



The Regulation and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Agency:	Triangle Housing Association - Grays Park Court
Agency ID No:	10909
Date of Inspection:	19 December 2014
Inspector's Name:	INO20849
Inspection No:	Rhonda Simms

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	Triangle Housing Association
Address:	Grays Park Court 3 Grays Park Court Belfast BT8 7QD
Telephone Number:	028 90642860
E mail Address:	amanda.crawford@trianglehousing.org.uk
Registered Organisation / Registered Provider:	Triangle Housing Association Mr Christopher Alexander
Registered Manager:	Mrs Amanda Jayne Crawford
Person in Charge of the agency at the time of inspection:	Mrs Amanda Jayne Crawford
Number of service users:	8
Date and type of previous inspection:	25 November 2013, 9.15 am - 1.45 pm 10 December 2013, 9.30 am – 10.30 am
Date and time of inspection:	19 December 2014, Primary announced 9.30am – 5.45pm
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	7
Staff	7
Relatives	3
Other Professionals	3

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 four requirements and two recommendations following the primary inspection of 25 November and 10 December 2013 were assessed. The agency achieved compliance with the regulations in relation to three requirements and compliance with the minimum standards in relation to two recommendations.

One requirement has been restated.

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 Grays Park Court is a supported living type domiciliary care agency providing services to service users with learning disability and overlapping complex mental health and/or physical health needs. Service users live in a range of bungalows in a quiet cul-de-sac in South East Belfast.

Under the direction of the registered manager, Amanda Crawford and service manager, Siobhan Cadwallader, ten staff provide services that can include help 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.

Summary of inspection

The announced inspection took place at the agency's registered office, 3 Grays Park Court, Belfast, on 19 December 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 Amanda Crawford, registered manager, and six support staff/senior support staff. The inspector met seven service users in their own homes; met with two relatives at the registered office, and spoke with one relative by phone. The inspector received feedback from three HSC Trust 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 independence:

'The ability to facilitate service users in achieving their ambitions is one aspect to be proud of.'
'To encourage and promote independent living for clients, while maintaining and respecting their individual needs and human rights.'

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 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 and updating.

In the course of the inspection the inspector met with seven service users in their homes, which were furnished and decorated to reflect their personal taste and interests. A service user raised concerns regarding wear and tear to the property. The registered manager advised the inspector that future refurbishment works are planned by the agency. Service users made positive comments about the quality of life they experienced living at Greys Park Court and the service provided to them by staff. During the inspector's visit, service users were observed pursuing activities of their choice and discussing individual plans for the future.

Three relatives spoke with the inspector in the course of the inspection. Relatives reported that staff at Greys Park Court responded to the needs of their relative appropriately and enabled increased independence. Effective working relationships and communication between the agency, family and the HSC Trust were described. Relatives described their relative as happy living at Greys Park Court. Where a relative had identified concerns, they described how agency staff responded with a satisfactory resolution.

The inspector spoke with three professionals as part of the inspection process. Professionals reported having a positive partnership with agency staff, with appropriate contact and discussion regarding service users' needs. Professionals highlighted that the agency provides care in accordance with HSC Trust assessments and care plans, including referral of safeguarding concerns. The service at Grays Park 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 '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.

Requirements and recommendations have been made in relation to Theme 1:

- Financial support plans included assistance service users required with handling money; however some financial support plans did not include the arrangement of keeping service user's monies in a safe which staff holds the key for. Appointee ship arrangements should be noted in care and support plans of all service users.
- The inspector noted that reconciliations of financial transactions by the registered manager had not always been undertaken on a monthly basis, as stated in agency policy. The inspector noted that reconciliations by the registered manager had taken place at least quarterly. The registered person must ensure that the agency ensures the safety and security of service users' property by undertaking reconciliations as stated in the agency's policy and procedure.

