



The Regulation and
Quality Improvement
Authority

Announced Primary Care Inspection

Name of Agency:	Knockeden
RQIA Number:	10882
Date of Inspection:	26 March 2015
Inspector's Name:	Michele Kelly
Inspection ID:	17895

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

1.0 General Information

Name of Agency:	Knockeden
Address:	Edenderry Gardens Gilford Road Portadown BT63 5EA
Telephone Number:	02838394050
Email Address:	christina.drainey@foldgroup.co.uk
Registered Organisation / Registered Provider:	Fold Housing Association
Registered Manager:	Christina Drainey
Person in Charge of the Agency at the Time of Inspection:	Christina Drainey
Number of Service Users:	16
Date and Type of Previous Inspection:	29 August 2014 Announced Primary Care Inspection
Date and Time of Inspection:	26 March 2015 9.30 – 16.00
Name of Inspector:	Michele Kelly

2.0 Introduction

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

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

3.0 Purpose of the Inspection

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

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

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

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

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

4.0 Methods/Process

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

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

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

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

- File audit
- Evaluation and feedback

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

5.0 Consultation Process

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

Service Users	4
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.

Issued To	Number issued	Number returned
Staff	25	23

6.0 Inspection Focus

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

The following three quality themes were assessed at this inspection:

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

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

The agency's progress towards full compliance with the four requirements and six recommendations made following the previous inspection were assessed and evidence was provided to demonstrate all matters showed compliance.

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

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

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

7.0 Profile of Service

Knockeden is a purpose built facility owned and operated as part of the Fold Housing Association. It is comprised of four self contained bungalows, with supporting accommodation including a sitting room, therapy rooms, offices, laundry and kitchen. The shared spaces and link corridors are very spacious, bright and airy.

Under the direction of the manager, Christina Draine, 28 care workers provide personal care and support to 16 adult service users with a moderate to severe learning disability. Knockeden staff aim to 'give tenants the opportunity to enhance their quality of life, to provide a secure home for life with person centred support services, and to enable opportunities for personal development and growth via active participation in both community life and the provision of therapeutic activities'.

Care services are commissioned by the Southern HSC Trust.

8.0 Summary of Inspection

The announced inspection was undertaken on 26 March 2015, 09:30 – 16:00, at the agency's registered premises Edenderry Gardens, Gilford Road, Portadown.

During the inspection visit the inspector made contact with the relatives of two service users and with two HSC trust professional involved with service users. The inspector also met with five agency staff and four service users.

8.1 Service Users' Comments

The inspector met with four service users during the inspection. One service user described the type and standard of care and support they receive from agency staff.

Some service users invited the inspector to view their private accommodation which was noted to be personalised and comfortable

8.2 Relatives' Comments

The inspector met with two relatives on the inspection day who spoke very positively about the care and support within Knockeden.

Comments:

- "This place has been an absolute godsend."
- "I am very happy with the way finances are managed."
- "Christina is great."

8.3 Staff Comments

During the inspection five agency staff met with the inspector and in advance of the inspection, twenty three staff returned to RQIA a completed questionnaire. Agency staff were knowledgeable in relation to the principles of supported living and discussed how important good communication and an understanding of individual needs were in ensuring good quality

care. Staff who returned a questionnaire indicated that they had received training in safeguarding vulnerable adults and in the supported living model of care.

Written feedback from staff in relation to their understanding of the key principles of the model of supported living included:

- “To maintain and promote each service user independence while supporting assisting and encouraging.”
- “We assure that we respect the choice of each tenant in terms of what they want on a daily basis.”

8.4 Professionals’ Comments

Two professionals met with the inspector and confirmed their satisfaction with the quality of communication with agency staff and their contentment with the care and support service users receive.

Comments:

- “There is good communication with professionals; I am notified early if there is an issue.”
- “Service users are always fresh and neatly dressed.”
- “Management are very responsive.”

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; the agency maintains policies and procedures for the safeguarding of service users’ monies and valuables. Agency staff have received training in this area and staff maintain detailed financial records. Each service user has in place a financial support plan which specifies the specific support required. Currently the registered manager is appointee for fourteen service users and appropriate documentation is in place.

