



The Regulation and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Agency: Triangle – Kilns Court
Agency ID No: 10902
Date of Inspection: 30 September 2014
Inspector's Name: Rhonda Simms
Inspection No: INO20408

**The Regulation And Quality Improvement Authority
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General Information

Name of agency:	Triangle Housing Association
Address:	Kilns Court 2 Kilns Road Ballycastle BT54 6RY
Telephone Number:	028 20763610
E mail Address:	colette.sheppard@trianglehousing.org.uk
Registered Organisation / Registered Provider:	Triangle Housing Association Mr Christopher Alexander
Registered Manager:	Ms Marie Colette Sheppard
Person in Charge of the agency at the time of inspection:	Marie Colette Sheppard
Number of service users:	7
Date and type of previous inspection:	Secondary Announced Inspection 19 March 2014
Date and time of inspection:	Primary Inspection 30 September 2014 9.30am – 5.00pm
Name of inspector:	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	4
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	8	5

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 secondary inspection of 19 March 2014 were assessed. The agency achieved compliance with the minimum standards in relation to one recommendation. One requirement regarding the situation of the office in the service user’s home was not met. The inspector assessed that the service user did not have control over who entered their home and experienced a negative impact on their privacy and dignity. In accordance with RQIA’s enforcement procedures, the registered person was advised on 13 October 2014 of RQIA’s intention to issue a failure to

comply notice in respect of Regulation 14 (c) (e) of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

The registered person and their representatives attended a meeting at RQIA's offices on 22 October 2014. The registered person provided RQIA with assurances that the agency had begun to execute plans to move the office out of the home of a service user. The registered person agreed to outline the timescales for this in writing to RQIA by 19 November 2014 and to provide an assurance that the needs of all service users involved would be fully considered during the process of change. Satisfactory assurances were received by RQIA by 19 November 2014.

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

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

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

Profile of service

Triangle Housing Association at Kilns Court, Ballycastle, is a supported living scheme providing domiciliary care services for up to eight service users with a learning disability and/or complex needs.

Service users rent their accommodation in either two bedroomed bungalows (used for single occupancy), or single accommodation apartments. Under the direction of the registered manager, Colette Sheppard, and the service manager, Danielle Morgan, eight staff provide services on a 24 hour basis.

Services can include assistance with daily living and 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, 2 Kilns Court Ballycastle, on 30 September 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, Danielle Morgan, service manager, four support staff, and three service users. The inspector met additional service users in the course of their daily routine, and spoke with two relatives. The inspector received feedback from two professionals.

Prior to the inspection, five staff returned questionnaires to RQIA. The inspector viewed the questionnaires, which stated that staff had received effective training in safeguarding vulnerable adults, human rights and the supported living model. Staff provided feedback regarding their understanding of the supported living ethos, which included comments regarding empowerment, choice, dignity, respect, and encouraging optimum independence. 'I believe Triangle values and aspire to give excellent care and support to service users'.

Staff who participated in the inspection provided examples to show they had a clear understanding of vulnerable adult issues, human rights, and the supported living ethos. Staff discussed benefits for service users in following an 'Active Support' model: 'it promotes independence and gives the service user more power, more confidence'.

Staff who spoke with the inspector reported that they had received training and support which equipped them to fulfil their roles. Staff reported that care plans reflected the needs of service users and were subject to regular review.

In the course of the inspection two service users showed the inspector their homes, which were furnished and decorated to reflect their personal taste. The inspector was advised that Kilns Court had undergone a period of refurbishment, and some service users discussed new items which they had purchased for their homes.

Service users made positive comments about the quality of life they experienced living at Kilns Court and the service provided to them by staff:

‘I like it here’
 ‘The staff are good and help me when I need it’
 ‘I can get my money when I need it’
 ‘Staff are there when I need them’.

One service user spoke of their role as a ‘Choice Checker’, which involves representing the views of other tenants on quality measures. They were positive about this role and the training they had received with other service users. One service user discussed their role in the Tenants’ Advisory Group, where they share the views of other tenants.

Two relatives spoke with the inspector in the course of the inspection. Relatives reported that staff at Kilns Court knew their relative well and responded to their needs appropriately. Both relatives described their relative as happy living at Kilns Court. Where a relative had identified concerns, they described how agency staff responded positively to resolving these:

‘The staff are very good’
 ‘The staff are very aware of (relative’s) needs’
 ‘The staff are flexible’ in responding to needs
 ‘The staff are approachable’
 ‘Kilns Court is fundamental to (relative), it is home’.