The registered manager discussed the financial capabilities of service users whom she had identified may benefit from financial reassessment to increase their financial independence, and a service user who may benefit from assessment of financial capacity. The registered person must ensure that appropriate referrals are made to the HSC Trust in order to reassess their financial capacity; to protect service users' finances, or increase their financial independence.

During and subsequent to inspection, the agency provided information regarding plans to move the agency office from the home of a service user. The registered person must ensure that RQIA is informed in writing of the progress of plans, in line with the timescale proposed by Triangle Housing Association, to remove the office from the service user's home. In the interim period until works are completed, the registered person should ensure that there is a process of ascertaining the views of service users on the staff use of any room in their home; and what measures are taken to ensure the service user obtains maximum benefit from their home.

The inspector noted that one service user has a sleepover room in their home which they pay the full utility bills for. The inspector was advised that this room is not included in the service user's tenancy, however they can have use of the room during the day. The registered person should ensure that there is a process of: ascertaining the views of service users on the staff use of any room in their home; and what measures are taken to ensure the service user obtains maximum benefit from their home.

Three requirements and two recommendations have been made 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 completed in a person centred manner, reflected a range of interventions, and included the involvement of the service user and/ or their representative.

Documentation and feedback from staff, service users, HSC Trust 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 generally reported that they had received training to equip them to carry out their roles; however areas for further training were highlighted. Some staff identified that training in both autism, and mental health, would enable them to enhance the services provided to service users.

A recommendation has been made as discussed in Theme 1, regarding the inclusion of appointee ship and money storage arrangements to be stated in care and support plans.

Two recommendations have been stated 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 inspector viewed a range of care and support plans which were completed in a person centred manner, individualised, reflected the assessment of the HSC Trust and the needs and preferences of the service user. 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 an agency representative.

The registered manager confirmed the report of care reviews commissioned by the HSC Trust that five out of six 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 reports reflected the views of service users, staff and professionals. The inspector noted that attempts to contact professionals were also recorded. The views of relatives were not reported. The registered manager advised the inspector that following a survey of families, the agency has been unsuccessful in obtaining regular feedback from relatives. The reports reflect quality improvement measures and monitoring of standards in the service.

The inspector noted that a review of restrictive practices had been included in the most recent monthly monitoring report. The registered manager discussed the agency's response to recent RQIA Quality Improvement Plans which included the implementation of a system to ensure the inclusion of restrictive practice as part of the monthly monitoring report.

The registered person should ensure that the views of relatives are reflected or that any factors impacting on the agency's ability to ascertain the views of relatives are noted on the monthly monitoring report.

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 towards the cost of their care. The registered manager confirmed that five service users are assessed as lacking financial capacity and have assistance in accordance to their assessed needs to manage their finances. The agency's registered manager acts as nominated appointee for three service users; the HSC Trust acts as appointee for two service users.

The arrangement of service users contributing disability benefits to personal care 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 advised that Triangle Housing Association has arranged a meeting with the HSC Trust regarding service users paying for personal care contrary to DHSSPS guidance. The registered person has met with representatives of the DHSSPS and the Health and Social Care Board to discuss issues regarding personal care charges in Triangle Housing Association services. The registered person must provide RQIA with written assurance that they have highlighted 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.

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 five out of six service users had reviews completed with the HSC Trust within the survey period. The remaining review was subsequently completed.

The inspector would like to thank the agency staff, service users, relatives and HSC Trust professionals for their participation, co-operation and hospitality throughout the course of 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.	14 (c) (d) (e)	The registered manager must review the arrangements around service user "sharing" accommodation with staff.	<p>The registered manager showed the inspector architect plans regarding an extension to 3 Grays Park Court which would remove the office from the home of the service user. Subsequent to the date of inspection, Triangle Housing Association advised the inspector of a planned timescale to progress plans and commence building works in mid-2015.</p> <p>The inspector was advised that at present, staff supervision takes place in the sleepover room/office. Handovers and staff meetings take place in the kitchen whilst the service user is out during the day. The inspector was advised by agency staff that the service user is consulted with regarding meetings which occur in their home, including those which occur in their absence from home. The registered manager advised the inspector that meetings involving a number of staff are generally planned for times when the service user is not at home, to minimise disruption. When professionals visit services users, this takes place in the service user's home and may include agency staff.</p>	Two	Partially met