There is one recommendation made and this refers to the need to include the removal and return times of the individual service users’ bank cards from the agency safe as well as staff signatures.

The agency has been assessed as ‘Substantially 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 and have been agreed with the multidisciplinary team. It was evident that agency staff report to the HSC Trust on a regular basis any changes in the needs or circumstances of service users. Restrictive practices within the agency are also outlined within the statement of purpose.

The agency has been assessed as “Compliant” with this theme.

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

The service users’ needs and care/support arrangements are reviewed at least annually by the HSC trust and review records maintained by the agency reflect the views of service users and or their representatives. Professionals who contributed to the inspection described the service provision as flexible and responsive to their needs. Service users have been issued with an individual service agreement which outlines their entitlement to care and support from the agency.

The range of support and care plans examined by the inspector was consistent with care commissioned by the HSC trust. Care and support plans were completed in a person centred manner, individualised and reflected the needs and preferences of the service user.

The agency has been assessed as “Compliant” with this theme.

8.5 Additional Matters Examined

8.5.1 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 monitoring reports had been compiled by the care services manager. These had been completed regularly and included views from service users, representatives and professionals involved with the agency.

8.5.2 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 16 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 act as appointee for 14 service users and documentation to verify this was available.

The registered manager confirmed that service users do not pay for or contribute towards their care or support. The service users’ agreement sets out the fees applicable to each service user and includes the heating and rates charges. Optional costs include meals and activities charges which service users’ representatives had agreed to.

8.5.3 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 information returned to RQIA stated that all service users have had a review of their needs and care plan during this time period by a member of the HSC trust.

9.0 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	14 (b) & (d)	The registered person must clarify who pays the utility costs associated with the running of the agency's office. Service user's income must be used solely for their benefit and not to pay the office's utility costs.	Written confirmation from Fold verifies that services users do not pay for utility costs associated with the running of the agency's office.	Once	Fully met
2	15 (2)	The registered person must ensure that the service user's agreement specifies the number of support hours available to service user's individually.	Service users' agreements specify that each service user is entitled to 48 hours weekly for care and 21 hours for housing support.	Once	Fully met
3	15 (5) (a)	The registered person must ensure that the views of service users' family/representatives are documented with regards to the use of the central kitchen for the main meal provision and the communal grocery arrangement, and service users be given the option of purchasing groceries independently, and having their meals prepared in their own home.	The views of relatives have been identified and documented and they are in total agreement regarding using the central kitchen for the main meal preparation by the cook and the communal grocery arrangements. Snacks and breakfasts are prepared in service users own kitchens.	Once	Fully met

4	14 (a-f)	The registered person must ensure that a working definition of 'restrictive practice' specific to service users with learning disability is developed and implemented.	A policy document, "Restrictive practices and use of restraint in care services schemes" outlines a working definition of restrictive practice.		Fully met
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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 requests that the HSC trust representative signs the transport agreement between the service user's representative and the agency.	Transport agreements have been signed by the HSC trust representative.	Two	Fully met
2	2.2	It is recommended that the registered person ensures that the tenant's handbook states that service users/representatives are able to choose who they share their accommodation with and will be consulted when a vacancy occurs.	The tenants' handbook has been amended to include information that services users and their representatives are consulted about who they share their accommodation with.	Two	Fully met
3	3.3	It is recommended that the registered person ensures that support plans are signed by the service user's family/representative	Support plans had been signed by the care manager involved and or family representative.	One	Fully met
4	1.1	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.	A "Talking Book" is being developed by the speech and language therapist to assist service users' understanding of Human Rights. The book was available on the day of inspection.	One	Fully met

5	1.1	It is recommended that staff receive specific training on human rights. Service users' human rights should be explicitly outlined on their support plan.	It is evident from support plans and reviews that service users human rights are considered when planning care. The registered manager confirmed that staff had attended Human rights training on June 2014 and March 2015.	One	Fully met
6	14.10	It is recommended that the registered person ensures that all staff receive training on the protection of children and vulnerable adults every two years.	All staff have received training every two years on the protection of children and vulnerable adults. Most recently on 24 March 2015.	One	Fully met

