



The **Regulation** and
Quality Improvement
Authority

ANNOUNCED PRIMARY CARE INSPECTION

Name of Agency:	Teach Sona
RQIA Number:	10943
Date of Inspection:	22 January 2015
Inspector's Name:	Joanne Faulkner
Inspection ID:	20497

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Agency:	Teach Sona
Address:	5 Mullanstown Mullaghbawn BT35 9EX
Telephone Number:	02830888866
E mail Address:	Hazel.somerville@southerntrust.hscni.net
Registered Organisation / Registered Provider:	Mrs Anne Mairead McAlinden
Registered Manager:	Mrs Hazel Somerville (Temporary)
Person in Charge of the Agency at the Time of Inspection:	Mrs Hazel Somerville (Temporary)
Number of Service Users:	Eight
Date and Type of Previous Inspection:	Primary Announced Inspection 19 December 2013
Date and Time of Inspection:	22 January 2015 10:00-17:00
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	6
Staff	3
Relatives	1
Other Professionals	0

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	20	5

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: two requirements have been assessed as being fully met; one requirement was assessed as being not met and will be restated.

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

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

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

7.0 Profile of Service

Teach Sona is a supported living type domiciliary care agency, situated in a residential area in Mullaghbawn. The agency provides housing, care and support to five individuals who share the house where the agency's office is located, and a further three service users who reside in individual dwellings within the immediate neighbourhood.

Service users have individual tenancies with the Southern Health & Social Care Trust, providing them with accommodation rights irrespective of their care and support needs.

The Southern Health & Social Care Trust employs the staff that provides 24 hour care and support to the service users.

The agency's aim is to provide care and support to service users; this includes helping service users with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of supporting service users to live as independently as possible and maximising quality of life. The agency seeks to enable people to achieve autonomy and choice in the support they receive and the lives they pursue.

8.0 Summary of Inspection

The announced inspection was undertaken on 22 January 2015 at the registered office located within the home shared by a number of service users. The inspector was supported throughout the inspection by the temporary registered Manager, Mrs Hazel Somerville and Mrs Marion McGuigan, temporary assistant manager.

During the inspection the inspector had the opportunity to meet with six service users and three staff; the inspector spoke to the relative of one service user.

The inspector viewed a number of care records which outlined the care and support provided by the agency to individual service users. Staff stated that service users are provided with the necessary support to remain as independent as possible in their own home.

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

8.1 Staff Comments

"I feel supported by the senior"

"I like working here"

"Service users are supported to live as independently as possible"

"Staff support service users with shopping, banking, cleaning, and personal care"

"Staff bring their own food"

"I get three monthly supervision and annual appraisal"

"Some service users will assist with grocery shopping"

"Service users can choose what they want to buy and where they want to go"

"This is the service user's home; we are guests"

"Service users are supported to attend concerts and activities of their choice"

The returned questionnaires indicated the following:

- Staff have received Vulnerable Adult training
- Training was rated as excellent or very good
- Staff have received Human Rights training
- Staff have received training on handling service users' monies
- Service users have in place individual service agreements
- Staff are aware of the whistleblowing policy

Records viewed by the inspector support the above statements. 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 in the review process with the HSC trust.

8.2 Service Users' Comments

During the inspection, the inspector met with six service users in their home; they stated that they were supported by staff to live as independently as possible; they informed the inspector that they were involved in developing their individual care and support plans and in review meetings involving their HSC trust representative.

Service users could describe the care and support they receive and stated that staff support them to attend a number of activities of their choice; they stated that staff respect their wishes and views. During the inspection the inspector observed a number of service users being supported to go out with staff.

Comments

- "Staff are good"
- "I go out in the car with staff"
- "I go shopping with staff"
- "I know my keyworker"
- "I am happy living here"
- "I do my own shopping and cooking"
- "I keep my own money in my flat"
- "We go to the cinema"
- "My money is in the safe ; I get it when I want it"
- "I have my own key"
- "I like living in Teach Sona"
- "We are not happy about not getting on holiday; we have written a letter to the Trust"
- "We visit each other in our homes"
- "I love knitting"
- "I am going dancing tonight; I love getting out"

8.3 Service User Representative

The inspector spoke to the relative of one service user who stated that service users are supported to live as independently as possible; they stated that they are invited to review meetings and are involved in the development of care and support plans specific to meet the needs of the service users.

