



The **Regulation** and  
**Quality Improvement**  
Authority

## **PRIMARY INSPECTION**

**Name of Agency:** Triangle Housing Association (Knocklayde House)  
**Agency ID No:** 10900  
**Date of Inspection:** 7 October 2014  
**Inspector's Name:** Rhonda Simms  
**Inspection No:** 020503

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

<b>Name of agency:</b>	Triangle Housing Association
<b>Address:</b>	Knocklayde House 2 Kilns Road Ballycastle BT54 6QQ
<b>Telephone Number:</b>	02820763566
<b>E mail Address:</b>	colette.sheppard@trianglehousing.org.uk
<b>Registered Organisation / Registered Provider:</b>	Marie Colette Sheppard
<b>Registered Manager:</b>	Christopher Alexander
<b>Person in Charge of the agency at the time of inspection:</b>	Marguerite McToal (service manager)
<b>Number of service users:</b>	8
<b>Date and type of previous inspection:</b>	Primary Announced Inspection 27 August 2013
<b>Date and time of inspection:</b>	Primary Announced Inspection 7 October 2014 9.25am – 5.00pm
<b>Name of inspector:</b>	Rhonda Simms

## 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	3
Other Professionals	1

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	10	9

### 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 one requirement and one recommendation following the primary inspection of 27 August 2013 was assessed. The agency achieved compliance with one requirement and one recommendation.

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

Triangle Housing Association at Knocklayde House, Ballycastle, is a supported living type domiciliary care agency providing services in shared accommodation for up to 10 service users with a learning disability and/or complex needs. Under the direction of the registered manager, Colette Sheppard, and service manager, Marguerite McToal, 11 staff provide services on a 24 hour basis. Services can include assistance with daily living / life skills, involvement in the local community, and maintaining a tenancy, with the overall goal of promoting independence and maximising quality of life. Service users are supported with all aspects of social and housing needs and are encouraged to achieve their optimum level of independence.

## Summary of inspection

The announced inspection took place at the agency's registered office, Knocklayde House, Ballycastle, on 7 October 2014.

During the inspection a range of policies and procedures, care and support plans, service user agreements and other documentation was examined. The inspector met with Colette Shepherd, registered manager, Marguerite McToal, service manager, three support staff, and three service users. The inspector met an additional four service users in the course of their daily routine, and spoke with three relatives. The inspector received feedback from one professional in the community team who works with the service users.

Prior to the inspection, nine staff returned questionnaires to RQIA. The inspector viewed the questionnaires, which stated that staff had received effective training in safeguarding vulnerable adults, human rights, handling service users' finances and the supported living model. Staff reported that incidents were reported in line with procedure, and that the person completing monthly quality monitoring of the service spoke with them. Staff provided feedback regarding their understanding of the supported living ethos, which included comments regarding empowerment, choice, dignity, respect, privacy and encouraging optimum independence.

Staff who participated in the inspection reported that they had received training, supervision and support appropriate to their roles. Staff were able to discuss the supported living ethos and recognised practices which could be restrictive and their impact on the human rights of service users. Staff showed an appropriate understanding of safeguarding procedures.

In the course of inspection one service user showed the inspector their home, which was decorated in accordance with their personal taste. Service users who participated in the inspection provided positive comments about the quality of service and lifestyle they experience at Knocklayde House. The inspector observed service users engaging in their daily routines who appeared content and at ease.

Relatives who spoke with the inspector described the service at Knocklayde House as 'excellent', 'very good, could not fault it'. The staff were described as having a good understanding of service users' needs and maintaining appropriate communication. A relative reported that their relative's skills had improved since coming to live at Knocklayde House.

Relative is 'very well looked after'  
 'Excellent service'  
 'The staff know (the service user's) needs'.

The inspector spoke with the professional in the community who is named worker for the service users in Knocklayde House. The professional provided a positive account of the service provided to service users, described appropriate staff communication with the community, and noted that the service adapts to service user's changing needs. The inspector was advised that service users appear to be happy and content with the service at Knocklayde House.

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

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

The agency has achieved a compliance level of '**substantially compliant**' in relation to Theme 1.

The inspector examined a range of documentation including financial policies, the service user guide, HSC Trust assessments, financial support plans, financial agreements, cash books and receipts in order to assess compliance with Theme 1.

The inspector reviewed the arrangements for receiving and handling service user's monies, including assessments and financial support plans which clarified the support each service user required in respect of handling and managing money. The terms and conditions and amounts paid for services were stated in the financial agreements and service user guide. Cash books which maintained a clear and up to date record of all financial transactions, including those made on behalf of service users were reviewed by the inspector. These records are signed by the service user and two staff members. The inspector viewed documentation of methods of daily, weekly and quarterly financial reconciliations completed by the agency, including random checks.

The inspector saw court orders in respect of three service users who are assessed as financially incapable and documentation recording the appointee arrangements for these service users.

The agency keeps bank cards and pin cards separately for service users. The registered person should ensure that there is a system to record when property is withdrawn or returned for safekeeping. The registered person should ensure that when agency staff routinely purchase items on behalf of a service user, this is need is noted in their financial support plan as an additional safeguarding measure.

