

## **PRIMARY ANNOUNCED INSPECTION**

<b>Name of Agency:</b>	<b>Triangle Housing Association</b>
<b>Agency ID No:</b>	<b>10910</b>
<b>Date of Inspection:</b>	<b>6 January 2015</b>
<b>Inspector's Name:</b>	<b>Rhonda Simms</b>
<b>Inspection No:</b>	<b>IN020846</b>

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

<b>Name of Agency:</b>	Triangle Housing Association
<b>Address:</b>	57 Sandown Road Belfast BT5 6GU
<b>Telephone Number:</b>	02890652582
<b>E mail Address:</b>	<a href="mailto:amanda.crawford@trianglehousing.org.uk">amanda.crawford@trianglehousing.org.uk</a>
<b>Registered Organisation / Registered Provider:</b>	Triangle Housing Association Mr Christopher Alexander
<b>Registered Manager:</b>	Mrs Amanda Jayne Crawford
<b>Person in Charge of the agency at the time of inspection:</b>	Jill Traynor Service Manager
<b>Number of service users:</b>	11
<b>Date and type of previous inspection:</b>	5 November 2013 Primary Announced Inspection
<b>Date and time of inspection:</b>	6 January 2015 9.15am – 4.45pm
<b>Name of inspector:</b>	Rhonda Simms

## Introduction

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

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

## Purpose of the Inspection

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

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

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

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

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

## Methods/Process

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

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

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

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

- File audit
- Evaluation and feedback

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

### Consultation Process

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

Service Users	5
Staff	7
Relatives	1
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	15	10

### 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 compliance towards three requirements and three recommendations following the primary inspection of 5 November 2013 were assessed. The agency has achieved compliance with the regulations in relation to three requirements and met the minimum standards in relation to three recommendations.

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

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

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

## Profile of Service

Triangle Housing Association is a supported living type domiciliary care agency, based at 57 Sandown Road, Belfast. The service provides domiciliary care and housing support to eleven service users. There are five dwellings at 57 Sandown Road which can accommodate ten service users, and one dwelling nearby which can accommodate three service users. Service users are supported by agency staff based at Sandown Road. The dwellings include three, two bedroomed facilities for two service users each; a two bedroomed dwelling currently occupied by one service user; and a four bedroomed dwelling occupied by three service users. Service users live close to local facilities and transport links. Under the direction of the Registered Manager, Amanda Crawford, and the Service Manager Jill Traynor, thirteen 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 inspection took place at the agency's registered office at 57 Sandown Road, Belfast, on 6 January 2015. 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, Jill Traynor, service manager, and five support staff/senior support staff. The inspector met five service users in their own homes; observed service users in the course of their daily routines; and spoke with one relative by phone. The inspector received verbal feedback from three HSC Trust professionals.

Following the inspection, ten 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. Some staff requested more detailed training in how to recognise and respond to historical and current safeguarding issues, whilst rating the effectiveness of training received as good. A recommendation regarding training has been included. Staff provided feedback regarding their understanding of the supported living ethos, which included comments regarding empowerment, choice, dignity, respect, and encouraging independence:

'Support service users to lead full, empowered lives integrated to their community and enabling service users to make own choices whilst treating service users with dignity and respect.'

'Support to encourage dignity, independence, growth for each person as an individual.'

'The role of supported living is to enable choice in the life and home of service users, and to support them to perform daily tasks and enable social inclusion'.

In the course of inspection it was evident that staff had a detailed knowledge of the needs and preferences of service users and took pride in the standard of care provided to them. Staff who participated in the inspection were able to discuss the supported living ethos and were aware of human rights issues.

Comments included:

'giving service users choice and dignity, showing them respect'

'being involved in the local community'

'service users can express choice about what they want to do and when they want services'

'service users know about their rights and talk about decisions being their choice'.

Supported Living means: 'living the way they want to live with support', 'quality of life', 'taking steps forward', 'homeliness, having your house decorated comfortably and according to your choice.

In general, staff were positive regarding the training and support they receive to enable them to carry out their roles effectively. Some staff described the training system as 'organised, you know when training is coming up'. The safeguarding training was described as good, with positive comments made about the benefit of learning in an environment where peer learning is facilitated. In the course of discussion, staff recognised the need to develop their own knowledge and skills in order to enhance service delivery to suit the changing needs of service users who are becoming older and may develop age related health conditions. Several staff expressed the benefit of previous training in relation to dementia, and requested further training in this area.

