

## **PRIMARY INSPECTION**

<b>Name of Agency:</b>	<b>Spelga Mews</b>
<b>Agency ID No:</b>	<b>10881</b>
<b>Date of Inspection:</b>	<b>7 October 2014</b>
<b>Inspector's Name:</b>	<b>Audrey Murphy</b>
<b>Inspection No:</b>	<b>20107</b>

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

<b>Name of agency:</b>	Spelga Mews
<b>Address:</b>	6 Old Hospital Road Banbridge BT32 3GN
<b>Telephone Number:</b>	028 40669070
<b>E mail Address:</b>	louise.mcconville@foldgroup.co.uk
<b>Registered Organisation / Registered Provider:</b>	Fold Housing Association Mrs Fiona McAnespie
<b>Registered Manager:</b>	Miss Louise McConville
<b>Person in Charge of the agency at the time of inspection:</b>	Miss Louise McConville
<b>Number of service users:</b>	12
<b>Date and type of previous inspection:</b>	3 December 2013, Primary announced inspection
<b>Date and time of inspection:</b>	7 October 2014 09:30 – 17:00
<b>Name of inspector:</b>	Audrey Murphy

## 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	5
Relatives	2
Other Professionals	2

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.

The manager advised the inspector that all of the questionnaires had been distributed to all of the agency staff and provided evidence of this.

Issued To	Number issued	Number returned
Staff	20	6

### 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 requirement and five recommendations made following the previous inspection was assessed. The agency has not demonstrated compliance with the regulation stated in the previous quality improvement plan and this has been restated.

The agency has fully met the minimum standards with regard to four of the previously stated recommendations. While some progress has been noted in compliance with the other recommendation, the areas for quality improvement still necessary are outlined within a requirement in the quality improvement plan.

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

Spelga Mews is a supported living type domiciliary care agency owned and operated as part of the Fold Housing Association. Fold is a not-for-profit voluntary housing association. Located at 6 Old Hospital Road, Banbridge, the agency provides care and support for 12 service users.

The agency receives funding from the Northern Ireland Housing Executive's Supporting People programme for the housing support provided to all of the service users. The agency also provides a housing support service to 12 other individuals who reside on site.

Under the direction of registered manager Louise Mc Conville, 21 staff provide a range of services that include personal care, social support and domestic assistance, where the service users are encouraged to maintain links with their local community. Staffing comprises four senior support workers and support staff. The agency also employs domestic and catering staff. Service users have access to kitchen facilities and are encouraged to prepare light snacks, suppers and breakfast. Care staff are available to service users 24 hours per day.

The service users are older people who are frail elderly and a diagnosis of dementia. The inspector was advised by agency management that the Southern Health and Social Care Trust commission the majority of their services. Service users' needs are reviewed by the HSC Trust and the agency aims to maintain the service users' in their own homes for as long as possible. The registered manager advised the inspector of an instance when additional Trust resources had been put in place to support service users to remain in their own home.

Following the previous inspection, a meeting was held with the responsible person at RQIA offices on 20 December 2013 to discuss the use of a 'guest room' within the scheme. It was apparent to RQIA that this provision within the scheme had been used to provide temporary accommodation to prospective and other service users; at the meeting RQIA were assured that the room would no longer be used for this purpose.

During this inspection the registered manager confirmed that the room was no longer in use and that there were plans in place to convert the room into office accommodation.

## Summary of inspection

The announced inspection was undertaken on 7 October 2014, 09:30 – 17:00 at the agency's registered premises, 6 Old Hospital Road, Banbridge. Prior to the inspection visit the inspector made contact with the relatives of two service users and with a HSC Trust professional involved with one of the service users. During the inspection the inspector met with five agency staff and greeted three service users. One service user invited the inspector to view their private accommodation which was noted to be very personalised.

The feedback received from the relatives of two service users was very positive and reflected confidence in the ability of agency staff to meet the needs of the service users. A relative commented on the range of activities available to their relative and to the high level of interaction between staff and service users that they observe when visiting. The safe environment and good communication between staff were also discussed by service users' relatives, one of whom reported that "Spelga Mews is an excellent place with lovely staff".

A HSC Trust professional who contributed to the inspection reported monthly contact with the service and good communication between agency staff and the Trust. The professional also highlighted the range of choices available to service user and the promotion of service users' independence.