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			<p>The inspector was shown the staff fridge, provided by Triangle and situated in the service user's utility room. The inspector was advised that Triangle have provided equipment such as crockery, kettle and microwave on the basis that staff share it due to the situation of the office in the service user's home.</p> <p>The cost of the purchase of a new dining room table and chairs situated in the service user's kitchen was shared by 50% with the service user. This furniture is used by staff several times daily due to the situation of the office in the service user's home. The agency monthly review with the service user includes note of the intention to purchase new furniture and is signed by the service user. The inspector was advised that ownership of this furniture lies with the service user.</p> <p>During inspection, the inspector noted that the privacy of the service user and the degree of control they can exercise over their home was significantly reduced and impacted on by the presence of the office in the service user's home. The relative of the service user provided feedback regarding hygiene standards and tidiness of areas of the service user's home. These issues may be exacerbated by the presence of the office in the service user's home.</p> <p>This requirement will be restated.</p>		
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2.	15 (6) (d)	<p>The registered manager must ensure that all service users have individual Financial Agreement in place agreed and signed by the service user and/or their representative. The agreement should include details of any assistance with financial transactions, contributions to and terms of contributions to household bills and how individual monies may be spent.</p>	<p>The inspector viewed all financial agreements which were signed by the service user and the team leader or registered manager. The inspector was advised that HSC Trust representatives do not sign financial agreements and that relatives do not wish to sign financial agreements. Financial agreements seen by the inspector include contributions to household bills. The assistance required by the service users with financial transactions and how monies are spent are included in the financial active support plan signed by the service user and agency staff. Terms and conditions of contributions are stated in the service user guide and financial agreement.</p>	Two	Fully met
3.	15 (6) (d)	<p>The registered manager must ensure that any agreement by service users to contribute to staff costs when on excursions is formally documented.</p>	<p>The finance agreements seen by the inspector and signed by the service user and the agency include the terms of the service user's contribution to staff costs whilst on outings.</p>	Two	Fully met

4.	23 (2) (c)	The registered person must ensure that the monthly monitoring report has responded to recommendations made or requirements stated in the quality improvement plan.	The inspector examined reports of monthly monitoring which include the agency's response to the RQIA quality improvement plan.	One	Fully met
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1.	4.4	It is recommended that the registered manager ensures that all service user agreements are signed by the service user or their representative and a representative of the agency.	The inspector viewed all service user agreements which were signed by the service user and a representative of the agency.	Two	Fully met
2.	16.2	It is recommended that information from a care plan regarding specific steps to be taken when preparing and supervising meals for a service user at risk of choking is available for all staff in the food preparation area. This information must always form part of handover information.	The inspector viewed information from the service user's care plan which is kept on the inside of a kitchen food cupboard and is easily accessible by all staff.	One	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>Substantially 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 viewed individual financial agreements 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>One service user lives in a bungalow which also houses the agency office/sleepover room and staff toilet. The financial agreement for the service user states that the agency pays 30% of utility bills to cover costs associated with these areas. The inspector examined the agency petty cash book and the service user's cash book which showed transactions of payments in respect of these bills.</p> <p>The inspector noted that the current office arrangements impacted negatively on the service user who shares their home with the agency office; the privacy of the service user and the degree of control they can exercise over their home was significantly reduced and impacted on by the presence of the office in the service user's home. The inspector was shown architect plans regarding building works which would move the office from the service user's home. Subsequent to the inspection, the inspector was advised that Triangle Housing Association intends to progress plans with the aim of commencing building works in mid-2015. The registered person must ensure that RQIA is informed in writing of the progress of plans to remove the office from the service user's home. In the interim period until works are completed, the registered person should ensure that there is a process of ascertaining the views of service users on the staff use of any room in their</p>	<p>Substantially compliant</p>

home; and what measures are taken to ensure the service user obtains maximum benefit from their home.

