



The **Regulation and
Quality Improvement
Authority**

Announced Primary Care Inspection

Name of Agency:	Shanlieve Supported Living
RQIA Number:	10913
Date of Inspection:	30 June 2014
Inspector's Name:	Joanne Faulkner
Inspection ID:	17869

**The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Agency:	Shanlieve Supported Living
Address:	1-3 Randal Heights Newry Street Kilkeel BT34 4XU
Telephone Number:	028 41764890
E mail Address:	anthony.martin@southerntrust.hscni.net
Registered Organisation / Registered Provider:	Mrs Anne Mairead McAlinden
Registered Manager:	Mr Anthony Martin
Person in Charge of the Agency at the Time of Inspection:	Mrs Brenda McGrath, Assistant Manager Julie McCartan, Band 5, Senior Support Worker
Number of Service Users:	9
Date and Type of Previous Inspection:	4 June 2013 Primary Announced Inspection
Date and Time of Inspection:	30 June 2014 10:00-17:30
Name of Inspector:	Joanne Faulkner

2.0 Introduction

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

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

3.0 Purpose of the Inspection

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

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

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

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

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

4.0 Methods/Process

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

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

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Evaluation and feedback

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

5.0 Consultation Process

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

Service users	4
Staff	4
Relatives	1
Other Professionals	1

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection. It was noted by the inspector that the number of questionnaires returned was low; the inspector spoke to staff on duty during the inspection and has included their comments in the report.

Issued To	Number Issued	Number Returned
Staff	14	4

6.0 Inspection Focus

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

The following three quality themes were assessed at this inspection:

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

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

The inspector reviewed the quality improvement plan issued following the previous inspection: five recommendations were assessed as being fully met; one recommendation was assessed as not being met and a requirement has been made.

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

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

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

7.0 Profile of Service

Shanlieve supported living is a supported living type domiciliary care agency, located close to Kilkeel town centre. The service is provided by SHSCT and offers long term domiciliary care and housing support to nine adults with a learning disability in three properties.

The agency's aim is to provide care and support to service users with a learning disability to enable them to live in their own home within the local community. Five service users live in a bungalow which was previously registered as a residential care home and provide 24 hour support. Four other service users live nearby in three houses and receive non 24 hour support according to their assessed need.

The agency operates a key worker system for service users, who are supported to maintain their tenancy, to develop independent living skills and to be involved in the local community. Specific services can include assistance with personal care, medication, budgeting, shopping, cleaning, laundry and attending social activities, dependent upon individual service users' needs, interests and wishes.

8.0 Summary of Inspection

The announced inspection was undertaken on 30 June 2014 at the registered office located within a service user's home. The inspector was supported throughout the inspection by the Registered Manager, Mr Anthony Martin, Mrs Brenda McGrath assistant manager and Julie McCarton, band 5, senior support worker.

During the inspection, the inspector had the opportunity to meet with four service users and four staff; the inspector spoke to a relative of one service user and a HSC trust staff member.

During the inspection the inspector viewed a number of care records which described outlining the care and support required by the service users; the information recorded reflected a range of practices to meet the identified needs of the service users. Staff who met with the inspector stated that service users are provided with the necessary support to remain as independent as possible.

Prior to the inspection four staff members forwarded to RQIA completed questionnaires in relation to the quality of service provision; the inspector also spoke to four members of staff on duty during the inspection and has added their comments to this report.

8.1 Staff Comments

"Care is individualised"

"Service users can decide where to go and when to go"

"I am involved in care planning with the service users"

"Service users are provided with a door key if they want one"

"I get supervision twice a year and group supervision"

The four returned questionnaires indicated the following:

- Staff have received Vulnerable Adult training
- Training was rated as good or excellent
- Staff have received Human Rights training
- Service users have in place individual service agreements
- Staff are aware of whistleblowing policy and its significance , one person commented that they would be reluctant to whistle blow due to past experience

Records viewed by the inspector support the above statements; discussions with the manager suggest that training has been extended to all staff. Discussions with staff, service users and their representatives at the time of inspection identified their involvement in the development of individual care and support plans and the involvement of the relevant HSC trust in the annual review process. One staff member expressed concern that policies implemented could be restrictive at times. The inspector discussed this with the assistant manager in relation to service users holiday arrangements; the assistant manager stated that the agency were currently reviewing the policy as it had implications for staffing and payments of staff whilst accompanying service users on holiday.

8.2 Service Users' Comments

During the inspection, the inspector met with four service users who described an individualised approach to the care and support they received; they informed the inspector that they were involved in developing their individual care and support plans and in their annual review.

Service users could describe the care and support they were receiving and were aware of any charges paid to the agency for services received. The service users informed the inspector that their rights and wishes were respected; they stated that staff encouraged to be as independent as possible.

Comments

- "I go to the daycentre"
- "I go out with my family"
- "I have my own key"
- "I can buy what I want"
- "Staff help me to cook"
- "I like living here"
- "I go gardening in Bessbrook on Thursday"
- "I go out with the care staff"

8.3 Service User Representative:

The inspector spoke with one service user's relative who stated that service users are supported to live as independently as possible; they stated that they are involved in the review meeting and encouraged to express their views.