The inspector met with five agency staff during the inspection and received a questionnaire from six staff prior to the inspection visit. Feedback from staff was very positive and those who participated in the inspection all confirmed that they had received their mandatory training and felt that all of the service users have appropriate care and support plans in place to meet their needs. Staff who met with the inspector highlighted the person centred and individualised service provided to the people who live at Spelga Mews; staff also described their role in ensuring that service users' rights are upheld. Staff spoke positively about the training they had received in 'Dementia Awareness' and reported that there are effective communication systems in place to ensure continuity and consistency of service provision. The staff who participated in the inspection also confirmed their awareness of the agency's whistleblowing policy.

#### **Detail of inspection process:**

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

A number of service users require support from agency staff to manage their finances and the agency maintains policies and procedures for the safeguarding of service users' monies and valuables. Agency staff have received training in this area and a range of enhanced measures have been put in place following an investigation into some missing money in 2013. Agency staff maintain detailed financial records and each service user has in place a financial support plan which specifies the specific support required.

The agency has been assessed as 'Compliant' with this theme.

- **Theme 2 – Responding to the needs of service users**

Agency staff have received training in all of the mandatory and other related areas and provided positive feedback to the inspector regarding this. Agency staff undertake a range of care practices in the homes of service users, some of which are restrictive. It was evident that agency staff report to the HSC on a regular basis any changes in the needs or circumstances of service users.

There was one requirement made with regard to this theme. The registered person must ensure that staff respond appropriately to service users who wish to leave their home independently.

The agency has been assessed as 'Substantially Compliant' with this theme.



- **Theme 3 - Each service user has a written individual service agreement provided by the agency**

Service users do not have an individual service agreement outlining their allocation of care / support hours from agency staff; the registered manager reported that these are being developed.

Agency staff and service users' relatives reported flexibility in the provision of care and support and it was evident that service users' choices and preferences were considered. The review of the service users' care needs by the HSC Trust was explored during the inspection and there were a number of areas which RQIA will address with the Trust in relation to this.

The agency has been assessed as 'Not Compliant' with this theme.

### **Additional matters examined**

#### **Monthly Quality Monitoring Visits by the Registered Provider**

The records of the monthly quality monitoring visits undertaken on behalf of the registered person were examined. The reports reflected the visits that had been undertaken by a Fold senior manager and the visits had been monthly on an announced and unannounced basis.

A selection of the reports was examined (July 2014, May 2014, March 2014, and February 2014) and these contained a summary of comments made by service users, their representatives and by agency staff.

The reports however did not reflect the views of any HSC Trust professionals involved and it was recommended that the monitoring activity includes obtaining and recording the views of professionals aligned to the service.

The reports included commentary on medication records, financial records, restrictive practices activities, recruitment, use of agency staff, the examination of agency staff profiles, staff supervision, appraisals, staff training, the staff register, incident reports, quality improvement plan, complaints and the environment. The inspector was encouraged to note a range of improvements that had been made to the agency's quality monitoring following inspection outcomes from other regulated Fold services.

The reports included an evaluation of the action plan from previous visits with progress noted and timescales allocated to each action.

#### **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 arrangement for charging service users.

The agency's charging survey was discussed and the agency currently provides a domiciliary care service to 12 service users.

The financial capacity of service users was discussed and the registered manager advised that the HSC Trust have undertaken needs assessments in relation to service users' finances.

Agency staff do not act as appointee for service users, however, the agency acts as an agent for ten service users and two service users were reported to be completely independent with their finances.

The registered manager confirmed that service users do not pay for or contribute towards their care or support. The service users' 'License to Occupy' document sets out the fees applicable to each service user and includes the heating charges. Optional costs include meals and domestic services which some service users were reported to be purchasing from the agency.

### **Staffing arrangements**

The agency's staffing arrangements were discussed and the registered manager advised of a number of contingency plans in place including the use of staff from other domiciliary care agencies. The inspector discussed and examined the agency's procedures for ensuring the fitness of these staff and was satisfied that the arrangements in place were appropriate.

### **CCTV**

The use of CCTV within the scheme was discussed and it was evident that there are nine cameras in use at the time of the inspection with a monitor located within the office. With the exception of one camera, these were all trained on exterior areas including the car parks and communal garden areas of the scheme. The registered manager advised that these had been installed for security purposes.

One camera was noted within the lobby area of the scheme and from discussion with the registered manager it wasn't clear what the purpose of the camera was. The inspector discussed with the registered manager the potential for this to be an intrusion into the privacy of service users and their guests.

The inspector requested the agency's policy on the use of CCTV however a policy wasn't available. The registered person is required to develop a policy for the use of CCTV and to ensure that this takes into account the need to promote service users' privacy.

### **Care Reviews**

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 (ECCPU)1/2010 "Care management, provision of services and charging guidance").

The returned questionnaire was discussed during with the registered manager during the inspection who confirmed that all of the service users had had a review of their needs during their relevant period.