There are two recommendations in relation to theme 1.

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

The agency has achieved a compliance level of **‘substantially compliant’** in relation to Theme 2.

A range of care and support plans viewed by the inspector incorporated service users’ needs from assessments completed by the HSC Trust. Care and support plans were person centred, reflected a range of interventions, and included the involvement of the service user and/ or their representative.

Documentation and feedback from staff, service users, professionals and relatives showed that the agency responds to the changing needs of service users, reviews care practices, and adapts care and support plans accordingly.

The inspector viewed up to date training records and discussed the system of training and evaluation with the registered manager. Staff reported that they had received training to equip them to carry out their roles.

The inspector noted that restrictive practice was not included in the care and support plans of a service user who experiences a restriction. The registered manager must ensure that restrictive practices are included in the risk assessments and care records of all service users subject to a restriction, or impacted on by the restriction experienced by another service user.

The registered person must ensure that any practice which could be regarded as restrictive is evaluated within the monthly quality monitoring report.

There are two requirements in relation to theme 2.

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

The agency has achieved a compliance level of **‘substantially compliant’** in relation to Theme 3.

A range of support and care plans reviewed by the inspector were person centred, individualised and reflected the needs and preferences of the service user. Care and support plans reflected the assessment of the HSC Trust. Service users and relatives had an understanding that staff were available to meet need when required.

The inspector viewed financial agreements which stated the number of hours of care and support provided by the agency, including those paid for out of the service user’s income. Financial agreements were signed by the service user and/or their representative.

The registered manager confirmed the report of care reviews commissioned by the HSC Trust that nine out of ten service users had annual reviews from 1 April 2013 – 31 March 2014. The remaining review subsequently took place after the survey period. The inspector discussed review meeting records which showed involvement of the service user and/or their representative, the agency and HSC Trust staff.



## **Additional matters examined**

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

Reports of monthly quality monitoring were viewed by the inspector. The views of service users and staff had been sought and were recorded. The registered manager advised the inspector that the agency has contact with a limited number of relatives. The inspector was advised that the agency had recently surveyed relatives in order to establish arrangements for consulting with relatives.

The views of professionals were not recorded in the reports, however the monitoring officer did record when unsuccessful attempts had been made to make contact.

The registered person must ensure that any restrictive practices are evaluated in the reports of monthly monitoring, and should ensure that the views of relatives and professionals are reflected.

### **Charging Survey**

At the request of RQIA, the registered manager submitted a completed survey of charging arrangements to RQIA in advance of the inspection. The charging survey was discussed and confirmed with the registered manager.

The registered manager confirmed that service users contribute Disability Living Allowance, irrespective of rate, and Severe Disability Premium towards the cost of their care. The registered manager advised that three service users are assessed as incapable of managing their financial affairs. The inspector saw court orders in respect of three service users and documentation which states that the registered manager acts as appointee for three service users.

This arrangement of linking disability benefits to charges may be inconsistent with the 1999 HSS Executive document "Provision of Community Care Services – Treatment of Attendance Allowance" (Circular BP 2451/ 97) which states:

*"...the Minister has decided that receipt of Attendance Allowance or other disability related benefits should not be taken into account in decisions about the provision of community care services."*

In addition, service users paying for provision of personal care in their own homes is inconsistent with DHSSPS guidance:

The 2007 DHSSPS "Report on free personal care and alternative options" states (p.6) "Clients at home, however, do not have to pay for their personal care."

The inspector was also concerned that there was insufficient correlation between what service users were paying for and the services they received.

In accordance with RQIA's enforcement procedures, the registered person was advised on 13 October 2014 of RQIA's intention to issue failure to comply notices in respect of Regulations 14 (b) and 14 (d) of the Domiciliary Care Agencies Regulations (Northern Ireland), 2007.

A meeting was held with the registered person at RQIA's office on 22 October 2014. The registered person provided appropriate assurances and evidence that there is sufficient correlation between what service users are paying for and the services they receive. On this basis, RQIA did not issue a failure to comply notice in regard to Regulation 14 (b).

At the meeting on 22 October 2014, the registered person provided RQIA with the assurance that they would highlight to the HSC Trust issues regarding service users paying for personal care contrary to DHSSPS guidance, and the responsibilities of the HSC Trust in relation to this matter. The registered person advised RQIA that new service users to the agency do not pay personal care costs which are now being met by the HSC Trust. The registered person was asked to forward this correspondence to RQIA by 19 November 2014. On this basis, RQIA did not issue a failure to comply notice in regard to Regulation 14 (d). Satisfactory assurances were received by RQIA by 19 November 2014.

### **Statement of Purpose**

The Statement of Purpose examined provided information as outlined in Regulation 5, Schedule 1 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

Information was provided regarding the mission statement, values and philosophy of the organization, aims and objectives, nature and range of services provided. The name of the registered person and registered manager was provided, with their qualifications and those of staff. The complaints procedure was outlined. Standards and quality of service that service users can expect are described, including appropriate reference to restrictive practices.

### **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 (ECCU) 1/2010 "Care Management, provision of services and charging guidance").