Some service users who took part in the inspection were keen to show the inspector their homes, personal possessions, and to talk about their interests and activities. It was evident that service users knew how staff support them to pursue their interests and make plans regarding future activities. Service users generally communicated positively regarding their relationships with staff and the service provided to them. One service user did express some reservations about the service provided and had discussed concerns with the registered manager with some satisfaction regarding the outcome.

One relative who spoke to the inspector had concerns regarding the standard of service provided to their relative which they had discussed with staff.

The inspector spoke with three HSC Trust professionals, and met two professionals in the course of their duties at the service. Professionals were positive regarding the standard of service provided to service users, and commented on the commitment of staff in responding to changing needs of service users. 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 appropriate referral of safeguarding concerns.

### **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.

Two requirements and one recommendation have been made in relation to Theme 1.

In relation to service users who have a staff sleepover room in their home, 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.

In relation to the situation of the agency office, the registered person must ensure that the agency reviews the arrangements for conducting business within the home of service users. The service users' views must be ascertained, recorded and regularly evaluated regarding the range of business which they agree to be conducted in their home, and the times when they prefer this to occur. The registered person must ensure that the use of the service users' kitchen and the traffic throughout their home is minimised as much as possible and limited to person's necessarily providing services to service users.

The inspector noted that the agency's payment of 10% of utility costs of the house where the agency office is situated may not be equitable, the registered person must review the proportion of utility costs paid.

- **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, and HSC Trust professionals showed that the agency responds to the changing needs of service users, evaluates care practices, and adapts care and support plans accordingly.

The inspector viewed up to date training records and discussed the system of training and evaluation with the registered manager. Staff reported that they had received training to equip them to carry out their roles. Some staff identified that training in dementia would enable them to enhance the services provided to service users. A recommendation has been made in relation to training.

The inspector noted that some service users were receiving care practices of a restrictive nature which did not reflect a risk and needs assessment and re-evaluation by the HSC Trust. Agency staff and HSC Trust were able to describe and justify these care practices; however HSC Trust involvement of assessment and review was not documented. The registered person must ensure that restrictive practices are undertaken when risks and needs have been assessed by the HSC Trust, and documented in care and support plans.



- **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. The inspector noted that some service users were receiving restrictive practices of a historical nature which were not evidenced by a documented HSC Trust assessment. A requirement is included in relation to this, as discussed in Theme 2. Service users had an understanding that staff were available to meet their needs 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 that the report of care reviews commissioned by the HSC Trust was not completed as no service users had annual reviews from 1 April 2013 – 31 March 2014, due to sickness absence within the HSC Trust. The inspector was informed that in recent months four reviews have been completed with the HSC Trust and that further reviews are arranged.

Feedback from agency staff and HSC Trust professionals in the course of the inspection showed that the HSC Trust are regularly involved in the needs assessment and evaluation of care provided for service users.

There is one requirement in relation to Theme 3.

## **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 and staff. The reports noted the views of professionals on three out of eight months sampled. The inspector noted that in addition, attempts to contact professionals were recorded. The registered manager advised the inspector that senior management have stated that evidence of attempts to contact professionals in relation to monthly monitoring activity should be collated with the monthly monitoring report.

The registered manager advised the inspector that following a survey of families, one relative has agreed to participate in monthly monitoring. This outcome was not always noted in the monthly monitoring reports sampled. 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 monthly monitoring reports since November 2014. 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 representatives, including families and professionals are included in the reports of monthly monitoring and that any factors impacting on the agency's ability to ascertain their views are noted.

### **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 nine 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 eight 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 did not complete and return 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 registered manager explained that in the survey period no service users received reviews involving the HSC Trust as the Trust did not have staff available due to sickness absence. The inspector saw a letter from the HSC Trust to this effect which has been placed in service users’ files. The inspector was informed that in recent months four reviews have been completed with the HSC Trust and that further reviews are arranged.

Feedback from agency staff and HSC Trust professionals in the course of the inspection showed that the HSC Trust are regularly involved in the needs assessment and evaluation of care provided for service users.