Comments

- “I am kept informed of any changes”
- “I have no problem with the service”
- “My relative likes living there; they are well settled”
- “The trust looks after their money”
- “I am very happy with the care they provide”
- “It’s like one family”
- “I am invited to the review meetings”
- “My relative is upset at not getting on holiday last year; I discussed this with the assistant manager; I think it is being sorted.
- “Staff do a lot to support my relative”

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 “not compliant” in this theme.

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

- Service user guide/agreements
- Financial care and support plans
- Capacity assessment documentation/ Appointee details

The records viewed outline the 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 commissions the care provided by the agency to the service users.

The agency’s office is located within the service users’ home; the HSC trust are currently engaged in discussions with RQIA in relation to making arrangements to repay service users for charges previously made. A requirement stated within the previous QIP has been assessed as not being met and will be restated.

Service users pay a weekly agreed amount for food and utilities; service users are supported to devise a menu plan and shop for food. Service users’ could describe the process for

cancelling any services no longer required from the agency. Service users living in individual flats pay for food and utilities separately.

Staff provide their own food whilst on duty in a service user's home; the agency provides a separate storage facility and has a policy relating to staff meals.

The HSC trust is appointee for a number of service users; agency staff provide service users with the agreed support required to manage their monies; this is recorded in the service users' individual care and support plans. Service users stated that they 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 record any transactions and are maintained in accordance with the agency's finance policy.

Service users have a facility in their individual homes to store valuables and monies.

The agency maintains a record of safe contents; records are maintained and were available for the inspector to view; it was identified that the agency has in place a list of staff signatures.

The agency provides a transport service; service users can opt in or out of this service; service users are provided with the necessary support to avail of appropriate public transport if preferred. A record of all journeys is maintained and service users are charged for individual usage. The transport agreement details the charges and terms and conditions of the transport service.

One requirement has 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 "moving towards compliance" in this theme.

The manager stated that prior to admission the agency received a range of assessments from the referring HSC trust representatives; these assisted staff in developing individual care and support plans in conjunction with service users and their representatives.

Records viewed by the inspector contained a range of assessments provided to the agency by the referring HSC trust and individual care and support plans. Service users and their representatives informed the inspector that they are involved in developing their care and support plans and that their choices are reflected. Agency staff record daily the care and support provided to each service user.

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 annually or as required.

Staff stated they had received induction training at the commencement of employment covering many areas including human rights, safeguarding vulnerable adults, care planning and restrictive practice. Staff informed the inspector that they receive individual supervision

quarterly and annual appraisal. Staff stated that they have received training specific to the needs of individual service users.

The agency maintains a record of staff training; this was viewed by the inspector; it was noted that a member of staff required updated medication training. A requirement has been made.

Regular monitoring of care practices occurs to ensure that any practice deemed as restrictive is identified.

The inspector read the agency's service user guide and statement of purpose; they outline the nature and ranges of services provided.

Staff could describe practices which could be deemed as restrictive and were aware of the agency's whistleblowing policy.

The inspector viewed documentation in place for a practice deemed to be restrictive; it was identified by the inspector that the agency had engaged with the relevant HSC representative, the service user, their representatives and members of the MDT as required.

From training records viewed and discussion with staff it was noted that staff have received training in human rights and protection of vulnerable adults.

Three requirements have been made in relation to this theme.

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 "compliant" in this theme.

Service users have in place individual service user agreements and care and support plans; they outline the amount and type of care provided by the agency to individual service users; they are updated annually following the review involving the HSC Trust representative or as required.

Service users and their representatives could describe the amount and types of care provided by the agency and were aware of charges for services provided by the agency; they described a range of activities that the agency's staff support them to participate in.

The manager stated that care provided to the services users is commissioned by the relevant HSC trust.