10.0 Inspection Findings

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

<p>Provider's Self-Assessment</p>	
<p>Each Tenant within Knock Eden has a Tenancy agreement detailing terms and conditions of service delivered and all associated costs. Method of payment is detailed within the agreement. Tenants income is used solely for their benefit and is not used for the purpose of the organisation. Staff are responsible for their own meals and no cost is proportioned to the tenant A consent form is in place permitting a staff member a spend of £5.00 should they be supporting a tenant on a meal out Each tenants financial arrangements are detailed within their Care plan. Fold has a financial policy in place. As per tenant agreement all Tenants are notified by Fold 30 days in advance of any increase in charges. These letters are held within the individuals personal finance file. All tenants are supported to create a homelike environment personal to the individual. .</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>Individual tenancy 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 from the agency and where appropriate, these charges were outlined within individual agreements. 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 and cook advised the inspector that staff can purchase a meal from the agency's catering department. The registered manager confirmed that most staff provide their own food whilst on duty.</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>Compliant</p>

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

<p>as nominated appointee;</p> <ul style="list-style-type: none"> • If a member of staff acts as an agent, a record is kept of the name of the member of staff, the date they acted in this capacity and the service user on whose behalf they act as agent; • If the agency operates a bank account on behalf of a service user, written authorisation from the service user/their representative/The Office of Care and Protection is in place to open and operate the bank account, • Where there is evidence of a service user becoming incapable of managing their finances and property, the registered person reports the matter in writing to the local or referring Trust, without delay; <p>If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the agency on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user’s agreement.</p>	
<p>Provider’s Self-Assessment</p>	
<p>On discharge from long stay hospital all tenants due to their cognitive impairment were deemed to be not capable of managing their finances and had no understanding of personal finances or need for same. Following consultation with family members, the Resettlement Officer from Longstone hospital and Manager of Knock Eden, the scheme manager was made appointee of 14 tenants finances under the auspices of the Office of Care & Protection. A certificate from the Office of C&P is held within each tenants financial file. All financial expenditure is clearly documented to the individual. All monies received into the individuals bank account is transparent through Bank statements. All cash transations are receipted , witnessed and signed for by two staff members. Tenants have access to money at all times a cash limit is held for each tenant and replenished as is necessary. A weekly reconciliation of all cash held for tenants is in place. A daily check is carried out on the pocket money cash box at each changeover of shift . Current arrangements for appointee or family member to manage tenants finances is duly noted at annual reviews.The person acting as Appointee or family member acting on behalf of the tenant is documented within the individuals care plan..</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>As stated in the self-assessment the registered manager is appointee for fourteen of the sixteen tenants in Knockeden. Authorisations for these arrangements are available in service user files. Service users’ financial assessments outline their needs in relation to financial assistance and support.</p> <p>The agency’s ‘Safeguarding Resident’s Personal Monies and Valuable Items’ policy was examined and had</p>	<p>Compliant</p>

<p>been reviewed 25/02/14. The policy outlines the arrangements for storing and safeguarding personal monies including reconciliations and a safe register. In addition there is a specific policy for Knockeden "Policy for the management of tenants' personal finance at Knockeden" which details procedures to be followed. The inspector viewed reconciliation statements and receipts for cash boxes. Daily reconciliations and checks are made by two staff. A weekly check of all cash held within the agency is also made by two staff.</p>	
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THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<p>Statement 3:</p> <p>Where a safe place is provided within the agency premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained:</p> <ul style="list-style-type: none"> • Where the agency provides an appropriate place for the storage of money and valuables deposited for safekeeping, robust controls exist around the persons who have access to the safe place; • Where money or valuables are deposited by service users with the agency for safekeeping and returned, a record is signed and dated by the service user/their representative, and the member of staff receiving or returning the possessions; • Where a service user has assessed needs in respect of the safety and security of their property, there are individualised arrangements in place to safeguard the service user's property; • Service users are aware of the arrangements for the safe storage of these items and have access to their individual financial records; • Where service users experience restrictions in access to their money or valuables, this is reflected in the service user's HSC trust needs/risk assessment and care plan; <p>A reconciliation of the money and valuables held for safekeeping by the agency is carried out at regular intervals, but least quarterly. Errors or deficits are handled in accordance with the agency's SVA procedures.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p> <p>A locked safe is in position within the scheme all cash money, any valuables , passports, and bank cards are held securely within. Scheme manager and Administrative assistant are the only persons who have access to the key to the safe. A safe register is in place and contents are checked weekly and witnessed and signed for by two staff. A risk assessment is in place in relation to all individual tenants and is held within the care/support plan. NOK are aware of how tenants finances are managed and documented they can have access to their relatives finance file upon request this is discussed at annual reviews and family and carers meetings in order to demonstrate transparency and minimise any concerns they might have. The tenants have access to their money at all times A limited amount of cash is made available . All withdrawals of cash</p>	Compliant