**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.	23 (4)	The registered manager must ensure that all comments made by service users and/or their representatives in relation to the quality of service provision, and actions taken by staff in response are accurately and fully recorded.	<p>The inspector noted that the agency records and responds to the comments made by service users and/or their representatives through various methods:</p> <ul style="list-style-type: none"> <li>• The reports of monthly quality monitoring show consultation with service users and reflect improvement processes.</li> <li>• The agency has surveyed families to ascertain willingness to be contacted as part of the monthly quality monitoring process. One family has expressed willingness to be contacted every six months. The views of families were included in the monthly monitoring reports in accordance with their wishes.</li> <li>• A range of monthly review and evaluation records sampled by the inspector recorded the views of service users regarding the service delivered and their wishes for the future.</li> <li>• Records of complaints include the satisfaction of the complainant with the outcome.</li> </ul>	Three	Fully met

2.	15 (2) (b)(c)	<p>The registered person shall after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure that a written plan ("the service user plan") is prepared which shall -</p> <p>(b) specify the service user's needs in respect of which prescribed services are to be provided;</p> <p>(c) Specify how those needs are to be met by the provision of prescribed services.</p> <p>This requirement refers to the agency's need to provide the service user with the information on how many care and support hours they are entitled to and what is provided.</p>	<p>The financial agreements seen by the inspector noted the number of hours the person is entitled to and the care and support plans note what services are provided.</p>	Once	Fully met
3.	15 (6) (d)	<p>The registered manager must ensure that all service users have an individual Financial Agreement in place, agreed and signed by the service user and/or their representative.</p> <p>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 financial agreements seen by the inspector where signed and dated by the service user and/or their representative, and agency staff.</p> <p>The financial agreements stated contributions to household bills, and the terms of contributions. The financial support plans state the assistance required by the service user and how monies are expected to be spent.</p>	Two	Fully met

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1.	12.4	<p>The training needs of the individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.</p> <p>This recommendation refers to the need to ensure staffs mandatory training is up to date and records support this. It also refers to the need to increase staff awareness of the forms of restrictive practices, such as the door alarms being used and how they impact on the service users' privacy or result in a service user restricting their movements as the alarm alerts staff.</p>	<p>The inspector saw the training schedule and described the training system. The agency has a training department which arranges training and notifies the service manager when training is required. The inspector noted that training is kept up to date and records are kept of when the staff member has completed training. Each staff member has a training file which contains evidence of training completed.</p> <p>Human rights training has been included in RESPECT training and competency is assessed as part of the course. Competency assessments are used by the registered manager and service manager to form a basis of evaluation of staff and highlight areas for future learning.</p> <p>Staff who spoke with the inspector had an awareness of forms of restriction and the impact on service users' privacy and dignity.</p>	Once	Fully met

2.	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 a range of service agreements signed by the service user and/or their representative and agency staff.	Three	Fully met
3.	15.9	<p>All complaints are taken seriously and dealt with promptly and effectively.</p> <p>Complaints are investigated and responded to within 28 days and when this is not possible, complainants are kept informed of any delays.</p> <p>Records must be kept to support the procedure has been followed.</p>	The inspector saw records of complaints which show response within 28 days and document the outcome of the complaint and learning from it.	Once	Fully met

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

### Statement 1:

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

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

### COMPLIANCE LEVEL



<p><b>Provider's Self-Assessment</b></p> <p>Each Service User receives a written agreement detailing the specific terms and conditions of specified services to be delivered including the amount and method of payment and charges to the service user. An individual finance agreement is completed prior to admission which details all charges relating to 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.</p> <p>The agency notifies in writing each service user increases in charges yearly which is attached to the Service User guide.</p>	Substantially compliant
<p><b>Inspection Findings:</b></p> <p>The inspector read the service user guide which includes the terms and conditions of the service to be delivered. The inspector viewed individual financial agreements 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>The registered manager described the arrangements for shared costs within the agency. Two houses contain a staff sleepover room due to the assessed needs of the service users. The financial agreements seen by the inspector states that Triangle Housing Association pays 10% of utility costs for these houses. The registered manager assured the inspector that service users may use the sleepover room during the day, though it is not included in the service user's tenancy. A recommendation has been stated; 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.</p> <p>In one house, two service users share accommodation with staff where there is an office/sleepover room and staff toilet situated in their home. The inspector noted that there is some separation of staff and service user accommodation, which offers a degree of privacy to the service users. Staff use the service users' kitchen to prepare tea/coffee/snacks, and have use of a staff toilet which is situated downstairs in the main part of the service users' home.</p>	Substantially compliant