This area is further explored within Theme 3.

## **Statement of purpose**

The agency's Statement of Purpose was examined and had been reviewed in September 2014; the document appropriately reflects the range and nature of services provided by the agency.

## 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.	15 (2) (b) and (c)	<p>The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure that a written plan ("the service user plan") is prepared which shall—</p> <p>(b) specify the service user's needs in respect of which prescribed services are to be provided;</p> <p>(c) specify how those needs are to be met by the provision of prescribed services.</p> <p>This requirement refers to the specification of care and support hours available to each individual service user.</p>	<p>The registered manager advised the inspector of the 'block funding' arrangement between the HSC Trust and Fold. The individual allocation for a service user's care needs from the HSC Trust is £275.07.</p> <p>The service users' needs assessments and care plans were discussed and several were examined. There was evidence of a range of needs being met by agency staff.</p> <p>The care records however did not specify the care and support hours available to each of the service users. This requirement has been restated.</p>	One	Not Met

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1.	4.2	<p>It is recommended that the registered person reviews organisational policies, procedures, processes, documents and model of service provision, including the room allocated on a temporary basis to ensure that:</p> <ul style="list-style-type: none"> <li>• they apply the rights and responsibilities of tenancy;</li> <li>• they support the principles of service users being able to choose who they share their accommodation with, and the related consultation processes;</li> <li>• they support the separate provision of care and accommodation;</li> <li>• they support the right to exclusive possession of the home and the right to exclude others including staff.</li> <li>• they support the principles of service users being able to choose who provides their care and support, and how support is provided; and</li> <li>• they support the right to remain in the accommodation if care needs change.</li> </ul>	<p>The agency's Residents Handbook and the Licence to Occupy were examined.</p> <p>The Residents' Handbook contained information on shared facilities and the service users' rights to use shared areas and to have private accommodation.</p> <p>The handbook also sets out the service users' right to exclusive possession of their home and the arrangements for service users to have keys. Service users are also advised that they can choose their care provider.</p> <p>Within the handbook there is a 'When your care needs change' section which outlines the service users right to security of tenure – 'you can remain in your accommodation for as long as you feel your needs are being met there.'</p>	Two	Fully Met

2.	4.2	It is recommended that the registered person ensures that service users, representatives, staff and commissioners of services, are informed of the nature of services provided and all associated rights and responsibilities.	This recommendation refers to the assessment room which the inspector was advised is no longer in use.	Two	Fully Met
3.	4.2	It is recommended that the "Residents' Charter" of Rights" describes the process of consultation with existing service users regarding sharing accommodation.	<p>The agency's charter of rights was examined and had been reviewed to include the right to be informed of any allocation activity.</p> <p>The registered manager described the arrangements that had been put in place when the most recent service user took up their tenancy in recent weeks.</p>	One	Fully Met
4.	3.3	It is recommended that the registered person reviews the nature of service provision in a locked environment for those receiving service in their own home.	The inspector was advised that the agency has undertaken a review of the arrangements for those service users who require a more secure environment. A finger print recognition system had been installed in the weeks prior to the inspection and the inspector was advised of the plans in place to ensure that those service users who had been assessed as independent, would be able to avail of the new system. The inspector was advised that at the time of the inspection, none of the service users could leave their home independently.	Two	Partially Met

			This recommendation, while partially met, has been incorporated into a requirement which states that the registered person must ensure that staff respond appropriately to service users who wish to leave their home independently.		
5.	1.1	It is recommended that the registered person ensures that the human rights of all service users are explicitly outlined in care records.	<p>The inspector was advised that agency staff were due to undertake formal training in human rights.</p> <p>The agency's care records contained a copy of the agency's 'Charter of Rights' which references the right to privacy and dignity, to be consulted in relation to the 'locked door environment' at Spelga Mews.</p>	One	Fully Met

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

### Statement 1:

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

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

### COMPLIANCE LEVEL



Provider's Self-Assessment	
<p>Each Tenant in Spelga Mews has a Tenancy Agreement detailing terms and conditions of the service delivered and all associated costs . Charges on the Tenancy agreement are accomodation charges. Tenants do not pay for domicialliry care and no charges are levied for extra or additional care. Method of payment is detailed within each individuals Agreement. Each Tenants financial arrangements are detailed within their person centred Care Plan. All Tenants are notified by Fold in writing in advance of any increase in charges. Copies of these letters are held within Tenants individual file. A signed agreement is held within Tenants individual files evidencing consent for staff to purchase sundry items on their residents behalf. Receipts of all purchases are maintained on file .The Tenancy Agreement provides clear guidance that accomodation is not shared and use of shared space is a personal choice of Tenants. Offices and other communal areas to which individual tenants do not have exclusive possession are included in payment of Housing Benefit by NIHE. There is a cost associated when staff choose to order food from the kitchen in Spelga Mews. Staff pay for their own meals or are brought in from home. Staff meals are taken in a dedicated staff room seperate to Tenant accomodation. Staff are issued with a receipt on purchase.</p>	Compliant