The information returned to RQIA was discussed during the inspection and it was evident that the HSC Trust are regularly involved in the needs assessment and care planning processes for service users. The registered manager reported that nine out of ten service users had reviews completed with the HSC Trust within the survey period. The remaining review subsequently took place.

**The inspector would like to thank service users, relatives, staff and professionals for their participation and co-operation during the inspection.**

**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 & 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;                      (c) specify how those needs are to be met by the provision of prescribed services.</p> <p>This requirement refers to the agency's need to provide the service user with the information on hour many care and support hours they are entitled to and what is provided.</p>	<p>The inspector saw financial agreements which state how many hours of care the service user receives linked to the payment they make from disability benefits, how many hours are funded by the HSC Trust, and how many support hours they are entitled to.</p> <p>The care and support plans reflect the service users' needs and how they are met by services provided.</p> <p>The inspector viewed timetables which had been drawn up for some service users, detailing how much time is used for each task.</p> <p>The staff delegation sheets show what tasks should be completed for service users in the course of a shift.</p>	One	Fully met

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	12.4	<p>The training needs of the individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>This recommendation refers to the need to increase staff awareness of the forms of restrictive practices, such as the door alarms being used and how they impact on the service users' privacy or result in a service user restricting their movements as the alarm alerts staff.</p>	<p>The managers advised the inspector that awareness of forms of restrictive practice have been discussed with staff at staff meetings, as part of care planning, and during annual RESPECT training. The inspector viewed up to date training records and spoke with staff who reported receiving training appropriate to their role.</p> <p>Staff who took part in the inspection showed awareness of different forms of restriction and the impact on the privacy and movement of service users.</p>	One	Fully met

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

**Statement 1:**

**COMPLIANCE LEVEL**

**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.

<p><b>Provider's Self-Assessment</b></p>	
<p>Each service user receives a written agreement detailing the specific terms and conditions of specified services to be delivered including the amount and method of payment and charges to the service user.          An individual finance agreement is completed prior to admission which details all charges relating to support and care which includes costs for communal charges and arrangements for staff meals.          Following an assessment of need the level of support is defined in the finance support plan.          The Organisation has clear procedures in place which details the arrangements for supporting a service user with their finances.          The agency notifies in writing each service user increases in charges yearly which is attached to the service user guide.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The inspector read the service user guide which includes the terms and conditions of the service to be delivered. The inspector viewed individual financial agreements, individual budget plans and the service user guide which state the amount and payment of charges for services and methods of payment. The inspector was advised by the registered manager that service users only pay for care that is provided on the basis of an HSC Trust assessment of need. No service user is paying for care additional to an HSC Trust plan.</p> <p>Financial agreements read by the inspector state that the agency pays 10% of utility bill to cover costs associated with two rooms which are used as staff sleepover rooms/offices. The inspector was advised that service users do not have control over these areas when staff are using them, but can use these rooms at other times if they wish to.</p> <p>The inspector read the service user guide which states the arrangements for staff meals; staff are responsible for purchasing food they consume whilst on duty. The amounts which the agency pays towards a staff meal during an outing with a service user are stated in the financial agreement. The agency purchases tea, coffee, and breakfast foodstuffs for the use of staff, which are kept separately to service users' food.</p> <p>A range of support plans reviewed by the inspector stated the arrangements for supporting service users with their finances in accordance with the agency's financial policy and procedure.</p>	<p>Compliant</p>

<p>The service user guide viewed by the inspector states that written notification is given four weeks in advance of changes in charges.</p>	
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<p style="text-align: center;"><b>THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED</b></p>	
<p><b>Statement 2:</b></p> <p><b>Arrangements for receiving and spending service users' monies on their behalf are transparent, have been authorised and the appropriate records are maintained:</b></p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• 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;</li> <li>• 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;</li> <li>• 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;</li> <li>• 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);</li> <li>• 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;</li> <li>• A reconciliation of the money/possessions held by the agency on behalf of service users is carried out, evidenced and recorded, at least quarterly;</li> <li>• 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;</li> </ul>	<p style="text-align: center;"><b>COMPLIANCE LEVEL</b></p>



<ul style="list-style-type: none"> <li>• If a member of staff acts as an agent, a record is kept of the name of the member of staff, the date they acted in this capacity and the service user on whose behalf they act as agent;</li> <li>• If the agency operates a bank account on behalf of a service user, written authorisation from the service user/their representative/The Office of Care and Protection is in place to open and operate the bank account,</li> <li>• Where there is evidence of a service user becoming incapable of managing their finances and property, the registered person reports the matter in writing to the local or referring Trust, without delay;</li> </ul> <p>If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the agency on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user's agreement.</p>	
<p><b>Provider's Self-Assessment</b></p>	
<p>Prior to admission the HSC Trust presents at panel the identified needs of the service user and provide a statutory care plan. An offer letter is sent from the agency outlining the costs to the HSC Trust in regard to the individual service user.</p> <p>Each service user has an individual bank account which details income received and withdrawals from their account. All transactions are checked by the agency and checked against the service user cash record book</p> <p>Where items over the value of £250 are to be purchased, as recommended by RQIA finance inspector their representative is contacted and notified of expenditure.</p> <p>Each service user in their support plan has agreed amount to withdraw each week which covers expenditure as detailed in their financial agreement. If service user wish to withdraw more money the agency support the service user to do so.</p> <p>Where agency staff support a service users all records are completed and receipts retained. Agency staff carry out a reconciliation after each transaction and hand all finances over to keyholder at change of shift.. Audits are carried out monthly by the service manager off all transaction , receipts and expenditure. The regional manager carries out sample audits to ensure the procedure is followed. Triangle finance department also carry out internal audits yearly</p> <p>The service users finance support plans details the arrangements if the agency acts as nominated appointee. A record is kept of sample signature for all staff</p>	<p>Compliant</p>