The registered manager advised the inspector of the range of agency business which may be conducted from the home of the service users'. The registered person must ensure that the agency reviews the arrangements for conducting business within the home of service users. The service users' views must be ascertained, recorded and regularly evaluated regarding the range of business which they agree to be conducted in their home, and the times when they prefer this to occur. The registered person must ensure that the use of the service users' kitchen and the traffic throughout their home is minimised as much as possible and limited to person's necessarily providing services to service users.

The inspector noted that the agency's payment of 10% of utility costs of the house where the agency office is situated may not be equitable, the registered person must review the proportion of utility costs paid.

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

### Statement 2:

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

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

### COMPLIANCE LEVEL

<ul style="list-style-type: none"> <li>• If a member of staff acts as an agent, a record is kept of the name of the member of staff, the date they acted in this capacity and the service user on whose behalf they act as agent;</li> <li>• If the agency operates a bank account on behalf of a service user, written authorisation from the service user/their representative/The Office of Care and Protection is in place to open and operate the bank account,</li> <li>• Where there is evidence of a service user becoming incapable of managing their finances and property, the registered person reports the matter in writing to the local or referring Trust, without delay;</li> </ul> <p>If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the agency on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user's agreement.</p>	
<b>Provider's Self-Assessment</b>	
<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>	Substantially compliant

Inspection Findings:	
<p>The inspector examined records of reviews with the HSC Trust which evaluate the needs of service users in relation to financial capability and the appropriate level of support which should be provided. The inspector saw the referral form to be completed by the HSC Trust in relation to the financial needs and assistance required for new service users.</p> <p>The inspector was informed that service users keep money in a locked tin in their home and are assisted to handle money by agency staff. The inspector viewed a range of cash 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 managers informed the inspector that two service users chose to sign the book. 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 or service manager. Random finance checks are completed by the registered manager or service 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 agency operates a system to ensure that different records are checked each month as part of the monitoring process. The inspector was advised that the organisation conducts an annual internal finance audit, in addition to yearly sampling by outside auditors. 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 was advised that staff do not make routine 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 eight service users. Letters from the Social Security Agency stating the name of the registered manager as appointee were seen by the inspector.</p>	Compliant

The inspector viewed financial support plans which record the name of the appointee and the arrangements to assist service users; these plans are signed by service users. The inspector saw records of the arrangements for two service users whose money is managed through the Office of Care and Protection.

The registered manager advised the inspector that the agency does not operate a bank account on behalf of any service user. The agency does not hold lump sums for any service user; records of transactions from the service users' money tins are maintained in cash books viewed by the inspector.

The managers advised that changes in a service user's financial capacity would be referred to the HSC Trust.

<b>THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED</b>	
<p><b>Statement 3:</b></p> <p><b>Where a safe place is provided within the agency premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained:</b></p> <ul style="list-style-type: none"> <li>• Where the agency provides an appropriate place for the storage of money and valuables deposited for safekeeping, robust controls exist around the persons who have access to the safe place;</li> <li>• Where money or valuables are deposited by service users with the agency for safekeeping and returned, a record is signed and dated by the service user/their representative, and the member of staff receiving or returning the possessions;</li> <li>• Where a service user has assessed needs in respect of the safety and security of their property, there are individualised arrangements in place to safeguard the service user's property;</li> <li>• Service users are aware of the arrangements for the safe storage of these items and have access to their individual financial records;</li> <li>• Where service users experience restrictions in access to their money or valuables, this is reflected in the service user's HSC trust needs/risk assessment and care plan;</li> </ul> <p>A reconciliation of the money and valuables held for safekeeping by the agency is carried out at regular intervals, but least quarterly. Errors or deficits are handled in accordance with the agency's SVA procedures.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<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 a locked cupboard in their own home; and that one member of staff on duty holds keys for the safes. The agency maintains a consent form signed by service users and/or their representative which includes the holding of keys by agency staff. Service users keep bank cards in the agency's office safe; the inspector saw the records of removal and replacement of items to the safe by service users.</p> <p>The inspector noted evidence of finance books which detailed transactions from the service user's locked money tin, including the date, purpose, and signatures of staff. Evidence of daily reconciliations by agency staff, random and monthly reconciliations by the service manager or registered manager were examined by the inspector.</p> <p>The registered manager advised the inspector that service users are not restricted in relation to access to their money. Service users who spoke to the inspector in the course of inspection were aware of how to access money and discussed how they chose to spend their money. Agency staff who provided feedback to the inspector discussed how service users were aware of their rights in relation to making choices regarding how money is spent. The inspector was advised that records of financial transactions are kept in the home of each service user. The inspector noted that the arrangements for access to money for service users who have been assessed as lacking capacity to manage their finances is noted in their financial support plans.</p> <p>The inspector noted evidence of reconciliations completed daily by agency staff in addition to checks made by the registered manager. The inspector was advised that deficits would be handled through the procedure for safe guarding vulnerable adults.</p>	Compliant