<p>or use of the tenants bank card are clearly documented within their individual Finance file. As previously stated a reconciliation of money and valuables held on behalf of the tenants within the safe is carried out weekly and audited by Fold. To date we have had no deficits to report.</p>	
<p>Inspection Findings:</p>	
<p>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 reviews.</p> <p>The arrangements for storing service users' 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. In particular, access to the agency's safe is restricted to senior staff only. Currently this includes the registered manager and administrative assistant.</p> <p>The inspector advised the registered manager that when bank cards are being removed from the safe for withdrawals on behalf of service users the times of removal and return should be documented in addition to the staff signatures.</p> <p>A recommendation is made in relation to this matter.</p>	<p>Substantially compliant</p>

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<p>Statement 4:</p> <p>Arrangements for providing transport to service users are transparent and agreed in writing with the service user/their representative:</p> <ul style="list-style-type: none"> • The needs and resources of the individual service user are considered in conjunction with the HSC trust assessment; • The charges for transport provision for an individual service user are based on individual usage and are not based on a flat-rate charge; • Service users have the opportunity to opt out of the transport scheme and the arrangements for opting out are detailed within the agency's policies and procedures; • Written agreement between the service user and the agency is in place, detailing the terms and conditions of the transport scheme. The agreement includes the charges to be applied and the method and frequency of payments. The agreement is signed by the service user/ their representative/HSC trust where relevant and a representative of the service; • Written policies and procedures are in place detailing the terms and conditions of the scheme and the records to be kept; • Records are maintained of any agreements between individual service users in relation to the shared use of an individual's Motability vehicle; • Where relevant, records are maintained of the amounts of benefits received on behalf of the service user (including the mobility element of Disability Living Allowance); • Records detail the amount charged to the service user for individual use of the vehicle(s) and the remaining amount of Social Security benefits forwarded to the service user or their representative; • Records are maintained of each journey undertaken by/on behalf of the service user. The record includes: the name of the person making the journey; the miles travelled; and the amount to be charged to the service user for each journey, including any amount in respect of staff supervision charges; • Where relevant, records are maintained of the annual running costs of any vehicle(s) used for the transport scheme; 	<p>COMPLIANCE LEVEL</p>

<ul style="list-style-type: none"> The agency ensures that the vehicle(s) used for providing transport to service users, including private (staff) vehicles, meet the relevant legal requirements regarding insurance and road worthiness. Where the agency facilitates service users to have access to a vehicle leased on the Motability scheme by a service user, the agency ensures that the above legal documents are in place; Ownership details of any vehicles used by the agency to provide transport services are clarified. 	
Provider's Self-Assessment	
<p>All transport arrangements in place are discussed and reviewed at annual Care reviews with the HSC trust. Mileage is charged per journey and is individual to the person using the Car/ minibus. Signed consents are in place for all transport and are signed by the tenants NOK/ appointee and HSC trust Care Manager. Tenants have the choice of opting out of any Transport arrangement if they so wish. Policy and Procedures are in place specific to Knock Eden. Tenants bank statements evidence, direct debit payment by others who have access/ share the vehicle to the individual who has fortified their personal DLA mobility component. Records are in place of all journeys undertaken by the named tenant and tenants are charged mileage per individual journey. All relevant documentation in relation to the leasing of a vehicle under the Motability scheme are in place. All maintenance, insurance and taxing of cars is covered within the Motability scheme. Tenants who require a wheelchair accessible vehicle purchased a Minibus which is owned by them . The cost of maintaining, taxing, and insurance are shared among the users of the vehicle, consents are in place</p>	Compliant
Inspection Findings:	
<p>The statements made within the self-assessment were discussed with the registered manager. Arrangements in place verify that two individuals forfeit DLA mobility payments to have a vehicle. Other tenants who may use the vehicles contribute mileage costs incurred by them to the individuals who have been allocated cars. Some tenants have purchased a wheelchair accessible vehicle and all costs associated with this are shared. Consents from relatives for all transport arrangements were in place and HSC trust staff have also signed these agreements.</p>	Compliant