Inspection Findings:	
<p>The inspector examined HSC Trust assessments which state the needs of the service user in relation to financial capability and the appropriate level of support which should be provided.</p> <p>The inspector was informed that service users keep money in a locked safe which is inside a locked cupboard in their room. The inspector viewed a range of personal allowance books which recorded details of transactions in respect of the service user. The inspector noted that each transaction is signed by two staff members and the service user if they wish to and are able to sign.</p> <p>The service manager discussed a range of checks conducted by the agency. The inspector noted evidence of daily balance checks completed at the morning shift handover, and monthly reconciliations completed monthly by the service manager. The service manager showed the inspector documentation relating to monthly audits of bank statements. The inspector was advised that the organisation conducts an annual finance audit.</p> <p>The inspector was advised by the service manager that staff make purchases on behalf of service users. The inspector saw the system of documentation of transactions made by staff on behalf of service users which includes the cross referencing of receipts.</p> <p>The inspector noted that service users and HSC Trust keyworkers sign financial active support plans. The registered person should ensure that when agency staff routinely purchase items on behalf of a service user, this need is noted in their financial support plan as an additional safeguarding measure.</p> <p>The inspector noted that records and receipts of transactions undertaken by agency staff on behalf of service users were maintained and up to date.</p> <p>The inspector was advised that one staff member on duty is a key holder in order to facilitate service users' access to their money. The inspector was advised that one service user wishes to keep their own key, and other service users have chosen not to. These arrangements are noted in financial support plans.</p> <p>During the course of inspection agency staff reported that due to safeguarding measures, the HSC Trust authorise amounts over £200 spent by service users. Staff reported that this measure has delayed service users who wish to purchase holidays or larger items. The registered manager advised the inspector that the</p>	<p>Compliant</p>

HSC Trust has issued assurance that the future approval process will not delay service users' access to their monies.

The charging survey completed by the agency in advance of inspection stated that a representative of the agency acts as appointee for three service users. Letters from the Social Security Agency stating the name of the appointee and the arrangements for acting in this capacity in respect of one service user were seen by the inspector. The inspector viewed financial support plans which record the name of the appointee and the arrangements to assist three service users with finances. Court orders in respect of three service users for whom the registered manager acts as appointee and where the service user is incapable of operating a bank account were seen by the inspector.

The service manager reported that a referral can be made through the HSC Trust named worker if a service user becomes incapable of managing finances.

<b>THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED</b>	
<p><b>Statement 3:</b></p> <p><b>Where a safe place is provided within the agency premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained:</b></p> <ul style="list-style-type: none"> <li>• Where the agency provides an appropriate place for the storage of money and valuables deposited for safekeeping, robust controls exist around the persons who have access to the safe place;</li> <li>• Where money or valuables are deposited by service users with the agency for safekeeping and returned, a record is signed and dated by the service user/their representative, and the member of staff receiving or returning the possessions;</li> <li>• Where a service user has assessed needs in respect of the safety and security of their property, there are individualised arrangements in place to safeguard the service user's property;</li> <li>• Service users are aware of the arrangements for the safe storage of these items and have access to their individual financial records;</li> <li>• Where service users experience restrictions in access to their money or valuables, this is reflected in the service user's HSC trust needs/risk assessment and care plan;</li> </ul> <p>A reconciliation of the money and valuables held for safekeeping by the agency is carried out at regular intervals, but least quarterly. Errors or deficits are handled in accordance with the agency's SVA procedures.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p> <p>An identified area for the storage of money is agreed with the service user and documented in the finance support plan. On each shift an identified key holder assumes responsibility for all finances. The agency has a procedure SS3-8 Personal belongings /Valuables and missing items which includes a property record form which details property belonging to the user and property disposal form is also logged. The support plan details the level of restriction where appropriate in regard to money and property.</p>	Compliant

Inspection Findings:	
<p>The registered manager advised the inspector that seven service users keep their money in a locked safe in their own room. Documentation which recorded transactions in respect of one service user who chooses to keep money in a locked cupboard in the office was reviewed by the inspector. Seven service users keep their money in a locked safe in a locked cupboard in their room. The inspector examined cash books detailing transactions which are signed by two staff members and the service user. The inspector was advised that one staff member on duty keeps keys to ensure that service users can access their money at any time. A service user and a relative advised the inspector that service users can access money at any time.</p> <p>Three service users are assessed as financially incapable and are subject to court orders viewed by the inspector. The individual needs of these service users are noted in their care and support plans.</p> <p>The agency keeps bank cards and pin cards separately for service users. The registered person should ensure that there is a system to record when property is withdrawn or returned for safekeeping. The service manager reported that no errors or deficits had occurred, and described how these would be handled in accordance with safeguarding procedures.</p>	<p>Substantially compliant</p>