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

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

<p>(staff) vehicles, meet the relevant legal requirements regarding insurance and road worthiness. Where the agency facilitates service users to have access to a vehicle leased on the Motability scheme by a service user, the agency ensures that the above legal documents are in place;</p> <ul style="list-style-type: none"> <li>Ownership details of any vehicles used by the agency to provide transport services are clarified.</li> </ul>	
<b>Provider's Self-Assessment</b>	
<p>The assessment of need includes transport requirements for the user which is shared at the admission panel. The agency has a Travel by Car Procedure which details the arrangements in respect of charges. The agency does not operate a transport scheme.</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>	Substantially compliant
<b>Inspection Findings:</b>	
The inspector was advised that the agency does not operate a transport scheme.	Not applicable

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><b>Statement 1:</b></p> <p><b>The agency responds appropriately to the assessed needs of service users</b></p> <ul style="list-style-type: none"> <li>• The agency maintains a clear statement of the service users' current needs and risks.</li> <li>• Needs and risk assessments reflect the input of the HSC Trust and contain the views of service users and their representatives.</li> <li>• Agency staff record on a regular basis their outcome of the service provided to the individual</li> <li>• Service users' care plans reflect a range of interventions to be used in relation to the assessed needs of service users</li> <li>• Service users' care plans have been prepared in conjunction with the service user and their HSC Trust representative(s) and reflect appropriate consideration of human rights.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>Each Service User has a completed assessment of need which outlines the current needs and risk. The HSC Trust is involved in the assessments and contain the users views.</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
<b>Inspection Findings:</b>	
<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 involvement. HSC Trust 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. Agency staff who participated in the inspection described a process of maintenance and updating of care and support plans.</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 changing complex needs demonstrated partnership between the HSC Trust professionals, the agency and the service user.

The inspector viewed a range of care records which showed that the outcome of the service was recorded regularly. 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><b>Statement 2:</b></p> <p><b>Agency staff have the appropriate level of knowledge and skill to respond to the needs of service users</b></p> <ul style="list-style-type: none"> <li>• Agency staff have received training and on-going guidance in the implementation of care practices</li> <li>• The effectiveness of training and guidance on the implementation of specific interventions is evaluated.</li> <li>• Agency staff can identify any practices which are restrictive and can describe the potential human rights implications of such practices.</li> <li>• The agency maintains policy and procedural guidance for staff in responding to the needs of service users</li> <li>• The agency evaluates the impact of care practices and reports to the relevant parties any significant changes in the service user's needs.</li> <li>• Agency staff are aware of their obligations in relation to raising concerns about poor practice</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>Staff on induction receive the following training which underpins the implementation of care practice. 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 &amp; procedures in these areas.</p> <p>The agency keeps a risk registrar of all restrictive practices which is reviewed quarterly by the the relevant registered manager with multi disciplinary involvement.</p> <p>The impact of care practice is evaluated and reported to the relevant named worker when required.</p> <p>At training staff are reminded of their obligation to raise concerns about poor practice..</p>	Substantially compliant