The inspector spoke with two professionals as part of the inspection process. Professionals reported having a positive partnership with agency staff, with regular contact and discussion regarding service users’ needs. Professionals highlighted that the agency provides care in accordance with HSC Trust assessments and care plans, including management of risk. The service at Kilns Court was described as person centred, flexible and responsive to service users’ changing needs.

Detail of inspection process:

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

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

The inspector viewed 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 agency’s financial agreements and the service user guide stated the terms and conditions and amounts paid for services. The finance books reviewed by the inspector maintained a clear and up to date record of all financial transactions and are signed either by the service user and a staff member, or two staff members.

The apportioning of shared costs in relation to the office in the service user’s home was stated in the service user guide and the individual service user’s financial agreement.

The inspector examined the arrangements for receiving and handling service user's monies during the inspection. The inspector was advised by the registered manager that service users keep their own locked money tin in a locked cupboard in their own home. A service user showed this arrangement to the inspector. Assessments and financial support plans examined by the inspector stated the support each service user required with regard to handling and managing money. The inspector saw documentation of methods of daily and monthly financial reconciliations completed by the agency, including random checks.

The inspector was informed that staff purchase their own food for consumption whilst on duty. The agency does not act as appointee for any service user.

Service users and agency staff who took part in the inspection confirmed that service users could access their money at any time. Agency staff reported some delays in service users accessing larger amounts of money, due to an HSC Trust authorisation process for safeguarding purposes. The registered manager advised the inspector on 7 October 2014 that the HSC Trust had provided assurances that this situation was resolved.

There are no requirements and no 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.

During inspection the inspector viewed a range of care and support plans which incorporated service users' needs from assessments completed by the HSC Trust. The inspector examined care and support plans which were person centred, reflected a range of interventions, and included the involvement of the service user and/ or their representative. Feedback from service users and relatives indicated the agency maintains a current statement of service users' needs and preferences.

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 registered manager advised the inspector that the agency has included specific human rights considerations on new documentation in five out of seven service users' care and support plans. The inspector noted that human rights considerations are included within all care and support plans. The registered manager has developed written guidance for staff implementing new documentation.

The agency's system of training and evaluation of practice was discussed with the registered manager and documentation was viewed. Staff reported that they received appropriate training, supervision and support to carry out their roles. Service users and relatives reported that staff were able to meet the needs of service users.

In the course of inspection staff discussed care practices which could result in restrictions for the service user and an understanding of human rights issues in relation to these practices. The inspector read care and support plans and review reports which reflected the HSC Trust assessed need for restrictive practice.

The agency keeps a register of restrictive practice which is under regular review. The agency must ensure that any practice which could be regarded as restrictive is evaluated within the monthly quality monitoring report.

There is one requirement and one recommendation 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.

The care and support plans reviewed by the inspector were person centred, individualised and reflected the needs and preferences of the service user. The inspector noted that care and support plans were consistent with care commissioned by the HSC Trust. Service users had an understanding of the amount and type of care provided by the agency.

Financial agreements seen by the inspector were signed by the service user and/or their relative and stated the number of hours of care and support provided by the agency. Service users who took part in the inspection knew they were making a contribution from their own income.

The registered manager confirmed the report of care reviews commissioned by the HSC Trust that all service users had annual reviews from 1 April 2013 – 31 March 2014. Review meeting records examined by the inspector showed involvement of the service user and/or their representative, the agency and HSC Trust staff.

There are no requirements or recommendations in relation to Theme 3.

Additional matters examined

Monthly Quality Monitoring Reports

Reports of monthly quality monitoring were reviewed by the inspector. The reports reflected the views of service users and staff. The views of relatives were not consistently reported, and the views of professionals were not reflected. The inspector noted that attempts to contact professionals were recorded. The reports reflect quality improvement measures and monitoring of standards in the service.

The registered person must ensure that any restrictive practices are reflected 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 acting 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 confirmed that service users are judged to have financial capacity and have assistance in accordance to their assessed needs to manage their finances.

This arrangement 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 all service users had reviews completed with the HSC Trust within the survey period.