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

**Statement 4:**

**COMPLIANCE LEVEL**

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

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

<p>(staff) vehicles, meet the relevant legal requirements regarding insurance and road worthiness. Where the agency facilitates service users to have access to a vehicle leased on the Motability scheme by a service user, the agency ensures that the above legal documents are in place;</p> <ul style="list-style-type: none"> <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>The assessment of need includes transport requirements for the user which is shared at the admission panel. The agency has a Travel by Car Procedure which details the arrangements in respect of charges. The agency does not operate a transport scheme. Within this Service 2 users avail of the motability scheme .</p> <p>A log book is kept in each motability car of all journeys, mileage incurred, passengers and costs per mile. This is recharged to the Service Users using the motability car quarterly. The Service User /Representative completes a consent form which details they are agreeing to pay the mileage cost incurred if they choose to travel in another persons vehicle.</p> <p>Each year the Social Security Agency provides each Service Users with benefit entitlement which is stored in individuals files.</p> <p>Within the Travel by car procedure it is detailed their responsibilities in regard to the legal requirement. when a staff member uses their car to transport Service User</p>	Compliant
<b>Inspection Findings:</b>	
<p>The inspector was advised that the agency does not operate a transport policy.</p> <p>The inspector was advised that two service users have motability vehicles for the purpose of their own sole use. The inspector saw records maintained in respect of journeys made in motability vehicles, including mileage and the name of the staff member driving. The service manager advised the inspector that there are no additional staff supervision costs with respect to motability vehicles. The inspector viewed agency policy to be followed if service users share journeys in a motability vehicle.</p>	Compliant

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

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



<b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>	
<p><b>Statement 1:</b></p> <p><b>The agency responds appropriately to the assessed needs of service users</b></p> <ul style="list-style-type: none"> <li>• The agency maintains a clear statement of the service users’ current needs and risks.</li> <li>• Needs and risk assessments reflect the input of the HSC Trust and contain the views of service users and their representatives.</li> <li>• Agency staff record on a regular basis their outcome of the service provided to the individual</li> <li>• Service users’ care plans reflect a range of interventions to be used in relation to the assessed needs of service users</li> <li>• Service users’ care plans have been prepared in conjunction with the service user and their HSC Trust representative(s) and reflect appropriate consideration of human rights.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
<p>Each Service User has a completed assessment of need which outlines the current needs and risk. The HSC Trust is involved in the assessments and contain the users views. The Agency staff record daily the outcome of care plans and risk assessment on progress records which capture a wide range of interventions to meet assessed need. Care and support plans are currently being reviewed to reflect consideration of Human Rights Legislation.</p>	Moving towards compliance
<b>Inspection Findings:</b>	
<p>A range of care and support plans reviewed by the inspector reflected a statement of the service users’ current needs and risks, incorporating assessments from the HSC Trust.</p> <p>The inspector noted that care and support plans adapted to changes in the needs of service users and included HSC Trust reassessments. Care and support plans were completed in a person centred manner, stated a range of interventions, and reflected the involvement of the service user and/or their representative and the HSC Trust. The inspector viewed recent changes in a care plan made at the request of a service user reflecting their wishes regarding the care of their personal property.</p>	Substantially compliant

<p>Agency staff and professionals reported that care and support plans were adapted to respond to the changing needs of service users. Relatives who took part in the inspection reported that the agency responded appropriately to the service user's needs.</p> <p>The outcome of services provided was recorded in daily records and could also be seen in review records.</p> <p>The inspector noted human rights considerations reflected appropriately throughout care records. The service manager showed the inspector new documentation to record human rights considerations in care and support plans.</p>	
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<b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>	
<p><b>Statement 2:</b></p> <p><b>Agency staff have the appropriate level of knowledge and skill to respond to the needs of service users</b></p> <ul style="list-style-type: none"> <li>• Agency staff have received training and on-going guidance in the implementation of care practices</li> <li>• The effectiveness of training and guidance on the implementation of specific interventions is evaluated.</li> <li>• Agency staff can identify any practices which are restrictive and can describe the potential human rights implications of such practices.</li> <li>• The agency maintains policy and procedural guidance for staff in responding to the needs of service users</li> <li>• The agency evaluates the impact of care practices and reports to the relevant parties any significant changes in the service user’s needs.</li> <li>• Agency staff are aware of their obligations in relation to raising concerns about poor practice</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
<p>Staff on induction receive the following training which underpins the implementation of care practice.</p> <p>At Respect training which is the management of challenging behaviour staff complete an assessment after the training which shows their understanding of the course delivered around restrictive practice and the potential human rights implication..</p> <p>If the trainers have concerns around their response their line manager would be contacted so they could discuss further with the staff member.</p> <p>The Organisation maintains the relevant policy &amp; procedures in these areas.</p> <p>The agency keeps a risk registrar of all restrictive practices which is reviewed quartely by the the relevant registered manager with multi disciplinary involvement.</p> <p>The impact of care practice is evaluated and reported to the relevant named worker when required.</p> <p>At training staff are reminded of their obligation to raise concerns about poor practice..</p>	Compliant