Inspection Findings:	
<p>The inspector viewed training records and discussed the agency's system to deliver and maintain appropriate training to agency staff. The registered manager and service manager showed records which maintained a record of training planned, and subsequent attendance. Agency staff described a well organised and maintained programme of training which equipped them to carry out their roles. Some staff highlighted the changing needs of service users, with an increasing prevalence of aged related health conditions. Staff identified the benefit of previous training relating to dementia and requested further training in this area. A recommendation has been made 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 and support.</p> <p>Staff who participated in the inspection could identify practices which could be considered restrictive, in relation to the use of door alarms, a listening device, and safety equipment. Staff were able to discuss the implications of restrictive practice on human rights and provide examples of using non-restrictive or least restrictive practices. Agency staff discussed how they work collaboratively with the service user who has dietary requirements, to enhance independence whilst supporting health needs, rather than using more restrictive options which could impact 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 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 reassessments involving 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>	Substantially compliant

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



The inspector examined a range of care and support plans and Be Safe risk assessments which included any practices which could be restrictive or impact on the service users' control, choice and independence within their own home. These plans were written in a person centred manner and were signed by service users and/or their representative.

The registered manager, service manager and agency staff discussed practices which could be restrictive, and which were stated on service users' care and support plans. The agency staff discussed the use of Tunstall door monitors on front doors between the hours of 11pm-7am for security purposes. A listening device is used for a service user who has complex medical problems and may require immediate assistance. A service user has restrictions on access to some of their property for safety reasons and this is detailed on their care and support plans.

Service users can be provided with a copy of, or have access to, their care and support plans at any time. The inspector was advised that care and support plans are stored in the home of the service user. The inspector noted that the care records included a format appropriate to the service user's needs.

The registered manager and service manager advised the inspector that no service user is impacted on by restrictive practice used for another service user.

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p><b>Statement 4</b></p> <p><b>The registered person ensures that there are robust governance arrangements in place with regard to any restrictive care practices undertaken by agency staff.</b></p> <ul style="list-style-type: none"> <li>• Care practices which are restrictive are undertaken only when there are clearly identified and documented risks and needs.</li> <li>• Care practices which are restrictive can be justified, are proportionate and are the least restrictive measure to secure the safety or welfare of the service user.</li> <li>• Care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance.</li> <li>• The agency evaluates the impact of restrictive care practices and reports to the relevant parties any significant changes in the service user's needs.</li> <li>• The agency maintains records of each occasion restraint is used and can demonstrate that this was the only way of securing the welfare of the service user (s) and was used as a last resort.</li> <li>• Restraint records are completed in accordance with DHSSPS (2005) Human Rights Working Group on Restraint and Seclusion: Guidance on Restraint and Seclusion in Health and Personal Social Services.</li> <li>• The agency forwards to RQIA and other relevant agencies notification of each occasion restraint is used</li> <li>• The registered person monitors the implementation of care practices which are restrictive in nature and includes their on-going assessment of these practices within the monthly quality monitoring report</li> </ul>	<p><b>COMPLIANCE LEVEL</b></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 quarterly 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 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>	Substantially compliant
Inspection Findings:	
<p>The registered manager discussed how restrictive care practices are implemented when the HSC Trust has assessed service users' needs and risks. The inspector noted that restrictive practices in relation to service users were historical in nature and were not evidenced by recent written HSC Trust reassessments or evaluation. The registered manager stated HSC Trust reviews had not taken place annually due to HSC Trust staff sickness absence. The registered manager explained this situation was resolved and that four out of seven service users had recent reviews with the HSC Trust for which the review records were not yet available. HSC Trust reviews for other service users have been arranged.</p> <p>In the course of the inspection, the inspector spoke with HSC Trust professionals who discussed practices which were restrictive or limited the service user's control and choice. It was evident that the need for and evaluation of these practices was not reflected in written care and support plans. The registered person must ensure that restrictive practices are undertaken when risks and needs have been identified and assessed by the HSC Trust.</p> <p>Agency staff who spoke with the inspector were able to provide justification for use of restrictive care practices which was consistent with service users' needs as described by HSC Trust professionals.</p>	Substantially compliant

Agency staff discussed the use of collaboration and encouragement in care practices with service users with the aim of maximising service users' choice and independence. For example, a service user with restrictions on access to their property is supported to have that access maximised. The use of the security system on service users' front doors at night impinges on privacy, whilst affording security and allowing service users free access to their homes at all times.