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 (c)(d)(e)	The registered person must review the arrangements around a service user "sharing" accommodation with staff.	<p>The registered manager advised the inspector that the agency office is situated in the home of a service user. The service user's home comprises of a bungalow with the service user's living room, bedroom, kitchen, bathroom, and the agency office/sleepover room. The service user has an assessed need to have a staff presence in their home at night. The agency staff use the service user's bathroom and kitchen facilities.</p> <p>The inspector was advised that at the time of inspection the office was used for staff meetings, supervision, and a point of contact for visitors to the service. The registered manager advised the inspector that the agency have moved staff breaks to an alternative location. The managers were unable to give a timescale of when the office could be removed from the service user's home.</p> <p>The inspector noted the service user did not have control over who entered their home and that their privacy, dignity and confidentiality were comprised by the location of the office.</p>	Twice	Not met

			<p>In accordance with RQIA’s Enforcement Policy and Procedures, a meeting was held at RQIA offices on 22 October 2014. At this meeting the registered person described plans to remove the office from the home of the service user, to an adjacent building on the same site. The registered person assured that this plan would take place in conjunction with HSC Trust assessed needs and with regard to the preferences of the service user who has been accustomed to a staff presence in their home. The registered person indicated that the office relocation may lead to the need for use of communication or monitoring systems for service users which could be regarded as restrictive. The registered person agreed to notify RQIA in writing of plans to move the agency office and considerations involved in this by 19 November 2014.</p>		
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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	1.1	It is recommended that the registered person should ensure that the Human rights of all service users are explicitly outlined in the care records when required.	The inspector viewed a range of care and support plans which included explicit consideration of human rights. The inspector noted that HSC Trust professionals have signed care and support plans. The registered manager showed the inspector a human rights guidance sheet devised for staff use.	Once	Fully met

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 user's home looks like his/her home and does not look like a workplace for care/support staff. 	<p>COMPLIANCE LEVEL</p>

<p>Provider's Self-Assessment</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 their 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 their 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>Inspection Findings:</p>	
<p>The inspector read the service user guide which includes the terms and conditions of the service to be delivered. The inspector examined individual financial agreements, individual budget plans and the service user guide which state the amount and payment of charges 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.</p> <p>The inspector saw a policy which stated that Triangle Housing Association pays 50% of all gas and electric costs of the service user's home; and half of replacement item costs, such as kettle, microwave, and carpet used by staff. The individual finance agreement for the service user states that the agency pays 50% of shared costs in respect of the office situated in the service user's home. The inspector viewed financial records in a cash book which showed regular and up to date financial transactions to the service user in respect of utility bills.</p> <p>The inspector noted that the current office arrangements impacted negatively on the privacy the service user had in their home and the control they had over who entered it. At a meeting at RQIA offices on 22 October 2014, the registered person described plans the agency has begun to execute to move the office out of the home of this service user.</p>	<p>Compliant</p>

The registered person assured that this plan would take place in conjunction with HSC Trust assessed needs and with regard to the preferences of the service user who has been accustomed to a staff presence in their home. The impact of the office relocation on the service user and other service users is more fully explored in the report in Theme 2, Statement 3.

The inspector noted that the service user guide 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 inspector was advised that no service user is paying for services additional to the HSC Trust care plan.

The inspector viewed support plans which clearly stated the arrangements for supporting service users with their finances; in accordance with the agency's financial policy and procedure.

The arrangements for written notification four weeks in advance of changes in charges are stated in the service user guide.

The registered manager advised the inspector that one service user is subject to Guardianship under the Mental Health (NI) Order 1986. The inspector made enquiries regarding the service user's financial circumstances and notified the RQIA Mental Health and Learning Disability Team of these arrangements.

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>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 coming on shift..</p> <p>Audits are carried out monthly by the Service Manager off all transaction, receipts and expenditure. The Regional Manager carried 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.</p>	<p>Compliant</p>