Inspection Findings:	
<p>The inspector viewed training records which showed that staff have received training relevant to the implementation of care practices. The registered manager described how the agency’s training team identify when staff require training, including mandatory areas. The registered manager showed records kept which monitor when staff have attended training. Staff provided feedback that they had received training to equip them to carry out their roles.</p> <p>The registered manager discussed the agency’s methods of evaluating the effectiveness of training including: staff feedback, review of training by managers, use of supervision, and observations of staff whilst on duty. The registered manager showed the inspector records of staff training and the documentation used twice yearly for performance review. In addition, staff receive one to one supervision twice yearly, and finance and medication competency testing yearly. The service manager discussed how practice examples are used at staff meetings to consolidate and evaluate the effectiveness of training. Staff who took part in the inspection reported having good access to informal and formal supervision.</p> <p>Staff who participated in the inspection could identify restrictive practices in relation to the use of door alarms and restricting access to a substance for safety reasons. Staff understood the implications of restrictive practice on human rights.</p> <p>The inspector viewed the agency policy in relation to staff responding to the needs of service users.</p> <p>During the course of inspection, agency staff, relatives, and a professional advised the inspector that the impact of care practices are evaluated and relevant parties notified of any changes. The inspector examined review reports and care records which showed how agency staff had evaluated the impact of care practices and reported changes in the service user’s needs appropriately.</p> <p>Staff who took part in the inspection were able to describe how to raise concerns regarding poor practice.</p>	<p>Compliant</p>

<b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>	
<p><b>Statement 3:</b></p> <p><b>The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency</b></p> <ul style="list-style-type: none"> <li>• Service users and their relatives and potential referral agents are advised of any care practices that are restrictive or impact on the service users’ control, choice and independence in their own home.</li> <li>• The agency’s Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions</li> <li>• Service users are advised of their right to decline aspects of their care provision. Service users who lack capacity to consent to care practices have this documented within their care records.</li> <li>• Service users are provided with a copy of their care plan (in a format that is appropriate to their needs and level of understanding) and receive information in relation to potential sources of (external) support to discuss their needs and care plan.</li> <li>• The impact of restrictive practices on those service users who do not require any such restrictions.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
<p>Within the Service User Guide &amp; Statement of Purpose we identify any restrictive practice that impacts on the service users' control choice and independence in their own home. Also within these document Service Users are advised of their right to decline aspects of their care provision.</p> <p>Where it is identified that a service user lacks capacity a multidisciplinary approach is taken to care provision. Service Users can have a copy of their care plan if they wish in a user friendly format.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The inspector noted that the Statement of Purpose and Service User Guide provide information regarding the nature and range of service provision, including appropriate reference to restrictive practice. The service user guide states that service users can decline aspects of care provision.</p>	Substantially compliant

The inspector noted that whilst restrictive practices are included in the care and support plans of service users who experiences a restriction, one service user did not have a restriction noted in their plan. The registered manager must ensure that restrictive practices are included in the risk assessments and care records of all service users subject to a restriction, or impacted on by the restriction experienced by another service user. A service user who is unable to give consent to a care practice did not have this documented in their notes. The service manager provided written confirmation subsequent to inspection that appropriate inclusions had been made in the care and support plans of service users.

The inspector was advised by the service manager and agency staff that service users can have be provided with a copy of their care plan or have access to their care and support plans within agency documentation at any time. The inspector noted that the care records included a format appropriate to the service user's needs.

The inspector was advised that there are no restrictive practices which impact on service users who do not require such restrictions.

<b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>	
<p><b>Statement 4</b></p> <p><b>The registered person ensures that there are robust governance arrangements in place with regard to any restrictive care practices undertaken by agency staff.</b></p> <ul style="list-style-type: none"> <li>• Care practices which are restrictive are undertaken only when there are clearly identified and documented risks and needs.</li> <li>• Care practices which are restrictive can be justified, are proportionate and are the least restrictive measure to secure the safety or welfare of the service user.</li> <li>• Care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance.</li> <li>• The agency evaluates the impact of restrictive care practices and reports to the relevant parties any significant changes in the service user’s needs.</li> <li>• The agency maintains records of each occasion restraint is used and can demonstrate that this was the only way of securing the welfare of the service user (s) and was used as a last resort.</li> <li>• Restraint records are completed in accordance with DHSSPS (2005) Human Rights Working Group on Restraint and Seclusion: Guidance on Restraint and Seclusion in Health and Personal Social Services.</li> <li>• The agency forwards to RQIA and other relevant agencies notification of each occasion restraint is used</li> <li>• The registered person monitors the implementation of care practices which are restrictive in nature and includes their on-going assessment of these practices within the monthly quality monitoring report</li> </ul>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment</b></p> <p>The agency has a policy and associated procedure in regard of the use of restrictive practice which includes a definition of physical restraint.</p> <p>The agency has developed a risk register of any restrictive practices within its services, this includes the review of any agreed plans which may limit a service user's ability to leave their home or access areas within their home.</p>	Compliant

