Towards Compliance

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
Statement 3: **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:** • 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; 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.	**COMPLIANCE LEVEL**
Provider's Self-Assessment	
Each house has a safe place for storing core members' money; only staff members who have been Access Cleared and completed induction have access to this. At present, we do not store core members' valuables for safe keeping, as these are kept in their bedrooms (which can be locked). Individual support plans and risk assessments outline arrangements which are in place for core members who need assistance with keeping their money and belongings safe. Trust care plans reflect the support that each core member needs with managing their money and valuables, including any restrictive practices which have been recommended. Core members take as active a role as possible in managing their own affairs, and are aware of where their money is kept on-site and what they need to do to gain access to their money, and can have access to their financial records as required. A list of valuables is kept on file for each core member, which is	Substantially compliant

updated regularly; a reconciliation of personal money records is done regularly, at least once every 2 weeks with a monthly report submitted (with associated receipts) the the Finance Officer at the end of each month. Errors/deficits are quickly identified and rectified as quickly as possible.	
Inspection Findings:	
Service users have individual safe storage areas for their monies, no restrictions are in place for access. As stated by the manager, the senior member of staff on duty holds a key as per the agency's policy on safe storage of and service users' monies. Records in place show signatures and receipts in place as well as regular reconciliations and balances of income and expenditure.	Compliant

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; • 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	**COMPLIANCE LEVEL**

scheme by a service user, the agency ensures that the above legal documents are in place; • Ownership details of any vehicles used by the agency to provide transport services are clarified.	
Provider's Self-Assessment	
HSC Trust assessments are used to help determine the transport needs of each core member. Our transport scheme was updated and implemented last year, changing from a flat-rate charge to a system based on individual usage; core members are now charged on a monthly basis only for the times when they have travelled in one of our vehicles. Logs are maintained in each community vehicle to record the journeys taken -- who was in the vehicle, and how many miles travelled. Core members must sign up for the transport scheme, and can opt out by choosing other means of transport (Dart or Door-to-Door, Translink, etc.). Each core member or his/her advocate signs an agreement which outlines the terms and conditions of the scheme, which is also signed by a L'Arche representative. This agreement is supported by a policy and procedure which details arrangements for record keeping and for reviewing the scheme. At present no core member has a Motability vehicle, and we do not receive any core member's benefits on their behalf. Records are maintained of the annual running cost of our vehicles, and the per mile charge will be adjusted if it appears that the scheme brings in more money than we are paying out for running costs (thus far this has not been the case). Vehicles are serviced at least once every 6 months, and maintenance issues are dealt with promptly; vehicles are insured and must pass MOT tests. Vehicles are owned by L'Arche Belfast.	Substantially compliant

Inspection Findings:	
The inspector discussed with the manager the current arrangements in place for transport and the associated costs. As stated in the self-assessment the service users pay a charge per mile for their individual transport costs in the L'Arche vehicles this new system was introduced following the previous inspection of the 16 May 2013. The agency also state that service users can opt out of this scheme and avail of other community based transport. Records in place and discussions with service users and relatives show clear compliance with this criterion. The inspector discussed with the manager the reimbursement of costs previously incurred by service users and has was reassured by the manager that this was being dealt with and any reimbursements due would be refunded. The inspector has required that the registered person to ensure details of any reimbursements are forwarded to the RQIA.	Substantially Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Moving towards compliance

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Moving Towards Compliance

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
Statement 1: **The agency responds appropriately to the assessed needs of service users** • 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	
Each core member's needs and risks are detailed in their care/support plans, risk assessments, and person-centred descriptions, all of which have been created together with the core member, or presented to and approved by the core member and his/her representative. HSC Trust assessments are used as a starting point for our initial care/support plans, and the views of Trust representatives (care managers and social workers) are taken into account as our care/support plans are reviewed and updated. We are in the process of improving communication between the Trust and ourselves regarding care planning, and have developed good working relationships with care managers. Care/support plans contain a range of responses to core members' needs, and we encourage creative approaches to helping core members to meet their needs. We have discussed human rights as it pertains to care planning, both within our staff teams and with our core members, and all care plans now have a human rights statement which clearly states the core member's rights. This was written mainly for support workers who help with writing care plans, and needs to be created in a more accessible format for core members.	Substantially compliant
Inspection Findings:	
HSC Trust referral information informs the individual care plans and risk assessments in place. The inspector read three care plans, these clearly show that the service is person centred and are in line with the ethos of L'Arche that needs develop and change over time to reflect needs and life goals. The staff and volunteers verified this during discussions. The comprehensive person centred approach reflects on information about the likes, preferences and dislikes of each individual. The current care plans focus on goals and outcomes for	Compliant

