

PRIMARY INSPECTION

Name of Agency: Trench Park

Agency ID No: 10961

Date of Inspection: 26 February 2015

Inspector's Name: Michele Kelly

Inspection No: 021002

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

General Information

Name of agency:	Trench Park
Address:	28 Trench Park Belfast BT11 9FG
Telephone Number:	02895043990
E mail Address:	jane.mcgowan@belfasttrust.hscni.net
Registered Organisation / Registered Provider:	Mr Martin Dillon
Registered Manager:	Mrs Jane McGowan
Person in Charge of the agency at the time of inspection:	Mrs Jane McGowan
Number of service users:	9
Date and type of previous inspection:	Announced Primary Inspection 28 November 2013
Date and time of inspection:	Announced Primary Inspection 26 February 2015 09:15-17:00
Name of inspector:	Michele Kelly

Introduction

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

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

Purpose of the inspection

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

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

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

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

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

Methods/process

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

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

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

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

- Evaluation and feedback

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

Consultation process

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

Service users	5
Staff	3
Relatives	1
Other Professionals	2

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	23	9

Inspection focus

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

The following four quality themes were assessed at this inspection:

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

Review of action plans/progress to address outcomes from the previous inspection

Review of two requirements and five recommendations from the inspection of 28 November 2013 showed compliance with all matters.

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

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

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

Profile of service

Trench Park and Shaw's Avenue is a supported living facility based in Finaghy Road North on the outskirts of Belfast, which operates under the auspices of the Belfast Health and Social Care Trust. The agency provides support to nine service users, with a diagnosed learning disability. Support provided includes assisting service users with personal care needs, domestic care tasks and social activities. Five service users live in individual flats (three based at Trench Park), and four service users share accommodation at Shaw's Avenue. The service currently employs 12 staff.

Summary of inspection

The announced inspection was undertaken at the agency's registered office, 28 Trench Park Belfast BT11 9FG on 26 February 2015, 09:15 – 17:00. The registered manager was present throughout the inspection and discussions were also had with Anne Campbell, Community Mental Health Services Manager. The inspector had the opportunity to meet five service users in their own home and three staff during the inspection. One relative and two professionals also contributed to the inspection process.

Prior to the inspection, nine agency staff members forwarded to RQIA completed questionnaires in relation to the quality of service provision. Staff who returned a questionnaire indicated that they had received training in safeguarding vulnerable adults and in the supported living model of care.

Written feedback from staff in relation to their understanding of the key principles of the model of supported living included:

"Community inclusion"
 "Empowerment and independence"
 "Promote homely environment"

Two staff members indicated in questionnaires that the training in relation to safeguarding vulnerable adults could be improved by making it more scenario based and more applicable to learning disability.

Service Users' Comments

The inspector met with five service users during the inspection, each described the type standard of care and support they receive from agency staff. Those tenants residing in Trench Park had individual self-contained flats and described how they are supported to live independently and discussed the freedoms they have to enjoy relationships and social entertainment.

A tenant who asked to speak privately with the inspector discussed an issue which was impacting on his choice in respect of time of going to bed and his ability to enjoy some social activities. This matter was discussed with the registered manager and will be explored further in this report.

Relatives' Comments

The inspector telephoned a relative of a service user. Feedback received was very positive.

Comments

"I am delighted with the service"

"Great to have a place like that"

Staff Comments

Three agency staff met with the inspector during the inspection. Agency staff were knowledgeable in relation to the principles of supported living and discussed how important good communication and an understanding of individual needs were in ensuring good quality care.

Comments

"There is a good staff team, we rely on each other"

"Atmosphere is homely and relaxed"

"Management is very supportive"

Professionals' Comments

Two professionals communicated with the inspector and confirmed their satisfaction with the quality of communication with agency staff and their contentment with the care and support service users receive.