<p>A record is kept of sample signature for all staff</p>	
<p>Inspection Findings:</p>	
<p>The inspector examined the HSC Trust assessments of need which include the individual needs and capabilities of service users in relation to managing finances.</p> <p>The inspector was advised that all service users keep their money in a locked cupboard in their own home. Finance books kept in the home of each service user were examined by the inspector. The finance books maintain an up to date record of amounts paid in, distributions of money to the service user, and transactions for services, in accordance with financial agreements. Each transaction is signed by the service user and a member of staff, or two members of staff. The inspector noted that individual service user's receipt books maintained a record of purchases. The inspector was advised that service users keep small amounts of money for spending which they do not provide receipts for.</p> <p>The inspector saw written evidence in finance books of checks and reconciliations carried out by agency staff. The agency carries out a range of checks: the balance of each service user's money tin is checked daily; monthly reconciliations are completed by the service manager. The inspector viewed evidence of random receipt balances by the service manager and random quarterly compliance audits completed by the registered manager.</p> <p>The inspector was advised that purchases are not made on behalf of service users; each person makes their own purchases, in accordance with the assistance required as stated in their financial support plan. The inspector examined receipts and up to date written records of transactions where agency staff are involved in supporting service users to make purchases. Receipts can be cross referenced with the individual service user's finance book.</p> <p>The inspector was advised that the HSC Trust has stated that it must authorise purchases over around £200 for safeguarding purposes. This has resulted in delay for service users making arrangements for holidays where payments need to be made quickly. On 7 October 2014 the registered manager advised the inspector that the HSC Trust had provided assurance that actions to safeguard service user's monies would not result in delay accessing money.</p>	<p>Compliant</p>

The inspector noted that the service users' ability and preference to keep their own money box key is assessed and documented in their care and support plan. Agency staff and service users confirmed that staff members will respond to service users' requests for access to their money tin at any time. The registered manager advised the inspector that the agency ensures that service users have sufficient money for their needs by using individual financial support and budgeting plans.

The agency does not act as appointee for any service user or operate any bank account on behalf of service users.

The registered manager described how the HSC Trust would be requested to complete a financial capacity assessment in the case of a service user becoming incapable of managing finances.

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>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 inspector was advised that service users keep their money in locked tin in a locked cupboard in their own home. A service user explained to the inspector how they hold their own key. The registered manager showed the inspector consent forms where service users have consented to staff holding their key. The registered manager explained that bank cards and pin numbers are kept in separate locked places; passports are also kept locked in a safe place at the request of service users. The inspector viewed financial support plans which detail these arrangements. The inspector was advised that staff on duty hold keys associated with the area they are working on that shift. Evidence of reconciliations which take place at the end of the shift were examined by the inspector. The inspector noted evidence of finance books which detailed transactions, including the date, purpose, and signatures of staff and service users.</p> <p>Service users who spoke to the inspector in the course of inspection were aware of how to access money and how to see their financial records.</p> <p>The registered manager advised the inspector that service users are not restricted in relation to access to their money. The inspector was advised that the HSC Trust requirement to authorise transactions over £200 for safeguarding purposes has led to restrictions for some service users who wished to make holiday arrangements. The registered manager advised the inspector on 7 October 2014 that the Trust had provided assurance that actions to safeguard service user's monies would not result in delay accessing money.</p> <p>The inspector noted evidence of reconciliations completed daily by agency staff in addition to regular and random monthly checks by the service manager. The inspector was advised that deficits would be handled through the procedure for safe guarding vulnerable adults.</p>	<p>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 	<p>COMPLIANCE LEVEL</p>

<p>transport scheme;</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. 	
<p>Provider's Self-Assessment</p>	
<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 no users avail of the motability scheme although the Organisation has procedures which detail the arrangements between Service Users who invite other users into their motability car. 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 use another persons vehicle. Each year the Social Security Agency provides each Service Users with benefit entitlement which is stored in individuals files. 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>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The inspector was advised that the agency does not operate a transport scheme.</p>	<p>Not applicable</p>

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

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

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
Statement 1:	COMPLIANCE LEVEL
<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. 	
Provider’s Self-Assessment	
<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>	<p>Moving towards compliance</p>
Inspection Findings:	
<p>The inspector viewed a range of care and support plans which incorporated service users’ needs from assessments completed by the HSC Trust. The inspector noted that care and support plans adapted to changes in the needs of service users and included HSC Trust reassessments and risk assessments. Professionals who took part in the inspection reported that the agency responds appropriately to the changing needs of service users.</p> <p>Care and support plans reflected the involvement of the service user and/or their representative and the HSC Trust. Relatives who took part in the inspection reported that the agency involved them in plans for the service user’s care.</p>	<p>Substantially compliant</p>

Care and support plans were person centred and reflected a range of interventions appropriate to the needs of the individual. Care documentation examined by the inspector in relation to a service user with complex needs, demonstrated partnership between the HSC Trust professionals and the agency.

The inspector viewed a range of care records which showed that the outcome of the service was recorded regularly and preparation for review records which showed involvement of the service user in the review process. Records of reviews examined by the inspector documented the outcome of the service to the service provider and showed the involvement of service users, relatives and professionals in the process.