The manager and staff could describe the amount and type of care provided to individual service users and stated that service users are encouraged to live as independently as possible.

From documentation viewed and discussion with service users, the inspector noted that care and support plans are reviewed annually or as required in conjunction with the service user, their representatives and their allocated keyworker within the service. It was noted that a

number of the agency's documentation is provided in a format that assists service users in understanding the information.

Service user's and their representatives stated that they are encouraged to participate in the review process and are given the opportunity to express their views; they stated that a review is completed annually in conjunction with their HSC trust representative.

A copy of the review documentation is retained by the agency.

The service user guide outlines the process for service users wishing to opt in/out or cancel services.

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 relevant HSC trust commissions the care provided by the agency to the service users; the manager stated that no service users are paying additional charges for care. 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 read by the inspector; it outlined the nature and range of services provided by the agency at the time of inspection; it was identified that detail relating to restrictive practice required further detail. A requirement has been made.

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 In accordance with the DHSSPS Circular HSC (ECCU) 1/2010 "Care Management, provision of services and charging guidance").

Records viewed by the inspector identify that services users have received an annual review involving the HSC trust. Service users' and their relatives informed the inspector that they are encouraged to participate in the review meeting and are given the opportunity to express their views. Agency staff stated that they attend review meeting and retain a copy of review documentation; this was viewed by the inspector.

8.5.4 Monthly Quality Monitoring Visits by the Registered Provider

The inspector viewed the agency's quality monitoring documentation in place and noted that monthly monitoring visits are completed by the SHSCT monitoring officer. From the documentation viewed the views of service users, their families and professionals had been

recorded on some of the visits; however, it was identified by the inspector that on a number of the records no reference was made to views professionals and that the record did not denote the name of relative spoken to. The documentation contains detail of any incidents or safeguarding concerns and staffing arrangements. A requirement has been made.

8.5.5 Service User Holiday Arrangements

A number of service users discussed with the inspector the difficulties experienced in relation to availing of holidays/ short breaks; service users stated that they have forwarded correspondence to senior management within the trust in relation to this issue. The manager stated that the HSC Trust currently have a working group in place who are developing a policy in relation to holiday arrangements. A requirement has been made in relation to this theme.

9.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1	15 (6) (d)	The registered person must ensure that the amount of money kept in the agency's safe is in accordance with the finance policy.	The inspector viewed the ledger for one service user and noted that the amount specified in the agency's finance policy is not exceeded. This requirement has been assessed as being fully met.	Two	Fully met.
2	14 (b) & (d)	The registered person must ensure that the service user guide and the agency's policies and procedures confirm the agency's contribution towards utility costs for the office accommodation located in the service user's home. Service users must be reimbursed monies owed in respect of food eaten by staff purchased by service users prior to the 11/7/13, and the proportion of the utility bills used by the office.	The inspector discussed this requirement with the registered manager who stated that the process of calculating monies owed to service users is currently ongoing; they stated that the HSC trust are currently engaged with RQIA in relation to this matter. This requirement has been assessed as not being met and will be restated.	Once	Not met. This requirement will be restated.
3	15 (6) (d)	The registered person must ensure that the agency's Management of Tenant's	The agency's finance policy details the process for accessing service users' monies; service users could describe the	Once	Fully met

10.0 Inspection Findings

		<p>Finances in Supported Living policy includes all the different amounts of money that can be accessed on behalf of service users and by which staff. The manager should offer to meet with all service users/representatives to explain how they can access their money and arrange holidays.</p>	<p>process for accessing their monies. This requirement has been assessed as being fully met.</p>		
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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 	<p>COMPLIANCE LEVEL</p>

10.0 Inspection Findings

<p>Provider's Self-Assessment</p> <p>Service users accessing a Domiciliary Support Service at Teach Sona 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 relevant HSC trust commissions the care provided by the agency.</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. Individual care and support plans detail the support required by service users to manage their monies.</p> <p>The manager stated that the HSC trust is appointee for a number of service users; all service users have individual bank accounts; staff provide the agreed support to service users to manage their monies.</p> <p>From the records viewed, service users have in place a service user agreement which detail services provided and any related charges; they are signed by the service users. Service users could describe the process for cancelling any services provided by the agency.</p>	<p>Not compliant</p>