"I am very happy with the service, there is appropriate information sharing"

"I would supervise staff that support clients in these services their feedback has been positive in terms of the support provided in regard to care and finances. The staff team at Trench communicate appropriately information and attend relevant meetings in regard to individual clients"

Detail of inspection process:

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

The agency has developed a range of policies and procedures for the management of service users' finances and agency staff could demonstrate their knowledge of these. Service users do not contribute from their personal income towards care or support. Service users have had an assessment of their ability to manage their finances and the outcomes of these were clear in the individual financial support plans. Service users have an agreement which clearly sets out their income, expenditure and any charges for which they are liable.

There were no requirements or recommendations made with regard to this theme.

The agency has been assessed as 'Compliant' with this theme.

- **Theme 2 – Responding to the needs of service users**

The inspector examined a range of care records and found these to be person centred and contain references to human rights. During the inspection a service user asked to speak privately with the inspector. This person shared accommodation with a service user who has been assessed as requiring two persons to support them while on the premises. The service user who spoke to the inspector perceived that their right to go to bed at a time chosen by them and their right to have escorted outings was compromised by the staffing arrangements currently in place within Shaw's Avenue.

The inspector was invited to visit in some service users' homes. Following the visits the inspector discussed with the registered manager an example of positive risk taking within a service users own home with regard to possessions.

A requirement is made that a review of this service users' risk assessment is undertaken which explains the reasons for, and the parameters of positive risk taking.

It is also required that the registered person ensures that care practices that are restrictive or impact on the services users' control, choice or independence in their own home are reviewed.

The agency has been assessed as "Moving towards Compliance" with this theme

- **Theme 3 - Each service user has a written individual service agreement provided by the agency**

Service users have been issued with an individual agreement which outlines their allocation of care and support from agency staff.

Service users within the agency have had their annual review and care plans updated accordingly. Involvement of external HSC Trust professionals has only been a recent development. It is planned that all future annual reviews will be convened by an appointed HSC Trust professional.

There were no requirements or recommendations made with regard to this theme.

The agency has been assessed as 'Compliant' with this theme.

Additional matters examined

Monthly Quality Monitoring Visits by the Registered Provider

The reports of quality monitoring visits undertaken on behalf of the registered provider were examined. The reports reflected engagement with the service users, staff, service users' representatives and HSC Trust professionals involved in the service.

There was evidence of action plans being developed during the monitoring visit and actions from previous monitoring visits being monitored and progressed.

Charging Survey

At the request of RQIA and following this inspection, the agency submitted to RQIA a completed survey in relation to the arrangement for charging service users.

The survey was discussed during the inspection and the registered manager confirmed that no service user is paying for additional services that do not form part of the HSC Trust's care assessment. One of the current service users has corporate appointee arrangements where the HSC trust is the corporate appointee. The registered manager confirmed that agency staff do not act on behalf of the other service users as appointees but are in receipt of monies for safekeeping, ensuring they keep income and expenditure records.

Care reviews

The registered manager completed and returned to RQIA a questionnaire which sought information about the role of the HSC Trust in reviewing the needs and care plans of service users during the period 1 April (in accordance with the DHSSPS Circular HSC (ECCPU)1/2010 "Care management, provision of services and charging guidance")

It was noted that service users have an annual review but that involvement of external HSC Trust professionals has only been a recent development. It is planned that all future annual reviews will be convened by an appointed HSC Trust professional.

The inspector would like to thank the manager, tenants, relatives and professionals who contributed to the inspection process.

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 procedure for handling service user's debit cards includes the time the card is issued by and returned to the agency, as well as the date.	Cash flow sheets examined by the inspector evidenced this requirement has been met	One	Compliant
2	14 (b) & (d)	The registered person must ensure that in Shaws Ave, the service user guide and the agency's policies and procedures confirm that service users/representatives have been consulted about sharing their groceries with staff members and agree to the re-imbursement provided. Service users/representatives should be consulted about having a cook in their home as such a role is not consistent with a supported living ethos, were service users should be supported to cook for themselves.	In the service user guide the terms for staff contribution for meals by the HSCTrust is explained. Service users in Shaw's Avenue have been consulted about this and about having a cook, minutes of the tenants meeting confirm their agreement to these arrangements.	One	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	1.1	It is recommended that the registered person requests the Belfast HSC Trust amend their tenancy agreement confirming that service users have housing rights irrespective of their care needs, and confirming the grounds for evicting the tenant when in breach of their tenancy agreement.	Tenancy agreements have been reviewed and amended on 24 February 2014.	One	Compliant
2	6.1	It is recommended that the registered person requests the HSC Trust responsible for commissioning the service to review service user's support needs on at least an annual basis.	This process has commenced with an external HSCTrust representative attending annual reviews of service users.	One	Compliant
3	2.2	It is recommended that the registered person ensures that the service user guide states that service users can choose an alternative main care provider.	The service user guide has been amended to reflect that service users can choose an alternative main provider.	One	Compliant