Comments:

- "Staff help him with his money"
- "I attend the review meeting every year"
- "Staff are very good, I have no issues"

The inspector would like to thank the service users, their representatives, the registered manager, assistant manager and staff for their support and co-operation during the inspection process.

8.4 Detail of Inspection Process:

8.4.1 Theme 1: Service users' finances and property are appropriately managed and safeguarded

It was the inspector's assessment that the agency is "substantially compliant" in this theme.

The agency has in place the following documentation for each service user:

- Financial support agreement
- Financial care and support plans
- Capacity assessment documentation
- Service user agreement

The records viewed outline any charges in respect of service provision including the terms and conditions and methods of payment.

Service users do not pay additional charges for care services provided by the agency; the relevant HSC Trust provides the agency staff who deliver the care and support for service user.

Service users currently pay a weekly agreed amount into the budget account for the house to cover utility bills and food; the manager stated that the agency pays a percentage of utility costs based on the square footage occupied by the agency's office. Service users described to the inspector the process for cancelling any services no longer required from the agency. The inspector identified that the budget account for one of the service users' homes contained a large sum of money; the inspector discussed with the manager a process for reducing the amount retained in the budget account and the possible refund of monies to the service users. A requirement has been made.

Staff members provide their own food whilst on duty in a service user's home; the manager stated that the HSC Trust is presently formulating a process to repay service users for food consumed by staff historically.

The relevant HSC trust acts as appointee for a number of service users. The agency provides each service user with the agreed support required to manage their finances; this is clearly

recorded in the service users' individual financial support plans and the financial support agreements. Service users are supported to manage their money and can access their money at all times; the agency maintains a record of all monies or valuables held on behalf of service users. Individual ledgers are maintained; they clearly record all transactions and are maintained in accordance with the agency's finance policy.

The agency has a locked safe facility in the agency's office located in a service user's home; it is managed in accordance with the agency's finance policy. Records are maintained and were available for the inspector to view. The inspector discussed with the registered manager the practice of service users having to visit the agency's office to access their money; the inspector discussed the option of service users' monies being stored securely within their own homes. A requirement has been made.

The agency provide a transport service; service users are given the choice to avail of this service or provided with the necessary support to avail of appropriate public transport, and are supported to obtain appropriate benefits. Service users who choose to use the transport scheme have a transport agreement in place; it details any charges to be made by the agency. The agency maintains a record of all journeys in accordance with the transport policy in place.

The inspector viewed the agency's financial and transport policies.

Two requirements have been made in relation to this theme.

8.4.2 Theme 2: Responding to the needs of service users

It was the inspector's assessment that the agency is "compliant" in this theme.

Prior to admission the agency receive a range of assessments from the relevant HSC trust representatives; these assist staff in developing individual care and support plans for each service user.

Records viewed by the inspector contained a range of assessments provided to the agency by the referring HSC Trust and individualised care and support plans. Service users and their representatives who met with the inspector stated that they are involved in developing their care and support plans and that their choices and preferences were reflected. Staff record daily the care and support provided to each service user. The inspector noted that care and support plans in place had are signed by the service users or their representative.

Records viewed by the inspector reflect a range of interventions used in the care and support of individual service users. Relevant human rights of service users are recorded within their care and support plans; it was identified that these are reviewed monthly or more frequently if required.

The agency currently has a restrictive practice in place in one of the service users' homes; the inspector viewed the documentation in place relating to the restriction. It was identified by the inspector that the agency had engaged with the relevant HSC representative, the service user, their representatives and the other service users residing in the house. Records viewed reflected that human rights of the service user and those sharing the house had been considered and the least restrictive practice was in place; the agency had made arrangements to minimise the impact on other service users. The inspector viewed the care and support plans in place.

Regular review of any restrictive practice occurs to ensure that it is still appropriate; this is done in conjunction with the HSC Trust representative and a record of the outcomes retained by the agency.

From records viewed all nine service users presently in receipt of services from the agency have received at least one review with their commissioning HSC Trust representative in the previous year; a copy of the review documentation is retained by the agency.

Staff stated they had received induction training at the commencement of employment covering many area including human rights, safeguarding vulnerable adults, care planning and restrictive practice. Staff informed the inspector that they receive individual supervision six monthly; group supervision and an annual appraisal.

The agency maintains a record of all staff training; this was viewed by the inspector.

The inspector read the agency's service user guide and statement of purpose; they clearly outline the nature and range of services provided and makes reference to restrictive practices.

Staff were aware of the agency's whistleblowing policy.

8.4.3 Theme 3: Each service user has a written individual service agreement provided by the Agency

It was the inspector's assessment that the agency is 'substantially compliant' in this theme.

Service users have in place individual service user guides, care and support plans and finance agreements; they detail the amount and type of care provided by the agency to each individual service user.

The agency has in place referral information provided by the relevant referring HSC Trust.

Service users and their representatives could describe the amount and types of care provided by the agency and were aware of charges for services received. Service users described a varied range of individualised activities that they participate in, with the support of the agency's staff. All service users are in receipt of care services funded by an HSC Trust. None of the service users are paying additional charges to the agency for personal care services.

The registered manager, assistant manager and staff could clearly describe the amount and type of care provided to individual service users; they described practices which were individualised to meet the assessed needs of the service users.