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

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

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 1:</p> <p>The agency responds appropriately to the assessed needs of service users</p> <ul style="list-style-type: none"> • The agency maintains a clear statement of the service users’ current needs and risks. • Needs and risk assessments reflect the input of the HSC trust and contain the views of service users and their representatives. • Agency staff record on a regular basis their outcome of the service provided to the individual • Service users’ care plans reflect a range of interventions to be used in relation to the assessed needs of service users • Service users’ care plans have been prepared in conjunction with the service user and their HSC trust representative(s) and reflect appropriate consideration of human rights. 	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>Each tenant has in place an individualised care plan with identifies needs and risks. Prior to taking up tenancy an assessment of need and associated risks is carried out and is reviewed again on entering the scheme. In recent yeras the HSCTrust also provide a Comprehesive assessment which accompanies any new tenant. A daily evaluation is carried out of all tasks undertaken / completed by staff or tenant on all shifts throughout the day on Epic. Tenants care plans are reviewed regularly to ensure all needs are being met and any interventions necessary. Tenants due to presenting with learning disability have a limited understanding of their care plans. Care plans are reviewed at care reviews mindful of the tenant's human rights in consultation with their NOK, HSC trust Care Manager and tenant wherepossible and signed accordingly.</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 and demonstrate consideration of human rights. Agency staff record the outcomes of their interventions on a regular basis and there was evidence of monthly key worker summaries.</p>	Compliant

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 2:</p> <p>Agency staff have the appropriate level of knowledge and skill to respond to the needs of service users</p> <ul style="list-style-type: none"> • Agency staff have received training and on-going guidance in the implementation of care practices • The effectiveness of training and guidance on the implementation of specific interventions is evaluated. • Agency staff can identify any practices which are restrictive and can describe the potential human rights implications of such practices. • The agency maintains policy and procedural guidance for staff in responding to the needs of service users • The agency evaluates the impact of care practices and reports to the relevant parties any significant changes in the service user’s needs. • Agency staff are aware of their obligations in relation to raising concerns about poor practice 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p> <p>On commencement of employment within the scheme staff undergo a two week period of induction during which they are advised of care practices and afforded the opportunity to read the tenants care plans which gives clear direction as to how the tenant likes to be cared for. Fold has in place a mandatory training programme which provides staff with ongoing guidance and knowledge in their delivery of care / support to the tenants. Training specific to the needs of our tenants is also made available. Staff are aware of DOLS and the use of any restrictive practice is identified within the tenants care plan and explained as to the reasons why. Any restrictive practice is regularly evaluated in consideration of DOLS care / support plans which are regularly evaluated and reviewed. Should any change be identified the appropriate professionals are contacted and a care review arranged if necessary. Fold have a POVA Policy and a whistle blowing policy in place. POVA training is available to all staff and staff are aware of the whistle blowing policy.</p>	Compliant

Inspection Findings:	
<p>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 other senior Fold staff. Staff also confirmed their understanding of the human rights implications of restrictive practices.</p>	<p>Compliant</p>