service users and are regularly reviewed to ensure that interventions are relevant. Records in place show the involvement of the HSC Trust and service user representatives in the process. Human rights considerations are implicit in the agency's documentation. The manager stated that staff had received human rights training; the last recorded session was completed on 4 June 2013. However, it is recommended that the registered person ensures that service users' human rights are explicitly outlined within their support plan if required. Care plans show clear evidence that the agency appropriately responds to the assessed needs of service users. This was verified by service users and relatives who described to the inspector a range of service provide and activities attended. Records examined show a range of interventions used in the care and support of individuals. The person centred care and support plans are holistic and are created at the users' pace with support from support staff that are trained in the person centred approach. The agency strongly approach risk in a positive way ensuring service users can be enabled to do the things they want to, reasonably with support from the L'Arche community staff and volunteers.	
THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
Statement 2: **Agency staff have the appropriate level of knowledge and skill to respond to the needs of service users** • 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	
Staff members receive training and guidance through our in-house training and formation programme, from team leaders at weekly team meetings and regular supervision meetings, and from external training provided by ARC NI, the Belfast Trust, and other training providers. Effectiveness of this training has not been evaluated recently (last evaluation was in 2010), and there are areas where further training may be needed. Staff are aware of what constitutes restrictive practice, and are aware that no restrictive practice can be put in place unless it is approved by a Trust official, the core member's representative, and (preferably) the core member him- or herself. Alternatives to restrictive practice are sought in all instances, and at present there are few restricitive practice agreements in place; those restrictive practices which are in place are not in regular use, being implemented only when absolutely necessary. Care practices are discussed at weekly team meetings, and any significant changes in need are reported to the core member's care manager and (if appropriate) his/her family or other representative. Staff are aware of their obligations to raise concerns, and are introduced to our whistleblowing policy during induction, and at yearly Safeguarding training. A Safeguarding procedure flowchart, including important phone numbers, is on hand in each house for staff to consult as needed.	Moving towards compliance
Inspection Findings:	
The inspector examined a number of training records, staff competency assessments and evaluation records in place. The manager stated that training completed by staff and volunteers shows that they have the appropriate level of knowledge and skill to respond to the needs of service users. Records in place show that training is evaluated and discussed during supervision and appraisal with staff. Staff in their returned questionnaires rated training and good and during discussion described how flexible the agency is in responding to any training that would benefit both staff and service users in relation to any changing needs. Staff interviewed during the inspection advised the inspector that they felt they had received adequate training and induction for their roles. The inspector discussed with staff and volunteers the principles of restrictive practice. Both staff and volunteers were able to identify any practices which may be restrictive and could describe the potential human rights implications of such practices.	Compliant

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
Statement 3: **The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency** • 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	
Restrictive practices are only put in place when absolutely necessary, and then only with the approval of the Trust (main referral agent) and the core member's family; we begin the care planning process with the assumption that the support we provide should help each core member have as much control over his/her life as possible, and should encourage independnce and choice -- we follow their lead when providing support. Our Statement of Purpose has recently been updated to include reference to restrictive practices, and our Restrictive Practice policy has been appended. If restrictive practices are put into place for one core member, we ensure that these will not have a negative impact on other core members. Core members can have access to their care/support plans at any time, and are included in reviewing and updating care plans if they wish -- we have made efforts to address the fact that not everyone wants to talk about their care/support needs in a formal meeting. We are in the process of tailoring care/support planning to the specific communication style of each core member, as we find that "one-size-fits-all" accessilbe documents do not necessarily result in greater accessiblity for some of our core members.	Moving towards compliance