From the documentation in place and discussion with service users, the inspector identified that care and support plans are reviewed monthly, in conjunction with the service user, their representative and their allocated keyworker within the service or more frequently if required.

Service users and their representatives stated that they are encouraged to participate in the review process and are given the opportunity to express their views and wishes. Service users informed the inspector that they receive regular visits from their trust representative.

A copy of the review documentation is retained by the agency. It was noted that the documentation retained did not contain the signatures of those participating in the review. A requirement has been made.

One requirement has been made in relation to this theme.

8.5 Additional Matters Examined

8.5.1 Charging Survey

At the request of RQIA and in advance of this inspection, the agency submitted to RQIA a completed survey in relation to the arrangements for charging service users. During the inspection the registered manager informed the inspector that the commissioning trust provides the staff to deliver the required care and support to the service users; no service users are paying additional charges for care. The registered manager stated that the relevant HSC Trust is appointee for a number of service users. Service users have in place financial support plans which detail the amount of support required to be provided by the agency to enable them to manage their monies.

8.5.2 Statement of Purpose:

The agency's statement of purpose was examined and reflected the nature and range of services provided by the agency at the time of inspection.

8.5.3 Annual Review of Service Users' Needs by HSC Trusts:

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").

Records viewed by the inspector and discussion with staff and service users identified that all nine service users have received an annual review involving the HSC Trust. Service users and their representatives informed the inspector that they are encouraged to participate in the review meeting and are given the opportunity to express their views and wishes.

8.5.4 Monthly Quality Monitoring

The agency has in place records of monthly quality monitoring visits; these were available for the inspector to view. The inspector identified that the views of service users had been recorded. It was noted by the inspector that the monthly monitoring of the agency did not consistently record consultation with service user representatives and relevant professionals. A requirement has been made.

8.5.5 The Agency's Office:

The agency's office located within a house occupied by a number of service users can be accessed via a door located at the side; however throughout the inspection it was noted by the inspector that those accessing the agency's office did so through the service users' home. A requirement has been made.

9.0 Follow Up on Previous Issues

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1.	4.2	<p>It is recommended that all service users have an assessment of their capacity to manage their finances and that financial support agreements reflect the outcome of this and the support required.</p>	<p>The inspector discussed the recommendation with the registered manager who described the actions taken by the agency to date; it was noted by the inspector that the agency have referred all service users for a capacity assessment in relation to managing their finances.</p> <p>The inspector viewed documentation in place for three service users and noted that supported decision assessments had been completed by their trust representative; the documentation detailing the outcome of this is retained in the service users care records.</p> <p>One service user was awaiting assessment by the psychologist.</p> <p>Service users have in place financial support agreements; they detail the support required by the service user to manage their finances.</p> <p>This recommendation has been assessed as being fully met.</p>	Twice	Fully met

2.	12.4	It is recommended that all staff undertake training in relation to tenants' rights and restrictive practices.	<p>The inspector viewed training records in place and noted that staff had received human rights training.</p> <p>This recommendation has been assessed as being fully met.</p>	Twice	Fully met
3.	3.3	It is recommended that the registered person ensures that the service user's support plan provides a timetable of the hours for specific tasks ensuring that the hours available can meet the service user's needs and preferences.	<p>The inspector viewed the care and support plans for two service users and it was noted that they contain the time required for each specific task. The care plans reflect the needs and choices of the service users.</p> <p>This recommendation has been assessed as being fully met.</p>	Once	Fully met
4.	8.11	It is recommended that the registered person ensures that when appropriate the views of relatives/representatives are recorded on the monthly quality monitoring form.	<p>The inspector viewed the agency's documentation relating to monthly quality monitoring. It was noted that the records did not consistently detail the views of service user relatives or representatives.</p> <p>This recommendation has been assessed as being not met and a requirement has been made.</p>	One	Not met

5.	1.1	It is recommended that the registered person ensures that the human rights of service users are explicitly outlined on their support plans.	<p>The inspector viewed the care and support plans of two service user's; the make reference to relevant human rights.</p> <p>This recommendation has been assessed as being fully met.</p>	One	Fully met
6.	14.1	It is recommended that the registered person ensures that except for urgent or out of hours vulnerable adult referrals they should be screened by the agency manager to confirm that they are safeguarding issues rather than incidents.	<p>The inspector discussed this recommendation with the registered manager and the assistant; they stated that all safeguarding issues are discussed with the manager.</p> <p>This requirement has been assessed as fully met.</p>	One	Fully met