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 3:</p> <p>The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency</p> <ul style="list-style-type: none"> • Service users and their relatives and potential referral agents are advised of any care practices that are restrictive or impact on the service users’ control, choice and independence in their own home. • The agency’s Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions • Service users are advised of their right to decline aspects of their care provision. Service users who lack capacity to consent to care practices have this documented within their care records. • Service users are provided with a copy of their care plan (in a format that is appropriate to their needs and level of understanding) and receive information in relation to potential sources of (external) support to discuss their needs and care plan. • The impact of restrictive practices on those service users who do not require any such restrictions. 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p> <p>Any restrictive practice required to be put in place is discussed and agreed with the relevant professionals and NOK before implementation. The Statement of Purpose has been amended to reflect the nature of service provided, inclusive of individuals need for any restrictive practice intervention Knock Eden is recognised as a Supported living Scheme for individuals who present with learning disability. To date no tenant has the capacity to consent, however this is reflected within their care plan. All care plans are discussed and reviewed with NOK and HSC trust Care Manager. However, tenants through means of non-verbal communication can exercise their right to choice. A simplified version of their care plan for the tenants understanding exists alongside their documented Care Plan. Consideration of other tenants will be paramount in the event of any restrictive practice being implemented in order that the human rights of the individual concerned and those they live with, are not infringed upon.</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 or 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 measure.</p>	Compliant

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 4</p> <p>The registered person ensures that there are robust governance arrangements in place with regard to any restrictive care practices undertaken by agency staff.</p> <ul style="list-style-type: none"> • Care practices which are restrictive are undertaken only when there are clearly identified and documented risks and needs. • Care practices which are restrictive can be justified, are proportionate and are the least restrictive measure to secure the safety or welfare of the service user. • Care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance. • The agency evaluates the impact of restrictive care practices and reports to the relevant parties any significant changes in the service user’s needs. • The agency maintains records of each occasion restraint is used and can demonstrate that this was the only way of securing the welfare of the service user (s) and was used as a last resort. • Restraint records are completed in accordance with DHSSPS (2005) Human Rights Working Group on Restraint and Seclusion: Guidance on Restraint and Seclusion in Health and Personal Social Services. • The agency forwards to RQIA and other relevant agencies notification of each occasion restraint is used • The registered person monitors the implementation of care practices which are restrictive in nature and includes their on-going assessment of these practices within the monthly quality monitoring report 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p> <p>To date any restrictive practice such as the need for specialised seating, or a type of night clothing have all been assessed, risk assessed and regularly reviewed with the associated professionals within a multidisciplinary forum mindful of DOLS interim guidance thereby ensuring that the tenants human rights are not infringed upon and that any action taken is deemed to be in their best interest. Restraint or seclusion is</p>	Compliant

<p>not carried out within Knock Eden and to date there has been no requirement for same or need to report to RQIA . As part of Folds monthly monitoring visits the use of restraint is constantly reviewed by our CSM.</p>	
<p>Inspection Findings:</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 their physical and or learning disability. The arrangements for ensuring that staff would be available to accompany or support service users to leave their home were discussed and it was evident that staff plan events holidays and activities with the service users and their representatives and ensure choice and independence are promoted when it has been assessed as safe to do so.</p> <p>The registered manager discussed the specific restrictions in place for services users and the inspector was satisfied that these were justified and proportionate. They included the use of asymmetric chairs and for one service user, a special suit to wear as night attire for protection. Care records confirm that these measures are reviewed by the multidisciplinary team.</p>	<p>Compliant</p>

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

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

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p>Statement 1</p> <p>Evidence inspected confirms that service users/representatives have written information and/or had explained to them the amount and type of care provided by the agency</p> <ul style="list-style-type: none"> • Service users/representatives can describe the amount and type of care provided by the agency • Staff have an understanding of the amount and type of care provided to service users • The agency’s policy on assessment and care planning and the statement of purpose/service user guide describe how individual service user agreements are devised. • The agency’s service user agreement is consistent with the care commissioned by the HSC trust. The agency’s care plan accurately details the amount and type of care provided by the agency in an accessible format. 	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>Each Tenant has a Tenancy Agreement and Handbook which clearly outlines the care /support provided within Knock Eden. Fold have a contact with the HSC trust and Supported Living which identifies the care and support hours they are contracted to provide. Fold have in place a Policy and Procedure in relation to assessment of need and care planning. This is outlined within the Statement of Purpose and the Tenants Handbook which are subject to regular evaluation and review. All care / support plans are specific to individual assessed needs. A picture format of the care plan for the understanding of our tenants is held within the written care / support plan. As previously stated Fold have an agreed contract for 24 hour care delivered to all tenants within Knock Eden.</p>	Compliant
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. Each service user has 48 hours of care weekly and 21 hours of housing support. Fold staff are on duty night and day.</p>	Compliant