The registered manager discussed the agency's methods of recording and evaluating restrictive practice and showed the inspector documentation of the agency's monthly restrictive practice register, agency reviews, and reports of monthly quality monitoring visits. The registered manager discussed how the agency has implemented a system to evaluate and record restrictive practice as part of monthly quality monitoring following feedback from RQIA inspections in 2014.

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

<b>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</b>	
<p><b>Statement 1</b></p> <p><b>Evidence inspected confirms that service users/representatives have written information and/or had explained to them the amount and type of care provided by the agency</b></p> <ul style="list-style-type: none"> <li>• Service users/representatives can describe the amount and type of care provided by the agency</li> <li>• Staff have an understanding of the amount and type of care provided to service users</li> <li>• The agency's policy on assessment and care planning and the statement of purpose/service user guide describe how individual service user agreements are devised.</li> <li>• The agency's service user agreement is consistent with the care commissioned by the HSC Trust. The agency's care plan accurately details the amount and type of care provided by the agency in an accessible format.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>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 care plans and associated risk plan.</p> <p>The Agency has clear procedure ( SS3-2 ) which explains this process</p> <p>Each Service Users has an individual Financial Agreement which clearly states the amount of care and support hours commissioned .</p>	Substantially compliant
<b>Inspection Findings:</b>	
<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 were confident that they 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> <p>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.</p>	Substantially compliant

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. The inspector noted that some service users were receiving restrictive practices of a historical nature which were not evidenced by a documented HSC Trust assessment. A requirement is included in relation to this, as discussed in Theme 2.

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.

<b>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</b>	
<b>Statement 2</b>  <b>Evidence inspected confirms that service users/representatives understand the amounts and method of payment of fees for services they receive as detailed in their individual service agreement.</b> <ul style="list-style-type: none"> <li>• Service users/representatives can demonstrate an understanding of the care they receive which is funded by the HSC Trust</li> <li>• Service users/representatives can demonstrate an understanding of the care which they pay for from their income.</li> <li>• Service users/representatives have an understanding of how many hours they are paying for from their income, what services they are entitled to and the hourly rate.</li> <li>• Service users/representatives have an understanding of how to terminate any additional hours they are paying for from their income</li> <li>• Service users/representatives have been informed that cancellation of additional hours they are paying for from their income will not impact upon their rights as a tenant.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>  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.. 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.	Substantially compliant
<b>Inspection Findings:</b>  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/or their representative, and a representative of the agency. 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.	Substantially compliant

<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>	
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<b>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</b>	
<p><b>Statement 3</b></p> <p><b>Evidence inspected confirms that service users' service agreements, care plans are reviewed at least annually confirming that service users/representatives are in agreement with the care provided and the payment of any fees.</b></p> <ul style="list-style-type: none"> <li>• Service users/representatives confirm that their service agreement, care plans are reviewed at least annually by the commissioning HSC Trust, and confirm that they are in agreement with the care provided and the payment of any fees.</li> <li>• Records and discussion with staff confirm that the agency contributes to the HSC Trust annual review.</li> <li>• Records and discussion with staff confirm that reviews can be convened as and when required, dependent upon the service user's needs and preferences.</li> <li>• Records confirm that service users' service agreements, care plans are updated following reviews. Authorisation from the HSC Trust and consent from the service user/representative is documented in relation to any changes to the care plan or change to the fees paid by the service user.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p> <p>Each Service Users has an annual review with the commissioning HSC Trust where their care plans, associated risk management plans and service agreements are reviewed and agreed with the Service User/representative.</p> <p>The agency contributes to this review by completing a preparation of review form with the Service User. Staff can confirm that reviews can be arranged as and when required.</p> <p>Any agreed changes from reviews is documented and care plans are updated or changes to the fees paid by the Service User.</p>	Substantially compliant
<p><b>Inspection Findings:</b></p> <p>The registered manager did not complete and return 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").</p>	Substantially compliant

The registered manager explained that in the survey period no service users received reviews involving the HSC Trust as the Trust did not have staff available due to sickness absence. The inspector saw a letter from the HSC Trust to this effect which has been placed in service users' files. The inspector was informed that in recent months four reviews have been completed with the HSC Trust and that further reviews are arranged; the review records were not available at the time of inspection.