10.0 Inspection Findings

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<p>Statement 1:</p> <p>The agency maintains complete and up to date records in respect of the terms and conditions of the provision of personal care</p> <ul style="list-style-type: none"> • The agency provides to each service user a written guide, including a personalised written agreement detailing the specific terms and conditions in respect of any specified service to be delivered, including the amount and method of payment of any charges to the service user; • The individual agreement details all charges payable by the service user to the agency, the services to be delivered in respect of these charges and the method of payment; • Where service users pay for additional personal care services which do not form part of the HSC trust's care assessment, documentation exists confirming that the HSC trust are aware of any arrangements in place between the agency and the service user; • The individual agreement clarifies what arrangements are in place to apportion shared costs between the agency and the service user(s). This includes those costs associated with any accommodation used in connection with agency business, where this is conducted from the service users' home; • There are arrangements in place to quantify the costs associated with maintaining any unused areas within the service users' home which they do not have exclusive possession of; • The service user guide/ individual agreement clarifies what the arrangements are for staff meals while on duty in the service users' home; • Where the agency is involved in supporting a service user with their finances or undertaking financial transactions on the service user's behalf, the arrangements and records to be kept are specified in the service user's individual agreement; • The agency has a policy and procedure in place to detail the arrangements where support is provided by agency staff to enable the service users to manage their finances and property; • The agency notifies each service user in writing, of any increase in the charges payable by the service user at least 4 weeks in advance of the increase and the arrangements for these written notifications are included in each service user's agreement 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>Service users accessing a Domiciliary Support Service at Shanlieve do not pay any additional charges for personal care. Service Users in receipt of Income support are eligible for Housing benefit and Supporting People support charges paid for by the Northern Ireland Housing executive for both their accommodation and support service, with the Trust paying for the care element of the support required. A Service User who is not eligible for income support due to having savings over the £16,000 threshold, is responsible to pay the rent and support charges for the accommodation and support service as a self-funder. The Trust has recently reviewed and amended the procedures for the management of tenants' finances in Supported Living schemes and all service user guides and Financial support agreements/Licensee agreements have been amended to be explicit in detailing all charges and expenditure for each service user. The documentation highlights the arrangement that is in place from April 2014 to apportion the costs of having office accommodation/sleep in rooms within the Service user's home . The Trust is presently working on costs to be recompense to service users for meals, utility costs and staff accommodation costs as oppose to bills that were paid by the Trust and not charged back prior to April 2014. The amended procedures guide staff in supporting a service user who has been assessed as not having capacity with their financial affairs and the record/documentation that are required to be maintained. The agency advises service users in writing of any change to charges.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>The inspector discussed the theme with the registered manager who stated that none of the service users are charged for personal care provided by the agency; the HSC trust provides staff to deliver care and support to the service users.</p> <p>The inspector viewed the service user and financial agreements for two service users and noted that service users are not paying additional charges for personal care.</p> <p>From the records viewed, service users have in place a service user guide, service user agreement, and a finance agreement which detail services provided and any related charges; they are signed by the service users and their relative. Service users' representatives described to the inspector the process for cancelling any services provided by the agency.</p> <p>The service users informed the inspector that they pay an agreed amount per week for utilities and food; they clearly described to the inspector the process in place for collectively planning a menu and subsequently shopping for food. All service users are encouraged to participate in the preparation of food with the support</p>	<p>Substantially compliant</p>

of staff dependant on their ability; this was reflected in the individual care and support plans viewed by the inspector. Service users who met with the inspector stated that they can access to the kitchen at any time and are provided with the necessary support to prepare food.

The inspector viewed a ledger in place for the service users' budget monies and noted that it detailed all transactions in or out and the available balances are recorded; receipts are retained by the agency for each purchase made and are numbered. The inspector identified that the budget account for one of the service users homes contained a large sum of money; the inspector discussed with the manager a process for reducing the amount retained in the budget account and the possible refund of monies to the service users. A requirement has been made.

The manager informed the inspector that staff provide all their own food whilst on duty in the service users' home; this was confirmed by staff who spoke to the inspector. The agency provides a separate facility for the storage of staff food. The manager stated that the HSC Trust is presently formulating a process to repay service users for food consumed previously by staff. The agency's operational procedure outlines the process for staff accessing food whilst on duty and any related charges to service users for staff food whilst being accompanied on outings/holiday.

The agency's office is located within one of the service users' home; the manager stated that service users do not contribute towards the cost of the agency's office and that the agency pays a proportion of utilities based on the square footage of the building; the inspector viewed documentation detailing that the proportion to be paid by the agency.

The inspector viewed the agency's finance policy, 2014; it outlines the procedures for staff involved in supporting service users to manage their money.

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 as nominated appointee; 	<p>COMPLIANCE LEVEL</p>

<ul style="list-style-type: none"> • If a member of staff acts as an agent, a record is kept of the name of the member of staff, the date they acted in this capacity and the service user on whose behalf they act as agent; • If the agency operates a bank account on behalf of a service user, written authorisation from the service user/their representative/The Office of Care and Protection is in place to open and operate the bank account, • Where there is evidence of a service user becoming incapable of managing their finances and property, the registered person reports the matter in writing to the local or referring Trust, without delay; <p>If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the agency on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user's agreement.</p>	
<p>Provider's Self-Assessment</p>	
<p>Each service user has had a financial capacity assessment carried out and the support required is documented in their Care/Support Plan. Each Service user has a Financial Support agreement detailing their income and expenditure. As per the financial procedures each transaction has 2 staff signatures and is dated (depending on the capacity of the service user, a service user may sign with a staff member). The financial procedures make provision for the service user to access monies/property at short notice. Records and receipts are maintained and kept up to date for all transactions undertaken by staff on behalf of the service user and a reconciliation is completed at least quarterly. Each Service user has a letter from the Trust highlighting the name of their appointee on file.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>The agency has in place service user agreements, financial agreements and care and support plans detailing the support required by service users to manage their monies. The inspector viewed the documentation for two service users and noted they detailed the support required by service users to manage their finances.</p> <p>The HSC Trust are appointee for a number of service users and service users have individual bank accounts; service users are supported to visit the bank on a weekly basis to withdraw money which is secured in the safe within their homes if required. The agency retains details in individual service users care records of their appointee and financial capacity assessments.</p> <p>Service users and their representatives who met with the inspector stated that they have been involved in</p>	<p>Compliant</p>

discussions and agreements in place in relation to their monies. Service users informed the inspector that they can access their money at any time and choose how to spend their money.