4	1.1	It is recommended that the registered person ensures that service users' human rights are explicitly outlined on their support plan.	Support plans viewed have explicit reference to service users' human rights.	One	Compliant
5	14.1	It is recommended that the registered person requests the Trust's designated person to screen vulnerable adult referrals, confirm the immediate protection plan and the next steps in the process within three working days in accordance with the Trust's vulnerable adult policy and procedure.	The agency makes contacts with the Designated Officer and records of email and telephone contact were available which confirm the immediate protection plan and the next steps in the process. These had been received within three working days.	One	Compliant

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

Statement 1:

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

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

COMPLIANCE LEVEL

Provider's Self-Assessment	
<p>Each Service User is provided with a written guide which includes a personalised written agreement detailing the specific terms and conditions regarding any specified service delivered including any charges incurred by the Service User if applicable.</p> <p>The Service User does not pay any charges to the agency.</p> <p>The agency does not charge for any additional personal care services.</p> <p>The service user guide/agreement clarifies what arrangements are in place to apportion shared costs between the agency and the Service User(s).</p> <p>The service user guide/agreement clarifies what the arrangements are for staff meals while on duty in the Service User's home.</p> <p>The service user guide/agreement specifies the arrangements and records to be kept whilst supporting or undertaking financial transactions on behalf of a Service User.</p> <p>There is a policy and procedure in place which detail the arrangements for when support is provided by staff to enable the Service Users to manage their finances and property.</p> <p>The Service User is not charged for the service received by the agency.</p> <p>Service User's home looks like their own home and not a workplace for care/support staff.</p>	Moving towards compliance
Inspection Findings:	
<p>The inspector viewed a range of documentation including HSC Trust assessments, tenancy agreements, financial policies, financial support agreements, financial support plans, individual budget plans, transaction records and receipts. The registered manager confirmed that service users do not make payments to the agency towards their care and support. Staff who work in the agency's premises at Shaw's Avenue have an allowance of £100 weekly, for two staff members paid towards groceries. This is paid by the HSCTrust and is explained in the service user guide. The amount paid £50 weekly per person is also paid by each service user. Tenants have consented to having a cook who prepares the evening meal for service users and staff. Training for staff in relation to handling tenants' money was cascaded at a staff meeting on 19 February 2015.</p>	Compliant

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

Statement 2:

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

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

COMPLIANCE LEVEL

<ul style="list-style-type: none"> • 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>	
Provider's Self-Assessment <p>Each Service User has their own financial support agreement/plan. Records are maintained and reconciled to reflect Service Users' expenditure whilst being supported by staff individually and/or shared where applicable. Each transaction is signed and dated by a member of staff and the service user. At times the service user refuses to sign transactions. Any expenditures outside of the the Service Users' financial support agreement/plan must follow the policy and procedure. All transactions that involve staff input are recorded, maintained and reconciled at least quarterly. Nominated appointees/agents are discussed and recorded as required. If a Service User becomes incapable of managing their finances and property this would be referred to the referring Trust. If a Service User has been formally assessed as incapable of managing their finances and property, the HSC Trust are aware of the amount of money and valuables on at least an annual basis.</p>	Provider to complete
Inspection Findings: <p>The HSC Trust acts as corporate appointee for one service user. Another service user who is subject to guardianship also has an agreed budget plan to help safeguard finances. The HSC Trust maintains the appropriate authorisations from the Social Security Agency in relation to the service user for whom the Trust is appointee.</p>	Compliant

