



The Regulation and  
Quality Improvement  
Authority

## PRIMARY INSPECTION

<b>Name of Agency:</b>	<b>Mindwise (Antrim)</b>
<b>Agency ID No:</b>	<b>10970</b>
<b>Date of Inspection:</b>	<b>10 July 2014</b>
<b>Inspector's Name:</b>	<b>Lorraine O'Donnell</b>
<b>Inspection No:</b>	<b>18177</b>

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

<b>Name of agency:</b>	Mindwise
<b>Address:</b>	3 Abbeyside 2-3 New Park Road Antrim BT41 2PQ
<b>Telephone Number:</b>	028 94460873
<b>E mail Address:</b>	naomi.farr@mindwisenv.org
<b>Registered Organisation / Registered Provider:</b>	Mindwise Anne Doherty (Acting responsible person)
<b>Registered Manager:</b>	Mrs Naomi Farr
<b>Person in Charge of the agency at the time of inspection:</b>	Mrs Naomi Farr
<b>Number of service users:</b>	12
<b>Date and type of previous inspection:</b>	12 September 2013, Primary announced inspection
<b>Date and time of inspection:</b>	10 July 2014 9:00am – 5:45pm
<b>Name of inspector:</b>	Lorraine O'Donnell

## 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	3
Staff	2
Relatives	0
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	10	7

### Inspection Focus

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

The following four quality themes were assessed at this inspection:

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

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

The agency's progress towards compliance with the three requirements and two recommendations made following the inspection of 12 September 2013 was assessed. The agency has fully met the requirements and recommendations stated previously.

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

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

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

## Profile of Service

Mindwise (Antrim) is a domiciliary care agency which offers twelve tenants long term support to enable them to remain in their own home. Service are provided to service users in two properties which are located next to each other, service users rent their accommodation from Oaklee Housing Association. One property has accommodation for nine tenants and provides 24 hour intensive support. A second property provides 24 hour support for three less dependent tenants. The service is funded by NIHE Supporting People and the Northern Health and Social Care Trust, to offer care and support to people with enduring mental health difficulties. The service is based upon the recovery ethos, ensuring that tenants are consulted and involved in all decisions associated with their support. The overall goal of the service is to promote good mental health, involvement in the local community and improved quality of life. All referrals are made by the Trust mental health services.

## Summary of Inspection

The announced inspection was undertaken at the agency's registered office, 2-3 New Park Road, Antrim on 10 July 2014, 9:00 am – 5:45 pm.

During the inspection a range of policies and procedures and other documentation was examined and the inspector met with the registered manager, two agency staff and three service users. Mrs Jackie Mc McCaughey, Mindwise Area Manager, was also in attendance during the inspection.

In advance of the inspection visit, seven agency staff returned to RQIA completed questionnaires. Staff who returned a questionnaire all confirmed they had received training in safeguarding vulnerable adults and all rated the training as effective and their knowledge of the reporting procedures as "very good" or "excellent". Agency staff also reported that they had received training in human rights and that all service users have a care and support plan that meets their needs and has been prepared with HSC Trust involvement.

Staff who returned a questionnaire also confirmed they had received training in the supported living model of care and commented on their understanding of this; comments included:

"We guide and support our tenants".

"Mindwise mission is to support towards a more independent life."

Service users who participated in the inspection provided very positive feedback in relation to the quality of care and support they receive from agency staff. Service users advised the inspector that they experience encouragement and support to maintain and develop their independence. Three service users stated they had become more independent during the time they have lived in their current home due to the support they have received from the Mindwise staff. The inspector did not meet with any service users representatives during the inspection, however there was evidence of service users' representatives involvement, comments received during the monthly quality visits were included in the reports issued following these visits.

**Detail of inspection process:**

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

Service users' finances and property are not managed by agency staff and agency staff stated they do not act on behalf of service users. However the agency act as agents for the service users when they facilitate the payment for service users holidays.

Service users have been issued with an agreement outlining the relevant service charges for food, heating, lighting, laundry and maintenance. Service users do not contribute from their personal income towards their care or support.

Service users have all been provided with secure storage space within their private accommodation and the agency does not provide storage for service users' money or other property.