The care plans viewed by the inspector showed an appropriate consideration of human rights. The registered manager advised the inspector that the agency is in the course of implementing new care plan documentation which includes a specific consideration of human rights for the service user in each section of the care and support plan. The inspector saw a human rights guidance sheet for agency staff compiled by the registered manager. An easy read guide to human rights is contained within each service user's file which the inspector was informed had formed the basis for discussion at the tenants' meeting. The inspector was advised that at the point of review all service users will contain human rights considerations in the new format. At the time of inspection five out of seven care and support plans were on the new format.

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>Staff on induction receive the following training which underpins the implementation of care practice. At Respect training which is the management of challenging behaviour staff complete an assessment afterwards the training which shows their understanding of the course delivered around restrictive practice and the potential human rights implication.. 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 & procedures in these areas. The agency keeps a risk registrar of all restrictive practices which is reviewed quartely by the the relevant registered manager with multi disciplinary involvement. The impact of care practice is evaluated and reported to the relevant named worker when required. At training staff are reminded of their obligation to raise concerns about poor practice..</p>	Compliant

Inspection Findings:	
<p>The inspector viewed a range of staff training files and discussed the training system with the registered manager. The inspector was advised that the agency’s training department notifies the service manager when staff require training, including mandatory areas, and organises a training calendar. The registered manager showed the inspector evidence of a system of evaluation of the effectiveness of training, including supervision, competency assessment, performance appraisal and review. The registered manager advised the inspector that the agency has improved the appraisal process taking into account staff feedback.</p> <p>Staff who participated in the inspection reported that training was appropriate to equip them to carry out their roles. Staff reported that they had good access to formal and informal supervision.</p> <p>Staff who participated in the inspection were aware of practices which could be deemed restrictive, and were aware of human rights implications. Staff described a restrictive practice in response to an assessed need for one service user who has restricted access to personal property within their home for safety reasons. Staff were able to discuss the balance of human rights with restriction in order to protect a service user.</p> <p>The inspector read policy and procedural guidance for staff in relation to responding to the needs of service users.</p> <p>The inspector viewed care and support plans and review reports which showed that the agency evaluates the impact of care practices and works with the HSC Trust to adapt services to meet service users’ changing needs. Professionals who participated in the inspection described the agency as maintaining appropriate communication regarding changing needs, participating in review and adaptation of care and support plans as necessary. Evidence of visits undertaken by professionals were noted in service users’ records. Staff feedback indicated that care and support plans are reviewed and updated in response to changing needs.</p> <p>Staff were aware of their responsibilities in relation to raising concerns about poor practice, including how to escalate any concerns regarding the service manager.</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
Provider’s Self-Assessment	
<p>Within the Service User Guide & 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
Inspection Findings:	
<p>The inspector viewed the statement of purpose and service user guide which make appropriate reference to the nature and range of service provision, including restrictive practice. The inspector viewed care plans, noting that restrictive practices were developed in response to assessed need, and included in the care plan which is signed by the service user and/or their representative and an HSC Trust professional.</p>	Substantially compliant

The service user is advised of their right to decline a care practice in the service user guide and statement of purpose. The statement of purpose advises the service user that they can chose who provides their care. The registered manager discussed flexibility in provision of care to a service user.

The registered manager advised the inspector that no service user lacks the capacity to consent to care practices, and that no service is impacted on by a restrictive practice involving another service user.

Service users are provided with a copy of their care and support plans which can be kept in their own homes. The registered manager advised the inspector that the agency is further developing the accessibility of care documentation. Service users and relatives who spoke with the inspector knew what services were being provided and when to expect staff to provide services. Feedback from relatives and discussion with the managers highlighted that the agency communicates with relatives regarding the consideration of appropriate care practices.

No service user currently experiences a restriction as the result of a restrictive practice with another service user. At a meeting at RQIA offices on 22 October 2014, the registered person advised RQIA that the plans to remove the office from the home of a service user will require a reassessment of service users' needs in conjunction with the HSC Trust. The registered person advised that the removal of staff presence from the home of a service user, and from near sight of other service users, may result in the assessed need for communication or monitoring systems which could be regarded as restrictive. The registered person advised that the implementation of any restrictive practice will be monitored and evaluated.