Inspection Findings:	
<p>Individual licence to occupy agreements outline the charges applicable to each service user including care, support, rent and heating. The inspector was advised that all of the service users' care costs are met by the HSC Trust and that support costs are paid in full by the NIHE's Supporting People Programme.</p> <p>Service users can choose to purchase meals or domestic services from the agency and where appropriate, these charges were outlined within individual agreements. Service users were noted to be paying by direct debit however there are other options for service users to pay including by electronic swipe card.</p> <p>Where agency staff keep money on behalf of a service user, the service user and, where appropriate, their relative, has signed an agreement to this effect. HSC Trust needs assessments also outline these needs.</p> <p>The registered manager advised the inspector that staff can purchase a meal from the agency's catering department; agency staff have access to a staff room and, when appropriate and by invitation eat meals with service users.</p> <p>Several service users' financial assessments were examined and reflected a range of needs and interventions from agency staff to support service users.</p> <p>Pre-allocation assessments were examined and these had been completed in advance of the service user taking up their tenancy; HSC Trust initial care plans were also in place for the most recent service users. The licence to occupy sets out the arrangements for service user to be notified at least four weeks in advance of any changes to the charges.</p>	Compliant

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

### Statement 2:

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

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

### COMPLIANCE LEVEL

<ul style="list-style-type: none"> <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>	
<b>Provider's Self-Assessment</b>	
<p>Tenants have access to their money at all times There are no restrictions placed on Tenants being able to access their money. All financial expenditure is clearly documented,witnessed and signed by two staff members. All transactions of monies- incoming and outgoing are evidenced by means of receipts. Monies are counted and checked on a daily basis at each changeover of shift, this is carried out by two staff. Receipts are maintained on site. A monthly reconciliation of all cash held for tenants is in place. Pre allocation assessments carried out by the RM detail the prospective Tenants capabilities in managing aspects of their finances and current arrangements in place to provide this support..The HSC Trust issues Care Plans preallocation detailing the level of support required to individual Tenants in respect of finances. Current arrangements for Appointee or relative to manage Tenants finances is discussed at Annual reviews. At present there are no arrangements or identified needs for staff to act as Agent/Appointee for any Tenant in Spelga Mews. There are signed consent forms held within each Tenant file to give consent for staff to hold monies and to assist Tenants to manage personal sundry purchases.</p>	Compliant

Inspection Findings:	
<p>Service users' financial assessments outline their needs in relation to financial assistance and support. Payments made by service users to Fold are not processed or administered by agency staff however records of these are maintained within the individual service users' financial records.</p> <p>The inspector was advised that agency staff act as agent on behalf of ten service users, and do not act as appointee for any service user.</p> <p>The arrangements for storing services money within the agency safe were examined. It was evident that daily reconciliations were being completed and that senior staff were signing records to confirm this.</p> <p>The inspector was advised of an incident in 2013 in which some service users' money went missing from the agency's office; the outcome of the PSNI and HSC Trust investigation was discussed and it was evident that the agency's policies and procedures had been reviewed in light of the incident.</p> <p>In particular, access to the agency's safe is restricted to senior staff only and enhanced arrangements for handling keys and auditing of records and safe contents by senior management have been introduced. Service users' finances training has been provided by the registered manager to the senior support staff; the registered manager had a plan in place to roll this training out to the support staff and advised the inspector that the training is aligned to the agency's safeguarding procedures.</p> <p>The agency's 'Safeguarding Resident's Personal Monies and Valuable Items' policy was examined and had been reviewed 25/02/14. The policy outlines the arrangements for storing and safeguarding personal monies including reconciliations and a safe register. There was also a system in place for relatives to have a receipt for money lodged and for all incoming and outgoing money double signed and checked by senior staff.</p> <p>It was evident that monthly quality monitoring visits included audits of service users' finances.</p>	Compliant.