The inspector was advised that there is a staff sleepover room in the home of a further service user, who has an assessed need for a staff presence at night, which the service user can have use of during the day. The inspector was advised that this room is not included in the service user's tenancy; the service user pays the utility costs for this room. The inspector spoke with the service user who is satisfied with the arrangements for staff to sleep in their home at night. The registered person should ensure that there is a process of ascertaining the views of service users on the staff use of any room and what measures are taken to ensure the service user obtains maximum benefit from their home.

The inspector was advised that there are no unused areas within service users' homes.

The registered manager advised the inspector that staff are responsible for purchasing food they consume whilst on duty. The arrangements for staff meals during an outing with a service user are stated in the financial agreement. The agency provides an allowance which can be used by staff to purchase tea, coffee, and breakfast foodstuffs for the use of staff, which are kept separately to service users' food.

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.

The service user guide viewed by the inspector states that written notification is given annually in advance of changes in charges. The inspector viewed letters to service users providing at least four weeks written notice.

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>	
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Provider's Self-Assessment	
<p>Prior to admission the HSC Trust presents at panel the identified needs of the Service User and the trust 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 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 a Service User wishes to withdraw more money the agency support the service user to do so. Where the Trust manage the Service User finances a request will be made to the named worker for additional money.</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. 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>A record is kept of sample signature for all staff.</p>	<p>Substantially 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 in their home. 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. The inspector noted that records and receipts of transactions undertaken by service users with the assistance of agency staff were maintained and up to date. The inspector was informed that service users who share a home have a joint receipt book for shared purchases, and a separate receipt book for individual purchases.</p> <p>The registered manager discussed the financial checks conducted by the agency. The inspector noted evidence of daily balance checks completed at shift handover, and reconciliations completed monthly by the registered manager. Random finance checks are completed by the registered manager and also by the person completing monthly monitoring visits on behalf of the registered person. The monthly monitoring reports viewed by the inspector noted random finance checks of service users' records. The inspector was advised that the organisation conducts an annual finance audit. The registered manager advised the inspector that in accordance with guidance from the agency's accountant, future random checks will be collectively captured.</p> <p>The inspector noted that reconciliations by the registered manager had not always been undertaken on a monthly basis, as stated in agency policy. Financial reconciliations by the registered manager had been undertaken at least quarterly. The registered person must ensure that the agency ensures the safety and security of service users' property, as stated in agency policy.</p> <p>The inspector was advised that staff do not make purchases on behalf of service users.</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. Agency staff confirmed that service users can access their money at any time.</p> <p>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</p>	<p>Substantially compliant</p>

of the registered manager as appointee were seen by the inspector. The inspector viewed financial support plans which record the name of the appointee and the arrangements to assist two service users for whom the HSC Trust acts as appointee. The inspector noted that in some financial support plans appointee arrangements were not noted, and not all plans specified where money was kept in a safe and the arrangements for access. A recommendation has been made regarding this.

The registered manager discussed the financial capabilities of service users whom she had identified may benefit from financial reassessment to increase their financial independence, and a service user who may benefit from assessment of financial capacity. The registered person must ensure that appropriate referrals are made to the HSC Trust in order to reassess the financial capacity of service users, to protect their finances, or increase their financial independence.

The registered manager advised the inspector that the agency does not operate a bank account on behalf of any service user.