The agency has in place cash ledgers/passbooks for each service user; these were viewed by the inspector. They detail all transactions and are signed by the service users where applicable and by two members of staff. Reconciliation of monies held on behalf of service users is carried out daily at each shift handover, weekly by the senior, two monthly by the registered manager and annually by the HSC trust finance department. The agency has in place a finance policy which details the procedure for staff handling service users' monies; this was viewed by the inspector.

The registered manager informed the inspector that the agency contact the HSC trust representative to request additional monies if required. The agency retains receipts for all transactions made on behalf of service users.

Service users have had financial capacity assessments carried out; the agency retains documentation detailing the outcomes. One service user's monies are managed by the office of care and protection; the inspector viewed the records in relation to this arrangement and noted that procedures for staff supporting service users to access their money are outlined.

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>Shanlieve Supported Living service has 2 safes for the storage of monies/valuables which is in line with the Trust procedures for the management of tenants' finances in Supported Living. the first safe stores service user's money and the budget float for groceries and bills, the second safe stores service user's passports, ATM cards etc. Each service user has their financial needs documented in their care/support plan. A daily reconciliation of monies in the safe occurs and is signed and dated by 2 staff. Any discrepancy is alerted to management and is handled in accordance with the PVA procedures.</p>	Substantially compliant

Inspection Findings:	
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<p>The registered manager informed the inspector that the agency provides two safes for the storage of service users valuables; they are located in the agency's office and are managed in accordance with the agency's finance policy and procedures. Staff informed the inspector that they have received finance awareness training.</p> <p>The inspector viewed the records maintained by the agency and noted that a record of all safer contents is maintained and reconciled daily. The manager stated that a financial audit is completed weekly and monthly by senior staff.</p> <p>Service users monies are secured in individual wallets and ledgers maintained; these were viewed by the inspector. It was noted that staff recorded all transactions, in or out, the purpose of the transaction and available balance. The ledgers were signed by two staff members and numbered receipts are retained. The agency has in place a list of staff signatures; this was viewed by the inspector.</p> <p>Service users informed that they can access their money at any time. Staff informed the inspector that service users are encouraged to keep their valuables safe and are provided with the necessary support to safely manage their monies.</p> <p>The inspector viewed the agency's finance policy, 2014; it details the procedure for the management of service users' monies, and management of safe contents. Staff who met with the inspector could describe the content of the policy.</p> <p>Staff informed the inspector that the contents of the agency's safe are reconciled daily by two members of staff at each shift change over and could describe the necessary steps if a discrepancy was identified.</p> <p>The agency has in place documentation which clearly records the level of support individual service users require to manage their finances and service users have a financial support agreement; the agency have provided this information in an easy read format for one service user.</p> <p>The inspector discussed with the registered manager the practice of service users having to visit the agency's office to access their money; the inspector discussed the option of service users' monies being stored securely within their own homes. A requirement has been made.</p>	<p>Substantially compliant</p>
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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 (staff) vehicles, meet the relevant legal requirements regarding insurance and road worthiness.

<p>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"> • Ownership details of any vehicles used by the agency to provide transport services are clarified. 	
<p>Provider’s Self-Assessment</p>	
<p>The Trust provides a car for tenant use at Shanlieve and the Trust has devised a new transport policy for the use of the car. Tenants can use the car at the documentated rate or can use a taxi/public transport if they wish to opt out. Transport charges to tenant is based on the mileage used by each individual or the mileage is divided between the number of tenants on the journey. Records are kept of each journey and the tenants involved and this is reconciled each month and charged to each tenant for the milesused..</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>The agency provides a transport scheme for service users in the form of a trust vehicle; service users have the option to avail of this service. The support required by the service users to avail of transport is detailed in their individual support plans; the inspector viewed the support plans for two service users.</p> <p>The inspector viewed a risk assessment in place for one service user who has been assessed as requiring alternative transport on occasions; it was noted that the risk assessment had been completed in conjunction with the service user, their relative and a HSC trust representative.</p> <p>The registered manager stated that agency have transport agreements in place for each service user; the inspector viewed two agreements and noted that they detailed any charges made by the agency to the service user and clearly recorded the method of payment and a notice period for ending the agreement. The manager stated that the charges are reviewed annually and any service users are notified of any change to cost.</p> <p>The agency maintains a record of all journeys undertaken; this was viewed by the inspector. It was noted that it detailed the date, time and purpose of each journey and also recorded the miles travelled. It is signed by the staff member and service users. The manager stated that service users are billed for usage on a quarterly basis.</p> <p>The agency has a transport policy, 2014; it was viewed by the inspector. It was noted it detailed the procedure for staff in relation to supporting service users to avail of the transport scheme; it detailed the process for staff regularly checking the vehicle and reporting any concerns to the trust. The inspector noted that staff recorded all checks completed on the vehicle. The agency retains a copy of the insurance</p>	<p>Compliant</p>