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<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>A locked safe is in position within Spelga Mews. All cash money, valuables etc are held securely within. Access to the keys for the safe are restricted to the RM and Senior staff only. A Register is in place which details clearly the names of staff whom have access to the safe. The safe key is held securely within a locked compartment which only the RM and Senior staff have access to the combination code. Due to a previous incident which was reportable to RQIA in 2013 involving a Police investigation Spelga Mews reviewed internal procedures with regards to Temporary staff having access to the Safe and Tenant monies, in consultation with families/ NOK. As a Safeguard, measures were implemented which restrict Temporary staff being able to Access Tenant monies. A Safe Register is in place and contents are checked on a regular basis and witnessed and signed by two staff. Tenants and their families have access to their individual finance documentation and records upon request. There are currently no restrictions in place and residents have full access to their money at all times. A monthly reconciliation and audit of all monies and financial</p>	Compliant

<p>records is carried out and signed by the RM and a Senior staff. In addition to this Tenant finances are audited on a monthly basis by the Care Service Manager. This audits occurs on an unannounced basis. In addition to the locked safe Tenants have the option of using a locked drawer within their own dwelling to store any items of personal value. Residents are issued with keys on allocation which they have exclusive Access to.</p>	
<p><b>Inspection Findings:</b></p>	
<p>The inspector was advised that service users have the option to store money within their own bedrooms in addition to within the agency safe. The inspector was advised that none of the service users experience any restrictions in their access to their funds. Service users' finances are discussed with service users and their families at the pre-allocation stage.</p> <p>Access to the agency's safe is restricted to senior staff only and enhanced arrangements for handling keys and auditing of records and safe contents by senior management have been introduced.</p> <p>The agency's 'Safeguarding Resident's Personal Monies and Valuable Items' policy was examined and had been reviewed 25/02/14.</p> <p>The policy outlines the arrangements for storing and safeguarding personal monies including reconciliations and a safe register. There was also a system in place for relatives to have a receipt for money lodged and for all incoming and outgoing money double signed and checked by senior staff.</p>	<p>Compliant</p>

**THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED****Statement 4:****COMPLIANCE LEVEL****Arrangements for providing transport to service users are transparent and agreed in writing with the service user/their representative:**

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



<p>scheme by a service user, the agency ensures that the above legal documents are in place;</p> <ul style="list-style-type: none"> <li>Ownership details of any vehicles used by the agency to provide transport services are clarified.</li> </ul>	
<b>Provider's Self-Assessment</b>	
<p>Tenants have full access to all options of public transport and are supported to use these facilities if and when required. In most instances Tenants more commonly use transport services such as bus and taxi on social outings or transport to medical/ health appointments. All transactions made in respect of using these facilities are documented clearly within Tenants individual finance records. Receipts of all expenditure are detailed and signed by two staff. In instances where a group of Tenants share for example a taxi, the full cost is fairly and equitably shared amongst the group and detailed within each individuals personal records with a receipt attached. Tenants are provided with a range of information in regards to options of transport i.e taxi firm contact numbers, bus timetables etc. Individual support plans detail the level of assistance required for each Tenant in respect of Transport.</p>	Compliant
<b>Inspection Findings:</b>	
<p>As outlined with the agency's self-assessment, the agency does not provide a transport service to service user.</p>	Compliant

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

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p><b>Statement 1:</b></p> <p><b>The agency responds appropriately to the assessed needs of service users</b></p> <ul style="list-style-type: none"> <li>• The agency maintains a clear statement of the service users' current needs and risks.</li> <li>• Needs and risk assessments reflect the input of the HSC Trust and contain the views of service users and their representatives.</li> <li>• Agency staff record on a regular basis their outcome of the service provided to the individual</li> <li>• Service users' care plans reflect a range of interventions to be used in relation to the assessed needs of service users</li> <li>• Service users' care plans have been prepared in conjunction with the service user and their HSC Trust representative(s) and reflect appropriate consideration of human rights.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>Each Tenant has in place a person centred care plan which identifies current level of need and associated risks. A preallocation Assessment is carried out by the RM which details care/ support needs and risk factors to consider. Alongside this Assessment the HSC Trust also provide Spelga Mews with a comprehensive Assessment of Need. Both preallocation Assessments form the basis for implementing a person centred care plan tailored to meet individuals Care and Support Needs. These Care Plans are reviewed on admission and after a 6-8 week period to ensure the Tenants needs are being met and all interventions are appropriate and necessary . Care Plans are reviewed at Review meetings in consultation with the Tenant, family/NOK, and HSC Trust representative. Tenants and relatives are made aware of scheduled review meetings in advance. Human Rights considerations form an important part of the discussion during Tenants individual Review Meetings.</p>	Compliant