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
Provider's Self-Assessment	
<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. The support plan details the level of restriction where appropriate in regard to money and property.</p>	Substantially compliant

Inspection Findings:	
<p>The inspector was advised that service users keep their money in locked safe in their own home. The inspector viewed some financial support plans which did not detail the arrangements regarding the safe. A recommendation has been made in relation to this. The inspector was advised that one member of staff on duty holds keys for the safes.</p> <p>Evidence of reconciliations which take place daily were examined by the inspector. The inspector noted evidence of finance books which detailed transactions, including the date, purpose, and signatures of staff.</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. The inspector was advised that records of financial transactions are kept in the home of each service user.</p> <p>The registered manager advised the inspector that service users are not restricted in relation to access to their money.</p> <p>The inspector noted evidence of reconciliations completed daily by agency staff in addition to checks made by the registered manager. A requirement has been made for the registered person to ensure that financial checks are made as stated by agency policy. The inspector was advised that deficits would be handled through the procedure for safe guarding vulnerable adults.</p>	<p>Substantially compliant</p>

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

<ul style="list-style-type: none"> • The agency ensures that the vehicle(s) used for providing transport to service users, including private (staff) vehicles, meet the relevant legal requirements regarding insurance and road worthiness. Where the agency facilitates service users to have access to a vehicle leased on the Motability scheme by a service user, the agency ensures that the above legal documents are in place; • Ownership details of any vehicles used by the agency to provide transport services are clarified. 	
<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.</p> <p>The procedure details 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.</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>	<p>Substantially 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
	Substantially compliant

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

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 1:</p> <p>The agency responds appropriately to the assessed needs of service users</p> <ul style="list-style-type: none"> • The agency maintains a clear statement of the service users’ current needs and risks. • Needs and risk assessments reflect the input of the HSC Trust and contain the views of service users and their representatives. • Agency staff record on a regular basis their outcome of the service provided to the individual • Service users’ care plans reflect a range of interventions to be used in relation to the assessed needs of service users • Service users’ care plans have been prepared in conjunction with the service user and their HSC Trust representative(s) and reflect appropriate consideration of human rights. 	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>Each 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.</p> <p>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.</p> <p>Care plans have been now reviewed to include the appropriate consideration of human rights. We are currently in the process of changing to the new documentation.</p>	Substantially compliant
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. Care and support plans seen by the inspector reflected adaptation 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 and communicates effectively with the HSC Trust.</p> <p>The involvement of the service user and/or their representative and the HSC Trust was reflected in care and support plans seen by the inspector. Relatives who took part in the inspection reported that the agency involved them appropriately in plans for the service user’s care.</p>	Substantially compliant

Care and support plans were completed in a person centred manner and reflected a range of interventions appropriate to the needs of the individual. Care documentation examined by the inspector in relation to service users with complex needs demonstrated partnership between the HSC Trust professionals, the agency and the service user. The inspector noted the effective inclusion of photographic instructions in a care and support plan, completed by the HSC Trust professional and a service user, depicting the service user's use of equipment.

The inspector noted that the care plans of some service users did not state arrangements regarding appointee ship or the service user keeping their money in the agency's safe. The registered person should ensure that care and support plans include arrangements for management of the service users' monies, including appointee ship and storage of service users' monies in the agency safe.

The inspector viewed a range of care records which showed that the outcome of the service was recorded regularly. Preparation for review records showed involvement of the service user in the review process. The outcome of the service provided was recorded in records of reviews examined by the inspector and showed the involvement of service users, and professionals in the process. The registered manager described a process of monthly review within the agency to evaluate the outcome of services provided and ensure that care and support plans are accurately updated to reflect changing need.

The inspector reviewed a range of care and support plans which reflected an appropriate consideration of human rights. The registered manager advised the inspector that the agency has been in the process 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. This process is almost complete, with one remaining care and support plan to be transferred to new documentation. The inspector saw a human rights guidance sheet for agency staff and an easy read guide to human rights included in service user's files.