10.0 Inspection Findings

<p>Service users stated that they pay an agreed amount per week into the household account for food and utilities, and could describe the process for menu planning and purchasing food; service users are encouraged to participate in the preparation of food with the support 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 the kitchen at any time and are provided with the necessary support to shop and prepare food.</p> <p>Staff stated that they are required to provide their own food whilst on duty in the service users' home. The agency provides separate facilities for the storage of staff food. The agency has in place a policy relating to staff meals; it details the arrangements for staff accessing food whilst accompanying service users on an outing.</p> <p>The agency's office is located within the service users' home; the manager stated that service users do not presently contribute towards the cost of the agency's office ;they stated that the HSC trust are currently engaged in discussions with RQIA in relation to making arrangements to repay service users for charges previously made. A requirement stated within the previous QIP has been assessed as not being met and will be restated.</p> <p>The agency's finance policy outlines the procedures for staff involved in supporting service users to manage their money.</p> <p>The service user guide and agreement records the process for service users in relation to cancellation of services for which they are charged.</p>	
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10.0 Inspection Findings

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<p>Statement 2:</p> <p>Arrangements for receiving and spending service users' monies on their behalf are transparent, have been authorised and the appropriate records are maintained:</p> <ul style="list-style-type: none"> • The HSC trust's assessment of need describes the individual needs and capabilities of the service user and the appropriate level of support which the agency should provide in supporting the service user to manage their finances; • The agency maintains a record of the amounts paid by/in respect of each service user for all agreed itemised services and facilities, as specified in the service user's agreement; • The agency maintains a record of all allowances/ income received on behalf of the service user and of the distribution of this money to the service user/their representative. Each transaction is signed and dated by the service user/their representative and a member of staff. If a service user/their representative are unable to sign or choose not to sign for receipt of the money, two members of staff witness the handover of the money and sign and date the record; • Where items or services are purchased on behalf of service users, written authorisation is place from the service user/their representative to spend the service user's money on identified items or services; • There are contingency arrangements in place to ensure that the agency can respond to the requests of service users for access to their money and property at short notice e.g.: to purchase goods or services not detailed on their personal expenditure authorisation document(s); • The agency ensures that records and receipts of all transactions undertaken by the staff on each service user's behalf; are maintained and kept up-to-date; • A reconciliation of the money/possessions held by the agency on behalf of service users is carried out, evidenced and recorded, at least quarterly; • If a person associated with the agency acts as nominated appointee for a service user, the arrangements for this are discussed and agreed in writing with the service user/ their representative, and if involved, the representative from the referring Trust. These arrangements are noted in the service user's agreement and a record is kept of the name of the nominated appointee, the service user on whose behalf they act and the date they were approved by the Social Security Agency to act 	<p>COMPLIANCE LEVEL</p>

10.0 Inspection Findings

<p>as nominated appointee;</p> <ul style="list-style-type: none"> • If a member of staff acts as an agent, a record is kept of the name of the member of staff, the date they acted in this capacity and the service user on whose behalf they act as agent; • If the agency operates a bank account on behalf of a service user, written authorisation from the service user/their representative/The Office of Care and Protection is in place to open and operate the bank account, • Where there is evidence of a service user becoming incapable of managing their finances and property, the registered person reports the matter in writing to the local or referring Trust, without delay; <p>If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the agency on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user’s agreement.</p>	
<p>Provider’s Self-Assessment</p>	
<p>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 individual service users to manage their monies. The inspector viewed the documentation for four service users and noted they detailed the support required by service users to manage their finances.</p> <p>The manager stated that the HSC Trust is appointee for a number of service users. The agency retains details in individual service users care records of their appointee and financial capacity assessments; service users are supported to manage their monies as previously agreed.</p>	<p>Compliant</p>