Inspection Findings:	
Each service user has in place a care plan, the inspector examined three of the records in place and as stated by the manager no restrictive practices are in place for these three people. The service user guide and the statement of purpose describe the nature and range of the service provided as well as service users' right to decline services if they choose to do so. Information is available to service users about independent advocacy services available to them and their representative.	Compliant
THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
Statement 4 **The registered person ensures that there are robust governance arrangements in place with regard to any restrictive care practices undertaken by agency staff.** • 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**
Provider's Self-Assessment	
Restrictive care practices are only undertaken when the need for such has been clearly identified and documented not only by L'Arche, but by the referring Trust, in conjunction with the core member's family or	Substantially compliant

advocate. If a restricitve practice is deemed necessary, we would advocate on the core member's behalf that this be used only as a last resort, and that it would be as least restrictive as possible. Current care practices are in accordance with current regulations and guidelines. Restrictive care practices are discussed as required at weekly team meetings, and at Trust reviews; if no longer deemed necessary by our staff team, we would recommend that a restrictive pracitce be discontinued, but would only discontinue a practice once agreement with the Trust and family/advocate has been sought. At present, L'Arche Belfast does not engage in physical restraint; if we were to do so this would be properly recorded in accordance with DHSSPS Guidance (2005) and reported to RQIA and the referring Trust as required. Restrictive practices have not formed part of the registered person's monthly monitoring, in part due to the fact that we had not had any restrictive practices in place until quite recently, when we opened our second house.	
Inspection Findings:	
The manager stated that agency does operate a least restrictive environment for each service user in line with training and assessment of need. The manager stated that no restrictive practices are currently in place for service users. During discussions with staff, service users, relatives and volunteers they were able to discuss their understanding of restrictive practice and how it may affect the lives of the core members.	Compliant

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**
	Substantially Compliant

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
Statement 1 **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** • Service users/representatives can describe the amount and type of care provided by the agency • Staff have an understanding of the amount and type of care provided to service users • The agency's policy on assessment and care planning and the statement of purpose/service user guide describe how individual service user agreements are devised. • The agency's service user agreement is consistent with the care commissioned by the HSC Trust. The agency's care plan accurately details the amount and type of care provided by the agency in an accessible format.	**COMPLIANCE LEVEL**
Provider's Self-Assessment	
Core members and their representatives are aware of the amount and type of care/support we provide. Staff members understand the difference between domiciliary care and housing-related support, and understand the extra "community support" that is provided by L'Arche. However, care and support is provided holisticially, and staff do not "count hours" when providing care and support -- they respond to core members' needs as and when they present themselves, and operate with a certain amount of flexibility so that these needs can be best met. For example, if a core member needs someone to accompany them to a dental appointment, rotas will be shifted so that an assistant can be made available to provide one-to-one support for him/her. Service user agreements are consistent with the care commissioned by the referring HSC Trust, however, our assessment and care planning policy should include more detail as to how service user agreements are devised -- this will be addressed as we review our financial and service user agreement procedures this year. Agreements have not yet been presented in a way that is accessible to all core members, but a plan is in place to make this information more accessible, in a format which is suitable for each core member's individual communication needs.	Moving towards compliance

Inspection Findings:	
Records examined by the inspector show clear details of the amount and type of care provided by the agency this is person centred and flexible to meet the needs and wishes of service users. Staff and volunteers stated that care and support is individual and discussed what activities core members are involved in. A breakdown of care and support hours is included in the records available for inspection these are individual to each service user depending on assessed care and support needs. The agency has in place referral information provided by the HSC Trust and this information forms part of the overall assessment of need and care plan. The service users and their representatives are aware of the number of hours care and support that is available to them; this was verified by service users and relatives during discussions. The manager, staff, relatives and service users interviewed by the inspector were able to describe what care and support was provided to individuals daily. The agency's policy on assessment and care planning and their 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 plans accurately detail the amount and type of care provided by the agency in an accessible format that is suitable to the needs of the service user.	Compliant

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
Statement 2 **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.** • 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	**COMPLIANCE LEVEL**

from their income will not impact upon their rights as a tenant.	
Provider's Self-Assessment	
Service users and/or their representatives have a good understanding of the care which is funded by the HSC Trust, as they meet with care managers at least once a year (more often in a core member's first year) for a comprehensive review. In the past year, we have tried to provide greater clarity around the extra community-based support which each core member pays for from his/her own income. However, during the process of welcoming new core members to our new house, and from information presented at RQIA's roadshow in February, it became clear that we need to provide greater detail about what this money pays for. Service user agreements also need to be updated to include information about how to decline community-based support if they no longer wish to pay for this. Service users and representatives are already aware that all care and support we provide is independent of their tenancy, and that they can remain tenants of Oaklee/L'Arche even if they receive no care and support from us.	Moving towards compli
Inspection Findings:	
Each service user has in place a support agreement that states the type and amount of care to be provided and what costs are being paid by the HSC Trust and the NIHE supporting people scheme. As stated in the agency's self-assessment, service users do not make contributions from their personal income towards their care. These documents show clear evidence that the costs and service provided have been discussed with service users and their representatives. The documentation in place was signed off by the service users' representatives and agreed by the HSC Trust staff. The manager described the additional costs incurred by service users who pay a community support fee and this forms part of agreed finance agreements but can be opted out of by service users. Service users/representatives could demonstrate an understanding of the community support fee which they pay for from their income as this arrangement has been agreed by the service users' representatives and the HSC Trust.	Compliant