<p>certificate; this was viewed by the inspector.</p>	
<p>Service users who met with the inspector were aware of costs related to using the transport service and stated that they could use taxis if they preferred.</p>	

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

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

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 as a Care/Support plan which details their current needs and risks. The care/support plan is discussed at the annual review or more frequent, if required and these contain the views of service users and their representatives. Staff record on a daily basis the outcome of the service provided. Service user's care/support plan reflects all interventions to be used in meeting the assessed needs of the tenants. All care/support plans reflect human rights and are discussed at the annual review or more frequent if required.</p>	Moving towards compliance
Inspection Findings:	
<p>Prior to admission the agency receives a range of multi-disciplinary assessments from the referring HSC Trust. The registered manager stated that the trust representatives forward copies of any updated assessments to the agency; these are retained in the service users care records. The inspector viewed the care records of two service users and noted that they contained a range of assessments detailing the needs of the service users and any identified risks. Records viewed contained individualised care and support plans and detailed the care and support required by the service user.</p> <p>The manager informed the inspector that risk assessments are reviewed at least annually. The inspector viewed risk assessments in place which had been signed by trust representatives and reflected in the</p>	Compliant

individual care and support plans.

Staff informed the inspector that care and support plans are reviewed and updated monthly or more frequently if required; service users and their representatives informed the inspector that they are encouraged to participate in the development of their individual care and support plans. It was noted by the inspector from records viewed that the care plans had been signed by the service user and their representative and outlined the consideration of the relevant human rights.

Staff informed the inspector that they are required to record daily the care and support provided to each individual service user.

The inspector discussed the admission process with the manager who stated that the agency encourages all prospective service users to visit the service on a few occasions prior to admission, during which they have the opportunity to meet those presently residing in the service.

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 receive training on an ongoing basis to meet the identified individual needs of service users. Staff attend both mandatory training and service user specific training, where identified such as Challenging behaviour, human rights training, human rights linked to completing support plans, Through the human rights training, staff are aware of restrictive practices and the potential human rights implications for such practice. Staff liaise with members of the MDT on an ongoing basis to identify any changes to an individual's needs. Staff are aware to report any issues of poor practice to their line manager or if it is their line manager, to go to their line manager.</p>	<p>Moving towards compliance</p>

Inspection Findings:	
<p>The agency maintains a record of all staff training; these were viewed by the inspector. From those viewed it was identified that staff have received training in human rights, safeguarding of vulnerable adults, manual handling, finance awareness training, and management of medication. Staff stated they had received training on managing challenging behaviours and informed the inspector that restrictive practice was included in this training.</p> <p>Staff who met with the inspector stated that they had received induction training at the commencement of their employment; they stated that they receive six monthly one to one supervision, group supervision and annual appraisal, and are encouraged to identify any training needs. Staff informed the inspector that they are provided with support and guidance on a day to day basis from the manager and feel supported by the management. Staff stated that they receive a reminder when training needs updated. A senior staff member informed the inspector that they had received supervision training to enable them to supervise the support staff.</p> <p>The agency has in place the following policies: Protection of Vulnerable Adults and Whistleblowing Policy. These were viewed by the inspector.</p> <p>Staff could describe practices which could be viewed as restrictive and the impact that they could have on the service users. They described the process for highlighting any changes to service users' needs and described instances when they are in regular contact with the service users HSC trust representatives.</p> <p>Staff could describe the necessary actions in relation to whistleblowing and had knowledge of the agency's policy and stated that the content of the policy had been discussed at a staff meeting.</p>	<p>Compliant</p>

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 3:</p> <p>The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency</p> <ul style="list-style-type: none"> • Service users and their relatives and potential referral agents are advised of any care practices that are restrictive or impact on the service users' control, choice and independence in their own home. • The agency's Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions • Service users are advised of their right to decline aspects of their care provision. Service users who lack capacity to consent to care practices have this documented within their care records. • Service users are provided with a copy of their care plan (in a format that is appropriate to their needs and level of understanding) and receive information in relation to potential sources of (external) support to discuss their needs and care plan. • The impact of restrictive practices on those service users who do not require any such restrictions. 	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>All aspects of the service provided is discussed at the annual review or more frequently at MDT meetings with service users and their representative and this is documented in the service's statement of purpose, which at present does not have any restrictive practice identified for the service. Documentation for the service states that service user's can decline aspects of the support service on offer. The format of the care/support plan will be explored to develop a format that meets the needs of each individual service user.</p>	Moving towards compliance
Inspection Findings:	
<p>The inspector read the agency's service user guide and statement of purpose; they clearly outline the nature and range of services provided and makes reference to restrictive practices. The Agency's statement of purpose records the right of service users to decline aspects of their care provision.</p> <p>The inspector discussed this theme with the registered manager; who described a restrictive practice presently in place in one of the service users' homes. The inspector viewed the documentation in place</p>	Compliant

relating to the restriction. It was identified by the inspector that the agency had engaged with the relevant HSC representative, the service user, their representatives and the other service users residing in the house. Records viewed reflected that human rights of the service user and those sharing the house had been considered and the least restrictive practice was in place; the agency had made arrangements to minimise the impact on other service users. The manager described the use of easy read documentation used to enable staff to explain the information to the service user. The inspector viewed the care and support plans for the one service users and noted that it made reference to the impact of the restrictive practice on them.