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>Individuals living in Trench Park/Shaw's AVE supported living services are provided with appropriate places for storage of money and valuables. In line with the Belfast Trust Financial Policies robust controls exist around the persons who have access. Staff follow the policy in respect of all aspects of protection of service users money and valuables including depositing and returning money and possessions. Service users are aware of the arrangements for the storage of money/valuables and have access to their individual financial records. A reconciliation of the money and valuables held for safekeeping is carried out on a daily basis. Keyworkers and the manager check cash flow sheets/receipts and bank statements on a monthly basis. Errors or deficits are handled in accordance with the Trust's Financial Policy and SVA procedures.</p>	Substantially compliant

Inspection Findings:	
As outlined in the self-assessment a safe can be provided for the storage of money if requested. Access to this safe is limited to particular staff members and the manager confirmed reconciliations are carried out daily in accordance with HSC Trust financial policies. Records confirm that reconciliations in respect of cash flow, bank statements and related receipts and transaction slips are audited monthly by the manager and the key worker involved.	Compliant

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

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

(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;	
<ul style="list-style-type: none"> Ownership details of any vehicles used by the agency to provide transport services are clarified. 	
Provider's Self-Assessment	
N/A	Not applicable
Inspection Findings:	
Service users access public transport as required.	Not applicable

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

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

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<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>The Service Users' current needs and risk are clearly stated and maintained by the agency. Needs and risk assessments reflect the input of the HSC Trust when required, the Service user/representative are involved in the process.</p> <p>The outcome of the service provided to the individual is recorded on a regular basis.</p> <p>Service Users' care/support plans will reflect if there are any interventions to be used in relation to their assessed need.</p> <p>These have been prepared in conjunction with the Service User/representative and their HSC Trust, reflecting appropriate consideration of human rights.</p>	Moving towards compliance
Inspection Findings:	
<p>Three service user files were viewed by the inspector and they contained needs and risk assessments and support plans. The agency's care records contained specific reference to the service users' human rights and it was evident that the process of assessing and planning care was comprehensive and robust. It was clear from these records and from discussions with agency staff and service users, that staff make referrals to external HSC Trust staff in response to changing needs. Service users were noted to have annual reviews and the attendance of HSC Trust staff at these meetings has recently commenced, was documented in service users' files where recent review had taken place.</p>	Compliant

Agency staff described excellent working relationships with the HSC Trust and advised the inspector that they could contact trust colleagues at any time in relation to any changing needs identified. This was verified by two members of trust staff contacted by the inspector.	
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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>Agency staff have received training on implementation of care practices. They also receive on-going guidance from their peer group, management and HSC Trust ie Social Workers, Day Care Workers, Behaviour Team etc.</p> <p>All staff must attend training and evaluate the effectiveness of same.</p> <p>Staff are aware of restrictive practices and have awareness of human rights. Staff are able to describe potential human rights implications of restrictive practices.</p> <p>There is a policy regarding restrictive practices and staff are aware of same.</p> <p>The agency evaluates the impact of care practices and reports to the relevant parties if there have been any significant changes in the Service User's needs.</p> <p>Agency staff are aware of their obligations in relation to raising concerns about poor practice.</p>	Moving towards compliance

Inspection Findings:	
<p>The agency's staff training records were examined and reflected uptake in training in the mandatory areas. Agency staff confirmed that they can access all of the trust policies and procedures. Staff who participated in the inspection advised the inspector that they had received adequate training for their roles.</p> <p>Agency staff described their understanding of restrictive practice and could identify types of a restrictive practice. A policy and guidelines on Restrictive Practice had last been reviewed on December 2014. Agency staff who participated in the inspection outlined their responsibility in raising concerns about poor practice.</p>	Compliant