The agency does not operate a transport scheme and service users (and where appropriate, their relatives) take full responsibility for expenditure. Agency staff provide some service users with advice and guidance on budgeting.

The registered manager receives money from service users to pay for transport and accommodation relating to regular holidays which the service users choose. The inspector was unable to evidence quotes were sought from a number of companies, to ensure the service users received value for money. While receipts are issued to the service users for the money given to the registered manager prior to it being paid in cash to the transport company and accommodation owner, the receipts for payment of the same are not consistently retained by the service.

The agency has been assessed as "Not Compliant" with this theme.

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

The agency has developed a range of documentation in relation to referrals, needs and risk assessment and care / support planning and explicitly highlighted the human rights of service users within this. The inspector found the documentation was not consistently person centre and therefore a recommendation is made.

Agency staff have undertaken risk assessments with individuals in relation to the main kitchen at night and it was evident from these that service users experience restricted access to this area at night. It was also evident that agency staff had engaged with service users in relation to this and put in place alternative arrangements to facilitate service users' access to drinks and snacks at night.

The agency's policy on the use of restrictive practice has been updated recently to include a definition of restrictive practice and also referred to Deprivation of Liberty Article 5. However the restrictive policy held on file by the service was the 2011 policy. The registered manager informed the inspector this policy will be integrated with the Mindwise policy on Challenging Behaviour.

The agency's statement of purpose and service user guide (Tenant's Handbook) were examined and the registered manager informed the inspector they had recently been developed to include a definition of 'personal care' to describe the services provided by the agency.

The service has been assessed as 'Substantially Compliant' with this theme.

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

The service users have been issued with a 'Service Provision Agreement' which sets out their allocation of care and support hours and itemises the details of the service charges which are paid weekly to Mindwise.

Service users do not make a contribution from their personal income for care or support costs.

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

### **Additional matters examined**

#### **Monthly Quality Monitoring Visits by the Registered Provider**

The reports of the quality monitoring visits undertaken on behalf of the registered provider from December 2013 to June 2014 were examined and it was noted that the views of service users and their representatives had been included in the reports. The reports examined also included the views of professionals involved with the service. The visits were unannounced and took place at a variety of times of the day.

#### **Reviews**

The registered manager completed and returned to RQIA a questionnaire which sought information about the role of the HSC Trust in reviewing the needs and care plans of service users during the period 1 April 2013 – 31 March 2014 (in accordance with In accordance with the DHSSPS Circular HSC (ECCU) 1/2010 "Care Management, provision of services and charging guidance").

The information returned to RQIA was discussed during the inspection and it was evident that the HSC Trust are regularly involved in the needs assessment and care planning processes for service users. Five service users had a review of their needs by a Trust representative and the registered manager informed the inspector she had been in contact with the trust to arrange dates for the seven outstanding reviews.



## **Charging Survey**

At the request of RQIA, the registered manager submitted a completed survey of charging arrangements to RQIA in advance of the inspection.

The survey was discussed during the inspection and the registered manager advised the inspector that eleven of the service users are responsible for their own finances and that they manage these independently of agency staff, some with support from family members. One service user has been assessed as lacking financial capacity; however no member of the agency acted as appointee for the service user.

The registered manager confirmed that agency staff do not act on behalf of service users and are available to offer advice and support with budgeting.

Service charges are paid by service users by direct debit. No service users' money or valuables is stored by Mindwise staff and all service users have been provided with secure storage areas within their homes.

The inspector would like to thank the service users and agency staff for their warm welcome and full cooperation throughout 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 (2)	The registered person must ensure that the service user's agreement specifies the number of support hours available to them individually.	The inspector examined the service users' agreements for each service user and evidenced they each specified the number of support hours available to the individually.	One	Fully Met
2.	14 (a) & (e)	The registered person must ensure that service users risk assessments identify the specific risks in the kitchen which justify the kitchen being locked between 11:30pm to 7:30am.	The inspector examined the service users' risk assessments relating to the specific risks relating to the kitchen, the inspector found each service user had signed the plans justifying the kitchen being locked between 11:30pm to 7:30am.	One	Fully Met
3.	14 (a-f)	The registered person must ensure that a working definition of 'restrictive practice' specific to service users with mental health needs is developed and implemented.	The inspector examined the Restrictive Policy which had been updated by the Mindwise Service and Consistency Group. This policy included a definition of restrictive practice and also referred to DOLs guidance. The registered manager informed the inspector this policy will be integrated with the Mindwise policy on Challenging Behaviour.	One	Fully Met