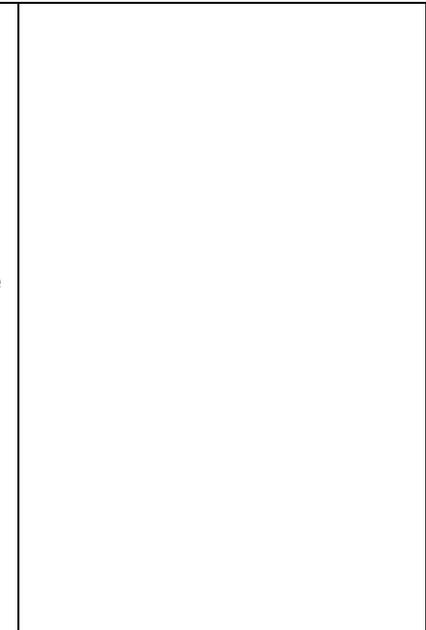
10.0 Inspection Findings

Service users and their representatives stated that they have been involved in 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 for each individual service user; these were viewed by the inspector. They detail any 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. The agency finance policy details the procedure for staff handling service users' monies; it 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.



10.0 Inspection Findings

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<p>Statement 3:</p> <p>Where a safe place is provided within the agency premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained:</p> <ul style="list-style-type: none"> • Where the agency provides an appropriate place for the storage of money and valuables deposited for safekeeping, robust controls exist around the persons who have access to the safe place; • Where money or valuables are deposited by service users with the agency for safekeeping and returned, a record is signed and dated by the service user/their representative, and the member of staff receiving or returning the possessions; • Where a service user has assessed needs in respect of the safety and security of their property, there are individualised arrangements in place to safeguard the service user's property; • Service users are aware of the arrangements for the safe storage of these items and have access to their individual financial records; • Where service users experience restrictions in access to their money or valuables, this is reflected in the service user's HSC trust needs/risk assessment and care plan; <p>A reconciliation of the money and valuables held for safekeeping by the agency is carried out at regular intervals, but least quarterly. Errors or deficits are handled in accordance with the agency's SVA procedures.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p> <p>Teach Sona Supported Living service has 1 safe and a locked cupboard 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

10.0 Inspection Findings

Inspection Findings:	
<p>The manager stated that there is a safe located in the agency’s office; a record of the contents was available for the inspector to view and is reconciled twice daily at shift handover.</p> <p>The manager and staff stated that a Band 5 staff member on shift is designated to hold the safe key. Staff stated that service users are provided with the agreed support to keep their valuables safe and provided with the required support to manage their monies. Individual care and support plans detail the support required by service users to manage their money.</p> <p>The agency has in place a finance policy; this was viewed by the inspector; it details the procedures for staff handling service users’ monies.</p> <p>The agency maintains individual financial ledgers for each service user ; the inspector viewed the ledgers maintained on behalf of three service users and noted that they record any transactions and available balance and are signed by two staff. The inspector noted that the agency has a list of staff signatures; staff stated that a reconciliation of monies held by the agency is completed twice daily by two staff members, and could describe the necessary steps if a discrepancy was identified.</p> <p>The manager stated that a monthly reconciliation is also completed and additionally an annual finance audit is completed by the agency’s finance department.</p> <p>Staff informed the inspector that they had received finance training during induction and subsequently by the finance department.</p>	<p>Compliant</p>

10.0 Inspection Findings

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

10.0 Inspection Findings

<ul style="list-style-type: none"> • The agency ensures that the vehicle(s) used for providing transport to service users, including private (staff) vehicles, meet the relevant legal requirements regarding insurance and road worthiness. Where the agency facilitates service users to have access to a vehicle leased on the Motability scheme by a service user, the agency ensures that the above legal documents are in place; • Ownership details of any vehicles used by the agency to provide transport services are clarified. 	
<p>Provider's Self-Assessment</p>	
<p>The Trust provides a car for tenant use at Teach Sona 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 miles used..</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>The inspector discussed this theme with the manager who stated that the agency provides a vehicle for the use of service users.</p> <p>The manager stated that all service users have opted in to the transport scheme; the inspector viewed the transport agreements for two service users and noted that they detail the terms and conditions and any related charges.</p> <p>The agency maintains a record of all journeys taken by service users; it details the purpose of all journeys and those service users who availed of the service. Service users are billed monthly by the agency for their individual usage. During the inspection the inspector observed a number of service users availing of the transport service to go shopping.</p> <p>Individual care and support plans viewed details the support required by service users to access appropriate transport.</p> <p>The manager stated that service users have the option to avail of public transport which they pay for individually; they stated that a number of service users have a smart pass and that that no service user has their own vehicle. The inspector viewed the agency's transport policy.</p>	<p>Compliant</p>