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>Service users and their relatives and potential referral agents are advised of any care practices that are restrictive or impact adversely on the service user's control, choice and independence in their home.</p> <p>Trench Park/Shaw's Ave supported living services Statement of Purpose and Service User Guide makes appropriate reference to the nature and range of service provision and includes any restrictive interventions.</p> <p>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.</p> <p>Service users are provided with a copy of their care plan in a format that is appropriate to their needs and level of understanding.</p>	Moving towards compliance

Inspection Findings:	
<p>The service users' care records clearly outlined the range of needs and risks identified and there were comprehensive risk assessments in place which included consideration of the individuals' human rights.</p> <p>During the inspection a service user asked to speak privately with the inspector. This person shared accommodation with a service user who has been assessed as requiring two persons to support them while on the premises. The service user who spoke to the inspector perceived that their right to go to bed at a time chosen by them and their right to have escorted outings was compromised by the staffing arrangements currently in place within Shaw's Avenue.</p> <p>This matter was discussed with the registered manager and the community services manager on the day of inspection.</p> <p>It is required that the registered person ensures that care practices that are restrictive or impact on the services users' control, choice or independence in their own home are reviewed.</p>	<p>Moving towards compliance</p>

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	
<p>Care practices which are restrictive are prescribed and undertaken when there are clearly identified and documented risks and needs. In the event of an emergency and as a last resort a restrictive practice may be used, documented and reported after the event.</p> <p>These will be justified, proportionate and are least restrictive to secure the safety or welfare of a Service User.</p>	Compliant

<p>Care practices are within guidelines.</p> <p>The agency evaluates the impact of restrictive care practices and reports to the relevant parties any significant changes in the Service User's needs.</p> <p>In the event of physical restraint being used, this must be as a last resort to secure the welfare of the Service User and would be recorded on appropriate paperwork and forwarded to RQIA and appropriate others.</p> <p>These are monitored and discussed as required during the quality monitoring visit.</p> <p>At present there are no restrictive practices registered within this facility.</p>	
Inspection Findings:	
<p>Agency staff confirmed that service users do not require any form of physical restraint. Where service users require enhanced support and supervision with medication management and finances, there were appropriate comprehensive risk assessments and management plans in place and there was evidence of service user involvement in care and support plans.</p> <p>The inspector was invited to visit in some service users' homes. Following the visits the inspector discussed with the registered manager an example of positive risk taking within a service user's own home with regard to possessions. A requirement is made that a review of this service user's risk assessment is undertaken which explains the reasons for, and the parameters of positive risk taking.</p>	Moving towards compliance

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

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

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
Statement 1 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 <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>Service Users/representatives can describe the amount and type of care they receive by the agency. Staff have an understanding of the amount and type of care provided to Service Users. The Service User agreement/guide and statement of purpose describe how practice is person centred therefore support and paperwork is determined based on individual needs, wishes and wants. The agency's Service User agreements are consistent with the care commissioned by the HSC Trust. The agency's care/support plan details the amount and type of care provided by the agency. Whilst all Service Users have access to their plans, we are aiming to improve on the format in which these are provided to make them more easily understood..</p>	Compliant
Inspection Findings:	
<p>As outlined in the self- assessment, service users have been provided with a breakdown of the care and support hours that have been allocated to them individually. Service users who spoke with the inspector were able to describe in their own words the amount and type of care and support provided by the agency. The service user agreements are consistent with the care commissioned by the HSC Trust.</p>	Compliant

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
Statement 2 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. <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/representatives can describe the amount and type of care they receive by the agency. Staff have an understanding of the amount and type of care provided to Service Users. The Service User agreement/guide and statement of purpose describe how practice is person centred therefore support and paperwork is determined based on individual needs, wishes and wants. The agency's Service User agreements are consistent with the care commissioned by the HSC Trust. The agency's care/support plan details the amount and type of care provided by the agency. Whilst all Service Users have access to their plans, we are aiming to improve on the format in which these are provided to make them more easily understood..</p>	Moving towards compliance
Inspection Findings:	
<p>Service users who met with the inspector demonstrated their understanding of the care they receive from the Trust. From the agency's charging survey, service users' finance agreements and discussion with agency staff it was evident that service users do not pay for any aspect of their care or support.</p>	Compliant