Inspection Findings:	
<p>A selection of service users' care records were examined during the inspection and contained clear statements of the service users' current needs and risks. The records also contained information that had been obtained prior to the service user moving to their address (pre allocation). The views and participation of the service users and the representatives were evident within the care records which had been written in a person centred manner. There was evidence of initial care plans being provided by the HSC Trust in relation to the most recent service users and of ongoing liaison with the Trust. Agency staff record the outcomes of their interventions on a regular basis.</p>	Compliant

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<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>The Association complies with Section 75 and training/ guidance provided in respect of POVA, Safeguarding, DOLS, Ethical use of Assistive Technology and care planning is underpinned by the guiding principles of HRA, a copy of which is available for reference within the office in Spelga Mews. The Association are currently arranging Human Rights training for all care staff.</p> <p>VA procedures are in place, known to staff and would be followed in the event of any concerns arising. Policy guidance sets out the steps to be taken to report abuse or safeguarding concerns. The staff who work with the Tenants are sensitive to their needs and would be alert and prompt to pass on any concerns/ changes in needs. Thorough handover reports take place at the beginning and end of every shift.</p> <p>Regular staff supervision provides opportunity for discussion of any concerns/ changes to Tenant needs. The Manager operates an 'open door' policy so as staff can promptly discuss concerns. All staff are aware of the Association's whistle blowing policy.</p>	Compliant

Inspection Findings:	
<p>The agency's staff training records were examined and the inspector and reflected uptake in all of the mandatory areas. The inspector was advised of forthcoming human rights training in November 2014 and of plans to provide updates in fire safety and challenging behaviour training.</p> <p>In addition to mandatory training, agency staff have received training in the areas of diabetes, dementia, management development and senior staff attend have training in performance management which includes aspects of supervision and appraisal.</p> <p>The registered manager advised that she has provided some guidance to agency staff in relation to 'deprivation of liberty'.</p> <p>The agency's 'Induction, Supervision, Development and Competency Assessment' policy (June 2013) was examined and reflected the frequency of supervision for senior and support staff.</p> <p>The registered manager advised the inspector of a revised supervision pro forma for senior staff which includes a section on areas of concern, care planning, key worker responsibilities, medication responsibilities, staffing (supervision / appraisal records up to date), training, development, further training needed, team performance, areas for discussion, policies and procedures, risk assessment awareness. A competence assessment in relation to deputising for the registered manager was also included.</p> <p>The agency implements a system for key policies to be signed off by all staff.</p> <p>Agency staff had identified a number of restrictive practices being implemented in the homes of service users including a locked front door to the scheme and the use of bed sensors.</p> <p>A fingerprint recognition system was noted to have been installed in the weeks prior to the inspection and the inspector was advised that prior to this, a swipe card system was in operation.</p> <p>The finger print recognition system had been discussed with relatives at a relatives' meeting and the inspector was advised of plans to ensure that families avail of this to promote their access to their relative. The inspector was advised that the finger print recognition system had been introduced for service users who would have the ability to independently access and leave their home. The inspector was advised however, that at the time of the inspection, there were no service users who could independently leave the scheme safely.</p>	Compliant

The registered manager reported a reduction in the use of bed sensors for service users; At the time of the inspection there were six service users using bed sensors and depending on the individual needs of services users these can be adjusted. It was evident from discussion with staff and examination of the care records that the use of sensors was evaluated and reviewed with service users' views taken into account. It was also evident that these practices had been considered to be the least restrictive and promoted the safety of service users.

Agency staff who participated in the inspection confirmed their awareness of the agency's whistleblowing policy. Staff who met with the inspector advised that they wouldn't hesitate to raise any concerns they had with the manager or with the senior manager who undertakes quality monitoring on a monthly basis. Staff also confirmed their understanding of the human rights implications of the scheme's front door being locked and advised that they would support any service user to exit the scheme if they expressed or indicated a wish to.

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<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>Care practices are agreed with residents and their representatives, as they wish, are documented to care plans and are not provided in ways so as to adversely impact on human rights. Tenants have complete choice as to the level and type of care they receive, have the right to refuse any care intervention at any time and to have that choice respected. The Association seeks at all times and for all those availing of services provided by The Association within accommodation specifically designed and commissioned to be safe and secure environments, to balance the need for least restrictive practices with protecting those with some vulnerability and where multi disciplinary assessment, individual choices of accommodation/ service provision and family input identify a need for a safe and secure environment. Reviews with HSC Trust personnel/ residents and their representatives include discussion on the continued suitability of service provision to individual needs and choices, including, if relevant, any practice that could be considered restrictive.</p>	Compliant