<p>The risk register is reviewed quarterly by the registered manager and the agency is committed to reducing the use of restrictive practice.</p> <p>Restrictive interventions are put in place in consultation with service users where possible, their representatives and with involvement of the trust's Positive Behaviour Support Team.</p> <p>The agency's policy and procedures reflects full compliance with DHSSPS guidance in relation to restrictive practices.</p> <p>Multi-disciplinary assessments and decisions made in relation to restrictive practice is documented in the service users records with a Trust Risk Assessment.</p> <p>All decisions are focused on the best interests of the individual service users and where appropriate actions is taken to safeguard one or more service users, this is agreed by the trust and monitored.</p> <p>Where a behaviour programme may impact on others the registered manager would highlight this to the trust before it is agreed.</p>	
<p><b>Inspection Findings:</b></p>	
<p>The inspector viewed care plans, risk assessments and reviews with the HSC Trust regarding restrictive practice with regard to the use of door alarms. There was evidence of review by the HSC Trust and involvement of one service user who requested restriction in their access to a substance which could be harmful to them. The managers were able to describe how these practices were justified, proportionate and the least restrictive measure for the service users.</p> <p>The inspector noted that restrictive practice was not included in the care and support plans of a service user who experiences a restriction. The registered manager must ensure that restrictive practices are included in the risk assessments and care records of all service users subject to a restriction, or impacted on by the restriction experienced by another service user.</p> <p>Subsequent to inspection, the service manager notified the inspector in writing that care records had been updated to reflect any restrictive practices following further review with the HSC Trust.</p> <p>The inspector viewed the agency's restrictive practice register which is updated monthly. The inspector noted that one restriction was not included in the register. Subsequent to the inspection, the service manager notified the inspector in writing that all restrictive practices were now included in the restrictive practice register.</p>	<p>Substantially compliant</p>



<p>The registered person must ensure that any practice which could be regarded as restrictive is evaluated within the monthly quality monitoring report.</p> <p>The inspector was advised that the agency does not use restraint.</p>	
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<p><b>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
	<p>Compliant</p>

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

<b>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</b>	
<b>Statement 1</b>	<b>COMPLIANCE LEVEL</b>
<p><b>Evidence inspected confirms that service users/representatives have written information and/or had explained to them the amount and type of care provided by the agency</b></p> <ul style="list-style-type: none"> <li>• Service users/representatives can describe the amount and type of care provided by the agency</li> <li>• Staff have an understanding of the amount and type of care provided to service users</li> <li>• The agency’s policy on assessment and care planning and the statement of purpose/service user guide describe how individual service user agreements are devised.</li> <li>• The agency’s service user agreement is consistent with the care commissioned by the HSC Trust. The agency’s care plan accurately details the amount and type of care provided by the agency in an accessible format.</li> </ul>	
<b>Provider’s Self-Assessment</b>	
<p>Each Service User is provided with A Service User Guide which details the type of care provided by the Agency.                      Each staff member receives induction and are provided the opportunity to read Service Users assessment of need careplans and associated risk plan.                      The Agency has clear procedure ( SS3-2 ) which explains this process                      Each Service Users has an individual Financial Agreement which clearly states the amount of care and support hours commissioned .</p>	Compliant
<b>Inspection Findings:</b>	
<p>Relatives who participated in the inspection reported that the agency met the needs of service users. Service users provided feedback that staff meet their needs and have signed care plans. Staff reported a clear understand of the amount and type of care provided to service users.</p> <p>The agency’s policy on assessment and care planning, and the statement of purpose viewed by the inspector describe how individual service user agreements are devised. Most of the service users’ plans read by the inspector were consistent with the care commissioned by the Trust and were signed by the HSC Trust</p>	Substantially compliant

<p>professional.                  The inspector noted that one care plan did not include a restrictive practice; subsequent to the inspection the service manager advised the inspector in writing that an amendment had been made to the plan. The care plans state the amount and type of care provided by the agency. The inspector noted that sections of the care plan are in an accessible format. The service manager stated the agency is in the course of reviewing and improving the format of all care documentation.</p>	
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<b>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</b>	
<p><b>Statement 2</b></p> <p><b>Evidence inspected confirms that service users/representatives understand the amounts and method of payment of fees for services they receive as detailed in their individual service agreement.</b></p> <ul style="list-style-type: none"> <li>• Service users/representatives can demonstrate an understanding of the care they receive which is funded by the HSC Trust</li> <li>• Service users/representatives can demonstrate an understanding of the care which they pay for from their income.</li> <li>• Service users/representatives have an understanding of how many hours they are paying for from their income, what services they are entitled to and the hourly rate.</li> <li>• Service users/representatives have an understanding of how to terminate any additional hours they are paying for from their income</li> <li>• Service users/representatives have been informed that cancellation of additional hours they are paying for from their income will not impact upon their rights as a tenant.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>At the yearly multi disciplinary review on our documentation we have included the care hours funded by the HSC Trust the care funded by their own income and the hours which this pays for is discussed and agreed by the Service User and their representative..</p> <p>The Service User guide clearly outlines how a Service User/representative can terminate any additional hours they pay from their income.</p> <p>The guide also informs them by cancellation of additional hours this will not impact on their rights as tenants.</p>	Compliant
<b>Inspection Findings:</b>	
<p>Financial agreements viewed by the inspector stated the amount funded by the service user and the numbers of hours care purchased. These agreements are signed by the service user and/or their representative.</p>	Substantially compliant