10.0 Inspection Findings

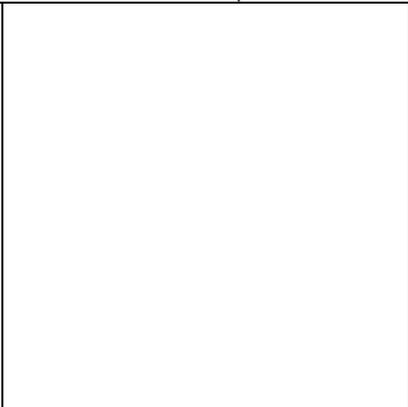
PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Not compliant

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 1:</p> <p>The agency responds appropriately to the assessed needs of service users</p> <ul style="list-style-type: none"> • The agency maintains a clear statement of the service users’ current needs and risks. • Needs and risk assessments reflect the input of the HSC Trust and contain the views of service users and their representatives. • Agency staff record on a regular basis their outcome of the service provided to the individual • Service users’ care plans reflect a range of interventions to be used in relation to the assessed needs of service users • Service users’ care plans have been prepared in conjunction with the service user and their HSC Trust representative(s) and reflect appropriate consideration of human rights. 	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>Each service user 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>It was identified that prior to service users taking up a tenancy the agency receive a range of multi-disciplinary assessments from the referring HSC trust; these outline the assessed needs of service users and highlight identified risks.</p> <p>From care plans viewed it was noted that they outlined a range of interventions and reference was made to the consideration of the individual service user’s human rights.</p> <p>Service users and their relatives stated that they are involved in developing their individual care and support plans and that their views are reflected. The inspector observed that care plans are signed by the service</p>	Moving towards compliance

users or their representatives and are reviewed annually following the review with the HSC trust representative or as required. Staff stated that they complete a daily record for each service user; detailing the care and support provided; this was viewed by the inspector.

From records viewed it was identified that the agency monitor and maintain a monthly record of service users weight; the inspector discussed the need for this practice with the senior support worker and registered manager who stated that this has been a practice in place for a number of years. The inspector discussed instances when this practice would be deemed necessary for monitoring individual service users; however it is recommended that the agency review this practice and identifies those service users who require regular weight monitoring. A requirement has been made.



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>	Moving towards compliance
Inspection Findings:	
<p>The agency maintains a record of staff training; it was viewed by the inspector; it was identified that staff have received training in human rights, safeguarding of vulnerable adults, manual handling, medication management, MAPA, and swallow awareness.</p>	Moving towards compliance

It was identified by the inspector that a member of staff required updated medication training; the manager stated that the staff member had missed recent training due to annual leave and that training was to be rescheduled. A requirement has been made.

Staff stated that they had received corporate induction at the commencement of their employment and further training throughout their employment. The manager stated that staff complete an induction within the service in the first three days of employment. Staff stated that they receive three monthly one to one supervision and annual appraisal; they stated that they are encouraged to identify any training needs at any time with the senior.

Staff informed the inspector that they felt competent to carry out the requirements of their role and feel supported by the management team. The agency has in place a supervision and appraisal policy.

Staff could describe the process for highlighting any changes to service users' needs; they could describe the necessary actions in relation to whistleblowing and had knowledge of the agency's policy.

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 viewed the agency's service user guide and statement of purpose; they outline the nature and range of services provided and the rights for service users to choose what services they require from the agency; they make reference to restrictive practices.</p> <p>Service users and their representatives stated that staff encourage service users to make to make their own</p>	Compliant

choices; they stated that they are involved in the development of their individual care and support plans.