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
Provider’s Self-Assessment	
<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>	Substantially compliant

Inspection Findings:	
<p>The inspector viewed training records which showed that staff have received training appropriate to their roles. 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. Most staff provided feedback that they had received training to equip them to carry out their roles.</p> <p>In the course of the inspection some staff noted that their delivery of the service could be enhanced by training in two areas of autism, and mental health. This feedback was discussed with the registered manager and a recommendation is stated in relation to training.</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. Staff receive one to one supervision twice yearly, and finance and medication competency testing yearly. 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 practices which could be considered restrictive, in relation to the use of door alarms and safety equipment. 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 professionals advised the inspector that the impact of care practices are evaluated and relevant parties notified of any changes. The inspector examined records which showed how agency staff had evaluated the impact of care practices and reported changes in the service user's needs appropriately. These included annual reviews with the HSC Trust and agency, monthly and six monthly agency reviews, and care records.</p> <p>Staff who took part in the inspection were able to describe how to raise concerns regarding poor practice and knew how to raise concerns regarding safeguarding.</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 this document Service Users are advised of their right to decline aspects of their care provision.</p> <p>Where a Service User lacks capacity their named worker and representative are informed.</p> <p>Service Users can have a copy of their care plan if they wish in a user friendly format.</p>	Substantially compliant

Inspection Findings:	
<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 Statement of Purpose and service user guide state that service users can decline aspects of care provision. The registered manager advised the inspector that all service users can consent to care practices.</p> <p>The registered manager described the agency's use of a Tunstall system of monitors on the front doors of all service users from 11pm – 7am, for security reasons. The use of this system is included in care and support plans which are signed by service users and reviewed with the HSC Trust. The registered manager described how some service users chose to leave their front door open during the day, which is respected as their choice.</p> <p>The registered manager discussed restrictions on a service user who has an assessed need to be accompanied when they leave their home. The inspector read the HSC Trust assessment, risk assessment, and documents relating to the implementation of this practice, which is included in the care and support plan. The inspector noted through reading documentation and receiving feedback from relatives, that the service user and their relatives were involved in the decision making process regarding this care practice.</p> <p>Agency staff highlighted the use of equipment such as lap belts for wheelchairs and bed sides which are used for some service users as a result of an assessed need and included in care and support plans. This equipment is used for safety reasons and does not cause any further restriction to the service users concerned.</p> <p>The registered manager described how the independence and privacy of service users who have restricted movement is enhanced as much as possible by the provision of equipment and care practices. For example, use of a TV remote control or DVD timer for service users to watch television in bed at night, in order to reduce disturbance from staff.</p> <p>Service users can be provided with a copy of, or have access to, their care and support plans at any time. The inspector noted that the care records included a format appropriate to the service user's needs.</p>	<p>Substantially compliant</p>

<p>The inspector was advised that there are no restrictive practices which impact on service users who do not require such restrictions. The service user guide contains information regarding advocacy services. The inspector noted that two service users are part of the tenants' advisory group which represents the views of tenants, and one service user is involved in a project to evaluate and provide feedback to the agency.</p>	
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THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 4</p> <p>The registered person ensures that there are robust governance arrangements in place with regard to any restrictive care practices undertaken by agency staff.</p> <ul style="list-style-type: none"> • Care practices which are restrictive are undertaken only when there are clearly identified and documented risks and needs. • Care practices which are restrictive can be justified, are proportionate and are the least restrictive measure to secure the safety or welfare of the service user. • Care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance. • The agency evaluates the impact of restrictive care practices and reports to the relevant parties any significant changes in the service user’s needs. • The agency maintains records of each occasion restraint is used and can demonstrate that this was the only way of securing the welfare of the service user (s) and was used as a last resort. • Restraint records are completed in accordance with DHSSPS (2005) Human Rights Working Group on Restraint and Seclusion: Guidance on Restraint and Seclusion in Health and Personal Social Services. • The agency forwards to RQIA and other relevant agencies notification of each occasion restraint is used • The registered person monitors the implementation of care practices which are restrictive in nature and includes their on-going assessment of these practices within the monthly quality monitoring report 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p> <p>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</p>	Substantially compliant