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 	<p>COMPLIANCE LEVEL</p>

Provider's Self-Assessment	
<p>The agency has a policy and associated procedure in regard of the use of restrictive practice which includes a definition of physical restraint. 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. The risk register is reviewed quartely by the registered manager and the agency is committed to reducing the use of restrictive practice. 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>Compliant</p>

Inspection Findings:	
<p>The registered manager described the governance arrangements in place with regard to any restrictive care practice undertaken by staff. The inspector viewed care records of service users who were subject to restrictive practices which had been assessed and reviewed by the HSC Trust. In the case of a service user who is restricted regarding access to personal property, agency staff had participated in reassessment of the service user's needs with the HSC Trust. Staff described how the service user's control and choice was maximising by providing access to as wide a range of personal as was safe to do so. The managers discussed the long term safety implications of the service user's assessed needs and were satisfied that the restriction was necessary and in accordance with DOLs Interim Guidance.</p> <p>The managers discussed a further service user who is subject to restrictions as part of an HSC Trust assessed plan. The inspector examined care and support plans which reflected the necessary arrangements for supervision whilst optimising the independence and choice of the service user.</p> <p>The registered manager advised the inspector that the agency does not use restraint.</p> <p>The inspector viewed the register of restrictive practice maintained and evaluated monthly by the agency. The registered person must ensure that an evaluation of restrictive practices are included in the monthly monitoring reports.</p>	<p>Substantially compliant</p>

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

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

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p>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
<p>Provider’s Self-Assessment</p> <p>Each Service User is provided with A Service User Guide before Admission 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
<p>Inspection Findings:</p> <p>Service users who participated in the inspection could describe the care provided to them by staff and when this was provided. Service users also had an understanding that staff were available to them when required.</p> <p>Staff who participated in the inspection had an understanding of the amount and type of care provided to service user, as stated in the service user’s care plan. Staff feedback reflected a flexible model of service provision, as described by the registered manager.</p> <p>The inspector saw the agency’s policy on assessment on care planning, and noted that the Statement of</p>	Substantially compliant

<p>Purpose describes how care and support plans are devised.</p> <p>The inspector viewed service user agreements and care plans which were consistent with care commissioned by the HSC Trust. Care and support plans seen by the inspector reflected the needs and preferences of service users and how these should be met. Financial agreements viewed by the inspector stated the number of hours of care and support provided by the agency.</p> <p>The registered manager advised the inspector that care plans are discussed with service users. The registered manager discussed agency plans to improve the accessibility of care and support plans.</p>	
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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
<p>Provider's Self-Assessment</p> <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. The guide also informs them by cancellation of additional hours this will not impact on their rights as tenants.</p>	Compliant

Inspection Findings:	
<p>The inspector viewed financial agreements which stated the amount of care funded by the HSC Trust and the amount of care funded by their own income. Financial agreements were signed by the service user and/or their representative. Service users were able to tell the inspector that they contribute part of their income towards their care and support.</p> <p>The inspector was advised that service users only pay for hours on the basis of an HSC Trust assessment.</p>	<p>Substantially compliant</p>

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>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>	Compliant

Inspection Findings:	
<p>The report of care reviews commissioned by the HSC Trust confirmed that all service users had annual reviews from 1 April 2013 – 31 March 2014. Agency staff who contributed to the inspection reported that the HSC Trust responds to changing needs by reviewing the service user’s care and support plan. Review meeting records viewed by the inspector were signed by the service user and/or their representative, the agency and HSC Trust staff.</p> <p>The managers described how the agency completes a preparation for review form with the service user; these records were viewed by the inspector. The inspector read care and support plans which had been amended following review.</p>	<p>Compliant</p>

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

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

Any other areas examined

Complaints

The inspector viewed the records of one complaint received in the period 1 January 2013 – 31 December 2013 which showed the complaint was resolved satisfactorily.

Additionally the inspector reviewed the records of four complaints received by the agency in 2014. Three complaints were resolved locally; one is in the process of being resolved.

Quality improvement plan

The details of the Quality Improvement Plan appended to this report were discussed with **Colette Shepherd, registered manager, and Danielle Morgan, 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 – Kilns Court

30 September 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 Danielle Morgan, 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">• The registered person must ensure that the ongoing evaluation of restrictive practice is included in the monthly monitoring reports <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">• 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.	One	<p>The monthly monitoring form now includes a specific section for the evaluation 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.

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 will be contacted again in January to reaffirm their willingness to be contacted and how often in the year.	31 January 2015

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	Colette Sheppard
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Chris Alexander

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	X	Rhonda Simms	16/01/15
Further information requested from provider			