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 service agreement and care plans are reviewed at least annually to confirm they reflect the care provided and updated accordingly.</p> <p>The agency contributes to the annual review.</p> <p>Reviews are convened as and when required or at least annually by the Service User's needs and preferences.</p> <p>The Service User and/or their representative are involved in this process and where applicable consent is sought during this process.</p> <p>The HSC Trust is in the process of appointing a specific person within the Care Management system. The role will be to organise, convene, chair and minute all annual reviews.</p>	Moving towards compliance

Inspection Findings:	
<p>In advance of the inspection and at the request of RQIA, the agency returned to RQIA a summary of HSC Trust reviews of service users' needs and care plans undertaken in the period 1 April 2013 to 31 March 2014. Service users were noted to have annual reviews and the attendance of HSC Trust staff at these meetings was evident in some service users' files as the HSC Trust has recently appointed a person to convene annual reviews for all service users within the agency.</p>	Compliant

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

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

Any other areas examined

Complaints

The agency verified in returns to RQIA that no complaints had been received during the period 1 January 2013 to 31 January 2013.

Statement of purpose

The agency's Statement of Purpose was viewed by the inspector. This had been revised in January 2015 and included a description of the nature and range of services provided.

Quality improvement plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Jane McGowan, 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:

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



Quality Improvement Plan
Announced Primary Inspection
Trench Park
26 February 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 Jane Mc Gowan 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	15 (2) (a)(5)(a)(9)	<p>The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure that a written plan ('the service user plan') is prepared which shall-</p> <p>(a) Be consistent with any plan for the care of the service user prepared by any Health and Social Services Trust or Health and Social Services Boards or other person with responsibility for commissioning personal social services for service users;</p> <p>(5) (a) Ascertain and take into account the service user's and where appropriate their carers , wishes and feelings</p> <p>(9) Prevent service users being harmed or suffering abuse or neglect or being placed at risk of harm, abuse or neglect</p> <p>The registered person must ensure that an assessment of needs and risks by the HSC trust is completed when needs change and prior to the implementation of any restrictive practice and that the nature and parameters of restrictive practices are outlined in care and support plans.</p>	Once	<p>A multidisciplinary review meeting was held on the 24th April 2015 with the service user concerned. Care and Support Plans have been updated to reflect the service users wishes and feelings. This is consistent across all wrtten plans. Service Users / carers wishes and feelings are considered. Plans also consider the prevention of service users being harmed or suffer abuse or neglect.</p> <p>The registered manager will ensure that an assessment of needs and risk by the HSC trust is completed when needs change and prior to the implementation of any restrictive practices and that the nature and parameters of restrictive practices are outlined in care and support plans.</p> <p>An MDT meeting was held on the 29th April 2015 to address the issues in repect of</p>	26 April 2015

		<p>Refers to but is not limited to matters discussed in respect of</p> <ul style="list-style-type: none"> • A service users views in relation to control, choice and independence in their own home. • The example of positive risk taking in respect of possessions within a service user's own home. 		<p>1) a service users views in relation to control,choice and independence in his own home.The Care and Support Plans have been updated to reflect the service users views in relation to control,choice and independence in his own home. The registered manager now ensures that all service users views in relation to control,choice and independence in their own homes is reflected in care and support plans.</p> <p>An MDT meeting was held on the 29th April 2015 to discuss the issues in repect of</p> <p>2) positive risk taking in respect of possessions within the service users own home. (This requirement is in relation to a service user having a knife block containing a set of knives in his own kitchen. The service user lives in his own home and supported by BHSCT staff.) A risk assessment is being conducted at present with ongoing work by the MD team to explore safety aspects of</p>	
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				<p>having a knife block in his kitchen. A further review has been arranged for 27th May 2015.</p> <p>The risk assessment and care and support plan will be updated to reflect the outcome of the risk assessment.</p>	
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Jane McGowan
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Martin Dillon

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Michele Kelly	18/5/15
Further information requested from provider			