The manager stated that regular review of any restrictive practice occurs to ensure that it is still appropriate; this is done in conjunction with the HSC Trust representative.

Service users who met with the inspector stated that they are involved in the development of their care and support plans; they stated that they are encouraged to express their views and make their own decisions; they stated that they are provided with a copy of their care and support plans. Service user representatives who spoke to the inspector stated that they are invited to input into review meetings and receive copies of service users care and support plans.

The inspector identified that the agency has a policy on restrictive practice; training records viewed identified that staff have received training on restrictive practice.

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
Provider’s Self-Assessment	
There is no identified restrictive practices or restraint used within the service.	Not applicable
Inspection Findings:	
The inspector discussed this theme with the registered manager; who stated that care practices are reviewed regularly to ensure that practices which are may be deemed as restrictive are identified; he stated that staff discuss current practices at team meetings to assist in identifying any restrictive practice.	Compliant

The registered manager described a restrictive practice currently in place in a service user's home and the impact of such a practice for the other service users residing in the house. The documentation relating to the practice was viewed by the inspector; it was noted that risk assessments had been completed and were reviewed regularly. Records detailed discussions with the multi-disciplinary team members; the outcomes and options considered are clearly recorded. The records detail discussions with the service users and their representatives; the manager described to the inspector alternative measures put in place by the agency so as not to restrict other service users sharing the house and to protect the human rights of the service user.

Staff who spoke to the inspector could describe practices which could be deemed as restrictive, and stated that they have received relevant training.

From the training records viewed and discussion with staff the inspector noted that staff have received training in human rights, management of challenging behaviours, and protection of vulnerable adults.

PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Moving towards complian

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

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
Statement 1	COMPLIANCE LEVEL
<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. 	
Provider’s Self-Assessment	
<p>Each service user has a care/support plan detailing the care /support on offer to the service user and the time associated with the individually documented care/support tasks as discussed with the commissioner. The service's documentation highlights that care/support plans are developed to meet the individual needs of each service user and is agreed at the annual review with the service user and their representative. work is required to ensure that care/support plans are in an accessible format to meet individual needs.</p>	Substantially compliant
Inspection Findings:	
<p>The inspector viewed two individual service user agreements and care plans; they detail the amount and type of care provided to the service user by the agency staff and any related charges. Service users and their representatives who met with the inspector described the care received by the agency and informed the inspector that they were involved in the development of their individual care and support plans. The inspector was informed by the manager that the HSC Trust provide the staff to deliver the personal care received by service users; this was confirmed by service users who met with the inspector.</p> <p>Staff who spoke to the inspector could outline the care and support provided to each service user; they described practices which were specific to the needs and wishes of each service user. Staff demonstrated their awareness of the need to ensure that service users were consulted in relation to all aspects of their care</p>	Complaint

and support, and the importance of choice and consideration of service users human rights. Staff described the need to promote the independence of the service users' whilst providing them with the agreed care and support.

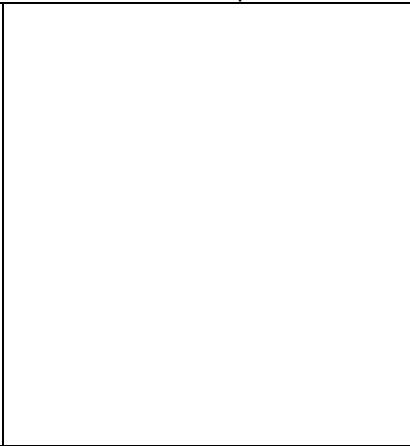
From the documentation in place and discussion with service users and their representatives it was noted that care plans are agreed with the commissioning trust and are reviewed at least annually. Individual care and support plans record the amount of time allocated for each individual care and support task.

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p>Statement 2</p> <p>Evidence inspected confirms that service users/representatives understand the amounts and method of payment of fees for services they receive as detailed in their individual service agreement.</p> <ul style="list-style-type: none"> • Service users/representatives can demonstrate an understanding of the care they receive which is funded by the HSC Trust • Service users/representatives can demonstrate an understanding of the care which they pay for from their income. • Service users/representatives have an understanding of how many hours they are paying for from their income, what services they are entitled to and the hourly rate. • Service users/representatives have an understanding of how to terminate any additional hours they are paying for from their income • Service users/representatives have been informed that cancellation of additional hours they are paying for from their income will not impact upon their rights as a tenant. 	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Service users and their representatives would be aware of the care/support delivered by the service as per the agreed care/support plan with the commissioner. Service users do not pay for additional care/support hours from their income on a normal basis. However, Service users do pay additional costs for their care/support on short breaks. Service users going on short breaks are responsible for staff costs above the staff's contracted hours and these costs are obtained from the Trust's management accounts department and shared with the service user for approval to proceed</p>	Substantially compliant
Inspection Findings:	
<p>The inspector viewed two service user and finance agreements; these clearly outlined any charges made to the service user by the agency. The manager informed the inspector that the HSC Trust provide the staff to provide the care to the service users; the type and amount of care to be provided to each service users is detailed in their care and support plans.</p> <p>Service users were able to describe the type and amount of care they received from the agency; they were</p>	Compliant

aware that the care provided by the agency was funded by trust; records viewed by the inspector did not indicate that service users were being charged by the agency for personal care.