<p>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 behaviour 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>Inspection Findings:</p>	
<p>The care plans, risk assessments and review records seen by the inspector showed involvement with the HSC Trust, service users and relatives regarding practices which could be seen as restrictive. The registered manager was able to discuss how these practices were justified, proportionate and the least restrictive measure for service users.</p> <p>Since the last RQIA inspection, the agency has implemented care provision which includes restricting a service user to being accompanied when in the community outside of their home. The inspector noted that this practice has been implemented as a result of a needs and risk assessment identified by the HSC Trust and stated in a care and support plan. The inspector discussed the practice with the registered manager and the service user's representatives. It was evident that the agency is working with the service user, their relatives and the HSC Trust to implement, monitor and appropriately review the care practice.</p> <p>The registered manager discussed the agency's restrictive practice register which is updated monthly and includes practices which could be restrictive. The inspector noted that restrictive practices have been included in the reports of monthly monitoring since November 2014. The registered manager discussed how Triangle Housing Association have responded to RQIA inspections in 2014 by considering and implementing a system to ensure that restrictive practices are captured and reviewed by the person completing the monthly monitoring report.</p> <p>The inspector was advised that the agency does not use restraint.</p>	<p>Substantially compliant</p>

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

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

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p>Statement 1</p> <p>Evidence inspected confirms that service users/representatives have written information and/or had explained to them the amount and type of care provided by the agency</p> <ul style="list-style-type: none"> • Service users/representatives can describe the amount and type of care provided by the agency • Staff have an understanding of the amount and type of care provided to service users • The agency’s policy on assessment and care planning and the statement of purpose/service user guide describe how individual service user agreements are devised. • The agency’s service user agreement is consistent with the care commissioned by the HSC Trust. The agency’s care plan accurately details the amount and type of care provided by the agency in an accessible format. 	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>Each Service User is provided with A Service User Guide before Admissiom which details the type of care provided by the Agency. Each staff member recieves 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>	Substantially compliant
Inspection Findings:	
<p>Service users who participated in the inspection knew that staff provide the care they need and had an understanding that staff were available to them when required.</p> <p>Staff who participated in the inspection understood the amount and type of care provided to service users, 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>	Substantially compliant

The inspector viewed the agency's policy on assessment on care planning, and noted that the Statement of Purpose describes how care and support plans are devised. The inspector saw service user agreements and received feedback from Trust professionals which showed that care plans 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. The number of hours of care and support provided by the agency was stated in financial agreements examined by the inspector.

The registered manager advised the inspector that care plans are discussed with service users; feedback from agency staff confirmed this.

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 they pay 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 will not impact as a Tenant.</p>	Substantially 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 service users from their own income. Financial agreements were signed by the service user and a representative of the agency. The registered manger advised the inspector that relatives do not wish to be involved in financial agreements. HSC Trust representatives do not sign financial agreements. Some 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. No service user is paying for any additional hours.</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
Provider’s Self-Assessment	
<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>	Substantially compliant

Inspection Findings:	
<p>The report of care reviews commissioned by the HSC Trust confirmed that five out of six service users had annual reviews from 1 April 2013 – 31 March 2014. One further review took place outside the survey time period. 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. HSC Trust professionals confirmed that reviews take place annually and appropriately when required. 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 seen by the inspector. The inspector examined care and support plans which had been updated following review.</p>	<p>Compliant</p>

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

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

Any other areas examined

Complaints

The inspector viewed records which showed that no complaints were received by the agency in the period 1 January 2013 – 31 December 2013. There have been no further complaints to the date of inspection.

Notifiable Incidents

The registered manager discussed a notifiable incident which the agency handled appropriately.

Quality improvement plan

The details of the Quality Improvement Plan appended to this report were discussed with **Amanda Crawford**, registered manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan

Announced Primary Inspection

Grays Park Court

19 December 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 **Amanda Crawford, registered manager**, during the inspection visit.