<p>The inspector was advised that service users only pay for hours on the basis of an HSC Trust assessment.</p>	
<p><b>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</b></p>	
<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>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b></p>	
<p>Each Service Users has an annual review with the commissioning HSC Trust where their care plans, associated risk management plans and service agreements are reviewed and agreed with the Service User/representative.</p> <p>The agency contributes to this review by completing a preparation of review form with the Service User. Staff can confirm that reviews can be arranged as and when required.</p> <p>Any agreed changes from reviews is documented and care plans are updated or changes to the fees paid by the Service User.</p>	<p>Compliant</p>

Inspection Findings:	
<p>The report of care reviews commissioned by the HSC Trust confirmed that nine out of ten service users had annual reviews from 1 April 2013 – 31 March 2014. The inspector was advised that the outstanding review had subsequently taken place. The inspector viewed a range of review meeting records, which were signed by the service user and/or their representative, the agency and HSC Trust staff. Staff who participated in the inspection reported that HSC Trust reviews can be arranged as required.</p> <p>The managers described how the agency completes a preparation for review form with the service user. The inspector discussed these records which had been signed by the service user and reflected their involvement. The inspector examined care and support plans which had been updated following review.</p> <p>Subsequent to the inspection, the service manager confirmed in writing that a further review of restrictive practice involving the HSC Trust had taken place which care and support plans amended accordingly.</p>	<p>Substantially compliant</p>

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

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

## **Any other areas examined**

### **Complaints**

The inspector viewed the records of one complaint recorded in the period 1 January 2013 -31 December 2013, which was satisfactorily resolved.



## Quality improvement plan

The details of the Quality Improvement Plan appended to this report were discussed with **Colette Shepherd, registered manager, and Marguerite McToal, service 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:

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



## Quality Improvement Plan

### Announced Primary Inspection

#### Triangle Housing Association - Knocklayde House

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 Colette Shepherd registered manager and Marguerite McToal service 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.	23 (1) (5)	<p>(1)The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided</p> <ul style="list-style-type: none"><li>The registered person must ensure that the ongoing evaluation of restrictive practice is included in the monthly monitoring reports</li></ul> <p>(5)The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <ul style="list-style-type: none"><li>The registered person must ensure that a system for evaluating the quality of services is maintained and includes consultation with service users and their representatives.</li></ul>	One	<p>Monthly monitoring forms now include section for review of restrictive practice</p> <p>A data base has been established showing the service users representatives who are willing to be consulted. The agency will consult the representatives of all new service users by the date stated to ascertain their willingness to be consulted.</p>	31 January 2015.

2	15 (2)(a)(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> <ul style="list-style-type: none"> <li>(a) Be consistent with any plan for the care of the service user prepared by any Health and Social Services Trust or Health and Social Services Boards or other person with responsibility for commissioning personal social services for service users;</li> <li>(b) Specify the service user's needs in respect of which prescribed services are to be provided;</li> <li>(c) Specify how those needs are to be met by the provision of prescribed services.</li> </ul> <p>The registered manager must ensure that restrictive practices are included in the risk assessments and care records of all service users subject to a restriction, or impacted on by the restriction experienced by another service user.</p>	One	All restrictive practices are recorded in risk assessments and care plans and note Human Rights and DOL.	31 January 2015.
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**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 the 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 refers to ascertaining the views of service users, and representatives, and professionals, in monitoring reports on a monthly basis.</p>	One	The agency continues its commitment to seeking the views of service users, representatives and professionals at monthly monitoring visits. All representatives of new service users will be contacted in January to seek their consent to participate in monthly monitoring.	31 January 2015.

2	4.2	<p>The agreement between the service user and the service provider specifies:</p> <ul style="list-style-type: none"> <li>• The arrangements for any financial transactions undertaken on behalf of the service user by the agency's staff and the records to be kept.</li> </ul> <ol style="list-style-type: none"> <li>1. The registered person should ensure that there is a system to record when property is withdrawn or returned for safekeeping. This refers to recording when service user's property, including bank cards, are removed or returned for safe keeping.</li> <li>2. The registered person should ensure that when agency staff routinely purchase items on behalf of a service user, this need is noted in their financial support plan as an additional safeguarding measure.</li> </ol>	One	<p>A recording system for the withdrawal and return of service user property including bank cards is in place.</p> <p>2 Amendment made to financial support plan where staff purchase items on the service user's behalf.</p>	31 January 2015.
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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>	C Sheppard
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Chris Alexander

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	x	Rhonda Simms	16/01/2015
Further information requested from provider			