Service users described to the inspector the support that they received in relation to shopping, meal preparation and attending social activities in the community. The inspector noted that the support required was detailed in the service users individual care and support plans viewed.

Service users could describe to the inspector the process for cancelling any services provided by the agency which they no longer required. Records viewed by the inspector identified that service users have in place a signed service user agreement; the service user guide detailed the process for cancelling services.



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>The Trust care manager arranges reviews on an annual basis and this includes input from the service user/their representative and staff from the service but these can be arranged more frequently to meet the individual needs of each service user. Finance and the support service is discussed at the meeting.</p>	Substantially compliant
Inspection Findings:	
<p>Prior to the inspection the agency were requested to forward to RQIA details of service users annual reviews. The records viewed by the inspector and discussion with staff and service users identified that all service users have received an annual review involving the commissioning HSC trust.</p> <p>The inspector read two individual service user care and support plans; it was noted that each service user had received an annual review. Service users informed the inspector that they are encouraged to participate in the review process and given opportunity to contribute their views and opinions; they stated that they attended a formal review annually involving their trust representative. Service users informed the inspector</p>	Substantially compliant

they can request a review if they have any concerns relating to the care and support they receive. A relative of a service user who met with the inspector stated that they were involved in the annual review of a service user.

A copy of the review documentation is retained by the agency. The inspector viewed review documentation for two service users and noted that it involved the trust representative; however, the documentation was not signed by those in attendance. The registered manager stated that the original copy which is retained by the trust representative is signed. A requirement has been made.

The inspector noted that care and support plans are reviewed monthly by the service user and their allocated keyworker within the service or more frequently if required.

Staff who met with the inspector stated that the care and support plans reviewed and updated monthly and annually following the review with the relevant HSC trust representative or as required. Staff stated that they are encouraged to participate in the annual review of the service users.

The inspector noted from the documents examined that the agency have in place care and support and finance agreements which clearly record charges for services to the service user; these were signed by the service user and updated annually.

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

11.0 Any Other Areas Examined

11.1 Complaints

The registered manager stated that the agency has had no complaints for the period 1 January 2013 to 31 December 2013; this was verified by the returns forwarded by the agency to RQIA and observation of records available in the agency.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr Anthony Martin, registered manager, and Mrs Brenda McGrath, assistant 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.

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan

Announced Primary Care Inspection

Shanlieve Supported Living

30 June 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 **Mr Anthony Martin, registered manager**, and **Mrs Brenda McGrath, assistant 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.(b)	<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.</p> <p>This requirement relates to the registered person ensuring that a process is developed to reduce the amount of funds retained in the service users shared budget account.</p> <p>The registered person must ensure that service users receive a refund of their share of excess monies held in their budget account.</p>	Once	Excess monies held in the tenant's budget account at Shanlieve will be reconciled to identify surplus money in the account to enable tenants to receive an equal refund from the account held on behalf of the tenants. This will be completed by the 20th November 2014	Seven months from the date of inspection: 30 January 2015
2.	14.(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>(c) so as to promote independence of service</p>	Once	Staff are working in partnership with tenants to explore and agree suitable provision is made to enable tenants' monies and valuables are secured within their own homes, this will be achieved by the provision of a small safe/	Seven months from the date of inspection: 30 January 2015

		<p>users.</p> <p>This requirement relates to the registered person ensuring that the provision is made for service users' monies and valuables to be secured in their own homes.</p>		<p>locked cupboard in line with tenants' preferences within the required timescale at Shanlieve.</p>	
3.	14(b)	<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</p> <p>This requirement relates to the registered person ensuring that the review documentation in place is signed by those participating in the review.</p>	Once	<p>Staff at Shanlieve have liaised with the Care Manager to ensure that all review documentation in place is signed by all the individuals who had participated in the tenants' reviews and this will be completed by the required timescale.</p>	<p>Six months from the date of inspection: 30 December 2014</p>
4.	23.- (1)(5)	<p>The registered person shall establish and maintain a system for evaluating the quality of services which the agency arranges to be provided.</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>This requirement relates to the registered</p>	Once	<p>The Trust's monthly monitoring officer has been advised that the views of tenant/their representatives are to be obtained and included in the scheme's monthly monitoring report on an on going basis and to be held in the scheme for future audit for RQIA..</p>	<p>Six months from the date of inspection: 30 December 2014</p>

		<p>person ensuring that the views of service user relatives/representatives are obtained and recorded on the agency's monthly quality monitoring form.</p>			
5.	14.(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>(e) in a manner which respects the privacy, dignity, and wishes of service users, and the confidentiality of information relating to them;</p> <p>This requirement relates to the registered person ensuring that the agency's office is not accessed through the service users' home.</p> <p>The registered person must ensure that the door linking the agency's office and the service users home is locked at all times.</p>	Once	The door linking the Scheme's office door and the tenant's home will be locked at all times.	Six months from the date of inspection: 30 December 2014

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	Anthony Martin
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Miceal Crilly on behalf of Mairead McAlinden

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	X	Joanne Faulkner	10/11/14
Further information requested from provider			