Service users' stated that they can opt out of any service they do not wish to avail of.

Staff stated that service users are provided with keys to their home and individual rooms; service users informed the inspector that they choose to keep the door of the main house locked at all times. Throughout the inspection the inspector observed the service users answering the door to callers.

The manager and staff described to the inspector a practice deemed to be restrictive; 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 members of the MDT as required. 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.

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

Inspection Findings:	
<p>The inspector discussed this theme with the registered manager and staff; they stated that care practices are reviewed regularly to ensure that practices which are may be deemed as restrictive are identified.</p> <p>The manager described a restrictive practice within the agency; the agency retains documentation relating to discussions which have taken place in relation to the restrictive practice. 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.</p> <p>The inspector discussed the practice of the pantry door being locked; staff stated that a key is located in the kitchen; this was confirmed by service users who stated that they could access at all times. A requirement has been made.</p> <p>Staff who met with the inspector could describe practices which could be deemed as restrictive; they described the process for engaging with service users' and their representatives in relation to any practices that many be deemed as restrictive.</p> <p>From the training records viewed and discussion with staff it was noted that staff have received training in human rights, MAPA and protection of vulnerable adults.</p>	<p>Moving towards compliance</p>

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

<p>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Moving towards compliance</p>

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p>Statement 1</p> <p>Evidence inspected confirms that service users/representatives have written information and/or had explained to them the amount and type of care provided by the agency</p> <ul style="list-style-type: none"> • Service users/representatives can describe the amount and type of care provided by the agency • Staff have an understanding of the amount and type of care provided to service users • The agency’s policy on assessment and care planning and the statement of purpose/service user guide describe how individual service user agreements are devised. • The agency’s service user agreement is consistent with the care commissioned by the HSC Trust. The agency’s care plan accurately details the amount and type of care provided by the agency in an accessible format. 	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>Each service user 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 registered manager stated that the relevant HSC trust commission the care provided by the agency to individual service users.</p> <p>The inspector viewed four individual service user agreements and care plans; they detail the amount and type of care provided to the service user by the agency. Service users who met with the inspector could describe the care and support received from the agency. Service user relatives were aware that the trust funded the care provided to individual service users; they stated that they are encouraged to participate in the development of their relative’s individual care and support plans.</p>	Compliant

Staff could describe the amount and type of care provided to individual service users; they described a range of practices which were specific to the meet the needs of individual service users. Staff demonstrated their awareness of the need to ensure that service users and their representatives were consulted in relation to aspects of their care and support and the importance of service users' choice and human rights. Staff described the importance of providing the necessary support whilst promoting the independence of the service users.

From documentation viewed and discussion with service users the inspector noted that care plans are developed in conjunction with the commissioning trust and are reviewed annually or as required.

The agency has in place documentation in an easy read format to assist service users in understanding the detail of their care and support plans.

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 agency has in place individual service user agreements; the inspector viewed three agreements; it was noted that they outline charges made to the service user by the agency.</p> <p>The manager stated that the relevant HSC trust commissions the care provided to individual service users; they stated that service users are not paying the agency additional charges for care.</p>	Compliant

Service users and their relatives were able to describe to the inspector any charges for service received from the agency; they were aware that personal care provided by the agency was funded by the relevant HSC trust.

Service users' could describe to the inspector the process for cancelling any services provided by the agency which they no longer required. The service user agreement and the service user guide details the process for the cancellation of services; of the records viewed service users have in place a signed service user agreement.

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 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 In accordance with the DHSSPS Circular HSC (ECCU) 1/2010 "Care Management, provision of services and charging guidance").</p>	Compliant

<p>The agency's return stated that all service users had received an annual review; the registered manager informed the inspector that the service users are at least annually by the commissioning HSC trust or as required.</p> <p>Service user representatives stated that they attended an annual review involving the relevant HSC trust representative and are given the opportunity to contribute their views.</p> <p>The inspector viewed the care records for four service users and noted that reviews had been carried out and that the agency retains a copy of review documentation.</p> <p>Staff stated that the care and support plans are updated annually following the review meeting or as required; they stated that they are encouraged to participate in the review meetings of the service users.</p> <p>The inspector noted from the documentation viewed that the agency have in place service agreements which clearly record charges for services to the service user; these are signed by the service user and updated annually.</p>	
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<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>Compliant</p>