Inspection Findings:	
<p>It was evident from the agency's care records that service users and their representatives were made aware of any care practices that would impact on the service user's control, choice and independence within their own home. The agency's statement of purpose identifies the restrictive practices that were evident during the inspection and outlines a commitment to ensuring that service users are involved in decision making and that these practices are at all times the least restrictive.</p>	Compliant



THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<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>
<b>Provider's Self-Assessment</b>	
<p>Fold have a policy in place with regards to practices which are of a restrictive nature. Practices which could be deemed as restrictive are assessed, risk assessed and reviewed on a regular basis with the multi disciplinary team to ensure tenants Human Rights are not infringed upon and any action taken is deemed to be in their best interest. Restraint or seclusion is not carried out within Spelga Mews, there have been no occasions to date where either practices have been used or the requirement to report to RQIA. As part of Folds monthly monitoring visits the use of Restraint/ Restrictive Practices are reviewed by the Care Services Manager. Policies have been introduced in respect of DOLS and ethical use of Assistive Technology which sit alongside the Assessment and Care Planning process.</p>	Compliant

Inspection Findings:	
<p>A range of care records were examined and contained information that had been obtained by agency staff 'pre-allocation', i.e. prior to the service user taking up their tenancy. It was evident from the care records that agency staff had been reporting to the HSC Trust changes in the service users' needs.</p> <p>The registered manager advised the inspector that none of the service users could independently leave their home due to risks in relation to confusion and disorientation. The arrangements for ensuring that staff would be available to accompany or support service users to leave their home were discussed and the care records referenced. While the care records contained evidence of risks associated with service users leaving their home independently, there was no evidence within the care plans of the steps to be taken by staff in the event of a service user indicating or expressing a wish to leave their home. The registered person must ensure that staff respond appropriately to service users who wish to leave their home independently.</p> <p>The circumstances of one service user were discussed in detail as it was apparent that while the HSC Trust care plan indicated a range of risks associated with confusion and disorientation, the necessity for the service user to experience a deprivation of liberty was not clear. Following this inspection, the inspector discussed this service user's circumstances with colleagues from RQIA's Mental Health and Learning Disability Team.</p> <p>As outlined within the agency's self-assessment, the agency's monthly quality monitoring records make references to the locked environment at Spelga Mews and to the use of bed monitors. The registered manager confirmed that agency staff do not practice restraint.</p>	Substantially compliant

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

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p><b>Statement 1</b></p> <p><b>Evidence inspected confirms that service users/representatives have written information and/or had explained to them the amount and type of care provided by the agency</b></p> <ul style="list-style-type: none"> <li>• Service users/representatives can describe the amount and type of care provided by the agency</li> <li>• Staff have an understanding of the amount and type of care provided to service users</li> <li>• The agency's policy on assessment and care planning and the statement of purpose/service user guide describe how individual service user agreements are devised.</li> <li>• The agency's service user agreement is consistent with the care commissioned by the HSC Trust. The agency's care plan accurately details the amount and type of care provided by the agency in an accessible format.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>Those considering accommodation and services at Spelga Mews, pre-allocation, are invited to view the scheme with their representatives and discuss the nature and range of services provided. Each tenant has a tenancy agreement and handbook which clearly outlines the care/ support provided within Spelga Mews. A service user agreement sits alongside the Tenancy Agreement- this document has recently been introduced by Fold and is being rolled out for any new Allocations and being discussed at Review Meetings for current Tenants. Fold liaise with the HSC Trust and Supporting People to identify the care and support hours they are contracted to provide. The domiciliary care provisions at Spelga Mews is block funded and each tenant therefore has equally funded care hours. Fold have in place policies and procedures in relation to Assessment of Needs and Care Planning. All Care Plans use a person centred approach and are tailored to meet individual assessed needs. Fold have an agreed contract for 24 hour delivery of care to all Tenants within Spelga Mews. Residents choice is respected. Their views are listened to and valued. The care records on site would highlight that residents are central to service provision. The Registered Manager and Support Staff can discuss the principles of residents being in control of how care is provided and are able to discuss/ demonstrate how this works in practice.</p>	Moving towards compliance

Inspection Findings:	
<p>The service users' relatives who participated in the inspection described the range of services available to their relative and reported high levels of satisfaction with the quality of care provided. Staff who met with the inspector described how they ensure that each service user receives the care and support they require in a manner that respects their choices and preferences. Staff also reported how they can respond flexibly to the changing needs or wishes of service users.</p> <p>The allocation of care / support hours to individual service users could not be evidenced within the agency's documentation and a requirement regarding this has been restated from the previous inspection of December 2013.</p> <p>The inspector was advised that copies of care and support plans are not shared with service users however these are read out to service users. Each service user was noted to have a 'How I like to be care for' section of their care plan.</p>	Not compliant