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p>Statement 2</p> <p>Evidence inspected confirms that service users/representatives understand the amounts and method of payment of fees for services they receive as detailed in their individual service agreement.</p> <ul style="list-style-type: none"> • Service users/representatives can demonstrate an understanding of the care they receive which is funded by the HSC trust • Service users/representatives can demonstrate an understanding of the care which they pay for from their income. • Service users/representatives have an understanding of how many hours they are paying for from their income, what services they are entitled to and the hourly rate. • Service users/representatives have an understanding of how to terminate any additional hours they are paying for from their income • Service users/representatives have been informed that cancellation of additional hours they are paying for from their income will not impact upon their rights as a tenant. 	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>All tenants and NOK are advised of the 24 hour care provided within Knock Eden before taking up tenancy. The cost of provision of care is discussed and tenants and their next of kin advised of any optional extra charges. All charges are clearly documented with the tenants individual care plan. Any additional costs specific to the tenant can clearly be identified within their finance file. NOK are aware that they can decline any optional extra charges, if they so wish, on the tenants behalf. In the event of same this would be clearly documented within the tenants care plan. In declining any additional optional charge in no way affects the rights of the tenant.</p>	Compliant
Inspection Findings:	
<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. It was noted that service users can opt in to activities organised by the agency involving arts and crafts and pay charges accordingly. Service users also pay for personal</p>	Compliant

<p>sundry items to enhance skin care if there are continence issues. If staff accompany service users on holiday service users pay for staff costs and additional hours. Consent forms for these payments had been signed by family representatives and a family member who spoke with the inspector was in full agreement with the costs incurred on a holiday which service users and staff embarked on.</p>	
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THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p>Statement 3</p> <p>Evidence inspected confirms that service users' service agreements, care plans are reviewed at least annually confirming that service users/representatives are in agreement with the care provided and the payment of any fees.</p> <ul style="list-style-type: none"> • Service users/representatives confirm that their service agreement, care plans are reviewed at least annually by the commissioning HSC trust, and confirm that they are in agreement with the care provided and the payment of any fees. • Records and discussion with staff confirm that the agency contributes to the HSC trust annual review. • Records and discussion with staff confirm that reviews can be convened as and when required, dependent upon the service user's needs and preferences. • Records confirm that service users' service agreements, care plans are updated following reviews. Authorisation from the HSC trust and consent from the service user/representative is documented in relation to any changes to the care plan or change to the fees paid by the service user. 	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p> <p>All tenants have an annual Care review carried out in consultation with the HSC trust Care manager and the tenants next of kin care and support plans are subject to a minimum quarterly review. Records are in place to evidence staff and tenant involvement within the review process. As documented within the care plans a care review can be arranged as and when necessary as need arises. All additional charges are discussed and reviewed and agreed during Annual Care reviews. All annual care reviews are signed, where possible by the attending NOK, Scheme Manager and the HSC trust Care Manager and are held within the individuals care plan.</p>	Compliant
<p>Inspection Findings:</p> <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>	Compliant

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

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

11.0 Any Other Areas Examined

11.1 Complaints

The inspector viewed the complaints log and noted three complaints had been fully investigated and complainants were fully satisfied.

11.2

Statement of Purpose

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

12.0 Quality Improvement Plan

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

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan

Announced Primary Care Inspection

Knockeden

26 March 2015

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

The specific actions set out in the Quality Improvement Plan were discussed with Christina Draine during and after the inspection visit.

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

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

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

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

Recommendations:					
These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number of Times Stated	Details of Action Taken by Registered Person(S)	Timescale
1	8.15	It is recommended that staff record the times of removal and return of service users' bank cards from the agency safe.	One	Actioned with immediate effect, 26/3/15	One month from the date of inspection 23 April 201.

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

NAME OF REGISTERED MANAGER COMPLETING QIP	Mrs Christina Drainey
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Fiona McAnespie

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Michele Kelly	23/4/15
Further information requested from provider			