11. Any Other Areas Examined

11.1 Complaints

The agency 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 from records available for inspection at the agency.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Hazel Somerville, registered manager (Temporary), 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:

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

Teach Sona

22 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 Mrs Hazel Somerville, Registered Manager (temporary) and Mrs Marion McGuigan, Assistant Manager (temporary) 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) & (d)	<p>The registered person must ensure that the service user guide and the agency's policies and procedures confirm the agency's contribution towards utility costs for the office accommodation located in the service user's home. Service users must be reimbursed monies owed in respect of food eaten by staff purchased by service users prior to the 11/7/13, and the proportion of the utility bills used by the office.</p> <p>This requirement was assessed as being not met and has been restated.</p>	Twice	Arrangements are currently being progressed with in the Trust to reimbursed tenants by the end of March for food consumed by staff. A similar exercise is being progressed in relation to reimbursement for office utility costs. .	Three months from the date of inspection: 22 April 2015.
2.	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; and</p> <p>This requirement relates to the registered person ensuring that the agency reviews the practice of routinely monitoring and recording</p>	Once	This practice has now ceased.	Three months from the date of inspection: 22 April 2015.

		service users' weight monthly; to identify those service users who require regular weight monitoring.			
3.	16.-(2)(a)	<p>The registered person shall ensure that each employee of the agency-</p> <p>(a) receives training and appraisal which are appropriate to the work he is to perform;</p> <p>This requirement relates to the registered person ensuring that outstanding training is provided.</p>	Once	1 staff member that had outstanding training has completed training on the 09/02/15.	Two months from the date of inspection: 22 March 2015.
4.	14.(a)(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>(a) so as to ensure the safety and well-being of service users:</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 agency has in place risk assessments relating to any restrictive practice and that documentation reflects that services users and relevant representatives have been consulted in relation to any</p>	Once	Practice on locking pantry door is carried out to minimise significant risk to 1 service user who has been assessed of significant risk of choking. Trust accepts that this practice poses a potential restriction to other service users . Supported Living Management is actively engaging with the Trust Speech and Language Therapist and Service users Advocate to consult with other tenants on an alternative means to access food cupboards, eg their own key.	Two months from the date of inspection: 22 March 2015.

		<p>agreed restrictions and that consideration has been made for the impact of such restrictions on other service users.</p> <p>This requirement relates to the locking of the pantry door in the main house.</p>			
5.	5.-(1) Schedule 1	<p>The registered person shall compile in relation to the agency a written statement (in these Regulations referred to as “the statement of purpose”) which shall consist of a statement as to the matters listed in Schedule 1.</p> <p>This requirement relates to the registered person ensuring that the statement of purpose is updated to include appropriate information relating to restrictive practice.</p>	Once	Statement of purpose has been amended to include appropriate information in relation to restrictive practice.	Two months from the date of inspection: 22 March 2015.
6.	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 person ensuring that the monthly quality monitoring record maintained clearly records the identity of the service user representatives consulted with.</p>	Once	<p>The monthly monitoring officer will identify the name of the service users and their representative on the report, with their consent.</p> <p>Monitoring Officer will ensure the views of relevant professionals are also included in monthly reports.</p>	Two months from the date of inspection: 22 March 2015.

		This requirement relates to the registered person ensuring that the monthly quality monitoring record maintained clearly records the views of relevant professionals.			
7.	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 the independence of service users:</p> <p>This requirement relates to the registered person ensuring that service users are provided with the support required to access appropriate holiday arrangements.</p>	Once	The trust have provided a policy on holiday arrangements. This will support the tenant to access appropriate holiday arrangements & will be reviewed in 6 months.	Three months from the date of inspection: 22 April 2015.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Hazel Somerville
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Miceal Crilly on behalf of Mairaed McAlinden

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	X	Joanne Faulkner	20/03/15
Further information requested from provider			