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
Statement 3 **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.** • 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**
Provider's Self-Assessment	
To date, Trust reviews have not included formal reviews of our own service agreements and care/support plans, although Trust reviews have generally touched on most or all relevant areas of our care/support plans. As stated above we are in the process of improving our communication with the Trust, and reviews henceforth will include not only a review of Trust care plans, but also of our own care plans, with service agreements being discussed at least annually. We have had a positive response from care managers regarding this, and are working together to provide greater clarity for all parties concerned -- the Trust, L'Arche, and the core members and their families. We are always invited to participate in Trust reviews, and often asked to fill in pre-review forms. At least one person from L'Arche, usually the registered manager and/or the core member's reference person, attend each Trust review along with the core member and his/her representative. Trust reviews can be arranged as required, and current care managers have been very repsonsive to our requests for reviews. We have struggled to have regular reviews for one core member, who appeared to have "fallen between the cracks" in care management for a while, but this has been rectified in the last year, and the core member now has a care manager who holds annual reviews for her.	Moving towards compliance

Inspection Findings:	
Prior to inspection the agency were asked to forward to the RQIA details of service users annual reviews. The information received and the records examined by the inspector shows clear evidence that all annual reviews have taken place and the records were in place. The following documents were also reviewed and signed off by the appointees and agreed by the HSC Trust. • Finance agreement • Statement Of purpose During discussion with staff they confirmed that reviews can be convened as and when required, dependent upon the service users' needs and preferences. It was clear from records and discussion with the manager that the agency staff are in regular contact with the HSC Trust and that changing needs and risks are discussed on an on-going basis.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Moving towards complian

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

Any other areas examined

Complaints

The agency has had eight complaints during the last year, this was verified by returns sent to RQIA and examination of records held on site. Discussion with the manager and records show that all complaints were resolved satisfactorily.

Quality Improvement Plan

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

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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

The Regulation and Quality Improvement Authority

Quality Improvement Plan

Announced Primary Inspection

L'Arche

24 April 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 Mr Scott Shively the registered manager both 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.

STATUTORY REQUIREMENTS

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

NO.	REGULATION REFERENCE	REQUIREMENTS	NUMBER OF TIMES STATED	DETAILS OF ACTION TAKEN BY REGISTERED PERSON(S)	TIMESCALE
1	15.(6) (d)	The registered person should ensure the agreement between the service user and the agency specifics the arrangements for any financial transaction undertaken on behalf for the service user by the agency.	Once	Financial agreements will be updated to include arrangements for financial transactions undertaken on service users' behalf by L'Arche. Once approved by Board, new agreements will be presented to service users & their advocates	Two months from the inspection date. 24 June 2014
2	15(9)	The registered person is required to outline and agree the arrangements for appropriate restitution and details of such to be sent to RQIA.	Once	Arrangements will be made as required to provide restitution to service users who were over-charged for their use of our transport scheme. Details of actions taken will be provided to RQIA.	Two months from the inspection date. 24 June 2014

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	Standard 1.1	The registered person should ensure that the human rights of all service users are explicitly outlined in care records.	Once	Care plans will be revised to include not only a comprehensive human rights statement, but also details on how each aspect of care provided corresponds to specific articles of Human Rights conventions	3 Months from the inspection date. 24 July 2014The registered
2	Standard 3.2	The registered person should ensure that the person centred assessment of need includes capacity assessments in relation to money management of individuals. This recommendation related to the three service users who have appointees within the agency.	Once	The registered manager will contact service users' care managers to request copies of any capacity assessments completed, or to request assessments to be completed if not already in place.	3 Months from the inspection date. 24 July 2014The registered

The registered provider / manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

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

SIGNED: Michael F. Sheil

NAME: MICHAEL SHEIL [INTERIM REGISTERED PERSON]
Registered Provider

DATE 9th July 2014

SIGNED:

NAME: SCOTT SHIVELY
Registered Manager

DATE 9th JULY 2014

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Jim McBride	18.7.2014
Further information requested from provider			