Feedback from agency staff and HSC Trust professionals in the course of the inspection showed that the HSC Trust are regularly involved in the needs assessment and evaluation of care provided for service users. The inspector examined care and support plans which had been updated following reassessment and informal review of service users' needs. The managers described how the agency completes a preparation for review form with the service user; these records were seen by the inspector.

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 of three complaints which were made in the period 1 January 2013 – 31 December 2013 and responded to satisfactorily. Records relating to a further complaint in 2014 were satisfactory.

### Quality Improvement Plan

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

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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



**Quality Improvement Plan**  
**Announced Primary Inspection**  
**Triangle Housing Association**  
**6 January 2015**

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

The specific actions set out in the Quality Improvement Plan were discussed with **Amanda Jackson registered manager and Jill Traynor 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	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>In relation to the house which contains an office/sleepover room:</p> <p>The registered person should ensure that the views of the service users are ascertained, recorded and regularly evaluated regarding the range of business which they agree to be conducted in their home, and the times when they prefer this to occur. The registered person must ensure that the use of the service users' kitchen and the traffic throughout their home is minimised as much as possible and limited to person's necessarily providing services to service users within their own home.</p>	One	<p>A Service User Meeting will take place to ensure the views are ascertained, recorded and evaluated regarding the range of business which they agree to be conducted in their home.</p> <p>This will also be discussed with staff at next staff Meeting on 9th March 15.</p>	6 April 2015

2	14 (b) (c)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided-</p> <p>(b) so as to safeguard service users against abuse or neglect; (c) so as to promote the independence of service users</p> <p>The registered person must review the proportion of utility costs paid by the agency in relation to the house where the agency office is situated.</p>	One	An Email has been sent to the Registered Provider and Director of Support Services to request a review of the costs paid by the Organisation.	6 April 2015
3	15 (2) (a) (b) (c)	<p>(2) The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure that a written plan ("the service user plan") is prepared which shall—</p> <p>(a) be consistent with any plan for the care of the service user prepared by any Health and Social Services Trust or Health and Social Services Board or other person with responsibility for commissioning personal social services for service users;</p> <p>(b) specify the service user's needs in respect of which prescribed services are to be provided;</p> <p>(c) specify how those needs are to be met by the provision of prescribed services.</p>	One	Email sent to care manager 4/02/15 to request Trust review which will review restrictive practices undertaken which are assessed by the HSC Trust.	6 April 2015

		<p>The registered person must ensure that restrictive practices are undertaken when risks and needs have been identified and assessed by the HSC Trust.</p> <p>This refers to restrictive practices which are included in care and support plan without evidence of assessment and evaluation by the HSC Trust.</p>			
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.</p> <p>RQIA will be kept updated regarding this matter.</p>	6 March 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 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"> <li>• This registered person should consult with relatives and professionals and record their views in the monthly quality monitoring report.</li> <li>• Any factors impacting on the agency's ability to include consultation with relatives or professionals should be noted on the reports of monthly monitoring.</li> </ul>	One	<p>Quarterly Monthly Monitoring is carried out monthly in the Service. The inspector was shown the updated list of carers who wishes to be contacted. Their views are captured and recorded in the report.</p> <p>When this is not possible reasons are clearly recorded. Registered Manager has completed a timetable when professionals will be contacted. This was also shown to the inspector at the next inspection.</p>	6 April 2015

2	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>In relation to accommodation which is shared with agency staff:</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. This recommendation relates to:</p> <ul style="list-style-type: none"> <li>• service users who have a sleepover room in their home</li> <li>• service users who have an office area in their home.</li> </ul>	One	<p>A Service User Meeting will take place to ensure the views are ascertained, recorded and evaluated regarding the range of business which they agree to be conducted in their home.</p> <p>This will also be discussed with staff at next staff Meeting on 9th March 15.</p>	6 April 2015
3	2.4	<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"> <li>• dementia</li> <li>• more detailed training regarding recognising and responding to historical abuse or safeguarding issues.</li> </ul>	One	<p>Email sent to Training Manager for any information on dementia training which can be shared with staff.</p> <p>Safeguarding training is held annually with staff.</p>	6 July 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:

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

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	x	Rhonda Simms	06/02/2015
Further information requested from provider			