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

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

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

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

Statutory Requirements

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

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	14 (c) (d) (e)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided –</p> <p>(c) so as to promote the independence of service users;</p> <p>(d) so as to ensure the safety and security of service users' property, including their homes;</p> <p>(e) in a manner which respects the privacy, dignity and wishes of service users, and the confidentiality of information relating to them</p> <p>The registered person must ensure that RQIA is informed in writing of the progress of plans to remove the office from the service user's home, in line with the timescale proposed by Triangle Housing Association.</p>	Three	<p>RQIA have been informed and updated regarding the plans to build staff accommodation and office facilities to this Scheme. The Registered Manager will continue to keep RQIA up to date with these developments.</p> <p>Registered Manager has requested the Organisation review the contributions to bills made to Service Users who share accommodation with staff.</p>	19 April 2015

3	14 (b) (d)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided—</p> <p>(b) so as to safeguard service users against abuse or neglect; (d) so as to ensure the safety and security of service users' property, including their homes</p> <ul style="list-style-type: none"> • The inspector noted that reconciliations of financial transactions by the registered manager had not always been undertaken on a monthly basis, as stated in agency policy. • The registered person must ensure that appropriate referrals are made to the HSC Trust in order to assess their financial capacity; to protect service users' finances, or increase their financial independence. This refers to the registered manager's reflection on the changing financial abilities of service users. 	One	<p>The Service User Finance Procedure has now been updated which now states the Service Manager will carry out quarterly audits instead of monthly as previously stated in procedure.</p> <p>Email has been sent to care manager to request assessment of finance capacity to protect Service Users' finances.</p> <p>Service Users discussed can now go to bank to cash cheques received from Trust.</p>	19 March 2015
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4	14 (d)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided –</p> <p>(d) so as to ensure the safety and security of service users' property, including their homes</p> <p>The registered person must provide RQIA with written assurance that they have highlighted 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.</p>	One	<p>Triangle Chief Executive and Director Of Support Services are attending a meeting in February with Belfast Trust to discuss the Service User paying for their personal care using their DLA Care Contribution. RQIA will be kept updated regarding this matter.</p>	19 February 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	1.4	<p>Action is taken, where necessary, following receipt of feedback and comments to make improvements to the quality of the service.</p> <p>The registered person should ensure that there is a process of ascertaining the views of service users on the staff use of any room and measures are taken to ensure the service users obtain maximum benefit from their home and control over who enters it. This process should be kept under review.</p> <p>This refers to:</p> <ul style="list-style-type: none">• service users who have a sleepover room in their home• service users who have an office area in their home	One	A Tenants Meeting will be held where the views of Service Users will be sought on having a sleepover and office facilities in their home.	19 March 2015

2	4.2	<p>The agreement between the service user and the service provider specifies:</p> <ul style="list-style-type: none"> • the arrangements for any financial transactions undertaken on behalf of the service user by the agency's staff and the records to be kept; <p>The registered person should ensure that written agreements include appointee arrangements; and where service users keep money in a safe.</p>	One	Finance Support Plans have been updated to include appointee arrangements and where money is stored.	19 March 2015
3	12.4	<p>The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>This relates to additional training requested by staff in the areas of:</p> <ul style="list-style-type: none"> • Autism • Mental Health 	One	Training Manager has given me information on the topics identified. I will present on 16 th March at Monthly Team Meeting.	19 June 2015

4	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.</p> <p>This report summarises any views of service users and/or their carers/representatives ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p> <ul style="list-style-type: none"> Any factors impacting on the agency's ability to include consultation with relatives must be noted on the reports of monthly monitoring. 	One	<p>Monthly Monitoring now captures views of Carers/Representatives. Spreadsheet of Family Contacts show to inspector in January 15.</p>	19 March 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:

NAME OF REGISTERED MANAGER COMPLETING QIP	Amanda Crawford
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Christopher Alexander

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	x	Rhonda Simms	10/2/15
Further information requested from provider			