<b>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</b>	
<b>Statement 2</b>  <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> <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>Prior to taking up Tenancy at Spelga Mews during the preallocation assessment Tenants and NOK are advised of the nature of service provision provided within Spelga Mews. Costs of provision of care are discussed with tenants and NOK and are outlined within individuals individual Tenancy agreements. Block funded hours are set out in the Tenancy Handbook which outline that no additional hours are charged for/ paid by Tenants from their own income. Tenants and NOK are advised of their freedom of choice and their right to decline/ opt out of any additional services/ charges. In the event of this occurring details would be clearly documented within the Tenants individual care plan. In the event of a tenant/ NOK declining any additional/ optional services or charges would in no way affect or impact the rights of the Tenant.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The service users' licence to occupy documentation clearly outlines the care funded by the HSC Trust; service users do not pay for their care or purchase any additional care or support from the agency.</p>	Compliant

<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>All Tenants in Spelga Mews have an Annual Care review carried out in consultation with the HSC Trust representative, Tenant and NOK. Records are maintained in individual Tenant files to evidence staff involvement and Tenant involvement in the review process. As detailed within person centred care plans a review meeting can be arranged/ convened where required should there be a change to Tenants care needs. All Annual care reviews are signed where possible by the attending NOK, Scheme Manager and HSC Trust representative and are maintained within the individuals personal file.</p>	Compliant

Inspection Findings:	
<p>The agency's HSC Trust reviews were discussed with the registered manager who reported that all service users have had a review of their needs undertaken by the HSC Trust and that agency staff had participated in these reviews. It was evident that agency staff were updating service users' care records following reviews.</p> <p>The review records were examined and it was noted that not all of the HSC Trust review reports had been forwarded to the agency. The quality of the reviews undertaken by the HSC Trust was discussed as it wasn't evident whether deprivation of liberty and other matters had been fully reviewed by the Trust during the review. It was also concerning to note that the agency had been supplied with HSC Trust documentation that referred to nursing / residential care. RQIA will liaise with the HSC Trust in relation to these matters.</p>	Substantially compliant

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

**Any other areas examined****Complaints**

The agency's complaints records were discussed with the registered manager. The agency had received three complaints in 2013 – one of which referred to the quality of meal provision, one in relation to the environment and one relating to the laundry provision. The records of these were examined and contained a summary of their investigation, outcome and resolution. Three complaints have been received in 2014 and had been resolved locally and to the satisfaction of the complainants.



## **Quality improvement plan**

The details of the Quality Improvement Plan appended to this report were discussed with Louise McConville, 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:

**Audrey Murphy**  
**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**

**Spelga Mews**

**7 October 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 Miss Louise McConville, registered manager during the inspection visit.

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

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

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

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

**Statutory Requirements**

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

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	14 (e)	<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>(e) in a manner which respects the privacy, dignity and wishes of service users, and the confidentiality of information relating to them;</p> <p>This requirement refers to the use of CCTV within the scheme. The registered person must develop a policy on the use of CCTV which takes into account the service users' privacy.</p>	One	<p>Policy statement specific to registered schemes will be in place alongside The Association's data protection policy by date required.</p> <p>Specific reference to tenant privacy/ use of CCTV to monitor main entrance doors is added to individual care plans.</p>	Three months from the date of inspection – 30 December 2014
2.	15 (2) (b) (c)	<p>The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure that a written plan ("the service user plan") is prepared which shall—</p> <p>(b) specify the service user's needs in respect of which prescribed services are to be provided;</p> <p>(c) specify how those needs are to be met by the provision of prescribed services.</p>	Two	<p>Noted and Actioned.</p> <p>Completion will be achieved by 30/12/14.</p>	Three months from the date of inspection – 30 December 2014

		This requirement refers to the specification of care and support hours available to each individual service user.			
3.	14 (c)	<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>This requirement refers to ensuring that staff respond appropriately to service users who wish to leave their home independently.</p>	One	Noted and actioned. Individual care plans are further reviewed in respect of locked door environment/ deprivation of liberty considerations and will be complete by 30/12/14.	Three months from the date of inspection – 30 December 2014

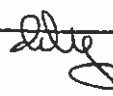
**Recommendations**

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

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	8.11	<p>The registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis. This report summarises any views of service users and/or their carers/representatives ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p> <p>This recommendation refers to the inclusion of the views of professionals aligned to the service within the monthly quality monitoring reports.</p>	One	Noted and Actioned.	Immediate and ongoing

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>	Louise McConville
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Fiona McAnespie

<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	Yes		02/12/14
Further information requested from provider			