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 ensures that service users' human rights are explicitly outlined on their support plan.	The inspector examined the service users' support plans and evidenced they referred to the service users' human rights. The registered manager informed the inspector from April 2014 the service had introduced a Client Pathway Toolkit; this documentation includes references to service users' human rights and as support plans are being reviewed these documents will be used.	One	Fully Met
2.	14.10	It is recommended that the registered person ensures that staff receive child protection training at least every two years.	The inspector examined the training records which confirmed that all staff had received child protection training accordance with the minimum standards.	One	Fully Met

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

**Statement 1:**

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

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

**COMPLIANCE LEVEL**

<b>Provider's Self-Assessment</b>	
<p>MindWise do not provide personal care but, a service user may receive personal care from an external agency if required. Any support with budgeting is outlined in each individual's support plan. MindWise Service User's Money Policy which outlines the procedure for management of finances. All tenants have signed a meal consent form. Service User's Money training is listed on the Training Matrix, must be completed within the first 6 months of commencing post and provided to staff bi-annually. Each service user is given a tenant handbook and a copy of MindWise and Oaklee Homes Group tenancy/service provision agreements where details of costs are outlined and explained. They also have a breakdown of their service charge and what this covers; breakdown of care/support and examples of what they cover.</p>	Compliant
<b>Inspection Findings:</b>	
<p>Service users have been issued with a Service Provision Agreement and this reflects the charges payable by the individual to the agency. The agreement also outlines the contributions from the HSC Trust and the NIHE's Supporting People programme for personal care and housing support provided by the agency.</p> <p>Service users do not make any personal contribution to the cost of their care or support.</p> <p>The individual's weekly entitlement to care and support hours is outlined within their service agreement.</p> <p>Service users make payments by standing order on a weekly basis to Mindwise in respect of the food, heating and lighting, laundry and maintenance costs. These costs were itemised within the service agreements and within the Tenants' Handbook. As outlined in the self-assessment, the agreement advises services users that they will be notified four weeks in advance of any changes in charges.</p> <p>The nine service users in one of the properties choose to shop and cook communally, they can opt out of this arrangement if they wish, and this was discussed with service users who confirmed they were aware of their right to opt out of this arrangement. The three service users, who share another property shop and cook independently.</p> <p>The inspector was invited by three service users to visit them in their home, the internal environment was homely; the office accommodation is part of the main building for the service users in the shared accommodation but does not impact upon their lifestyle choices. The registered manager informed the inspector staff provide their own food when working at the agency. The inspector was shown the area used by staff which contains a fridge and cupboard separate from the service users' kitchen for staff use.</p>	Compliant.

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

**Statement 2:**

**COMPLIANCE LEVEL**

**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;

<ul style="list-style-type: none"> <li>• If a member of staff acts as an agent, a record is kept of the name of the member of staff, the date they acted in this capacity and the service user on whose behalf they act as agent;</li> <li>• If the agency operates a bank account on behalf of a service user, written authorisation from the service user/their representative/The Office of Care and Protection is in place to open and operate the bank account,</li> <li>• Where there is evidence of a service user becoming incapable of managing their finances and property, the registered person reports the matter in writing to the local or referring Trust, without delay;</li> </ul> <p>If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the agency on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user's agreement.</p>	
<p><b>Provider's Self-Assessment</b></p>	
<p>MindWise Service User Money Policy outlines that we do not have arrangements for spending or receiving service users monies on their behalf. The NHSCT would be contacted and informed immediately in writing and an emergency case review would be arranged at the earliest opportunity. MindWise finance department maintain all records of service user charges and payments made. A tenant is under the office of care and protection, the Vulnerable Adults Policy is followed, staff are trained in the same, The tenancy Provision Agreement outlines the payments.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>As outlined within the self-assessment, eleven service users manage their finances independently of agency staff and one service user who has been assessed as lacking financial capacity, has their finances managed by the office of care and protection.</p> <p>The inspector was advised that the payments received by the agency for the costs associated with the service users' food, heating and lighting, laundry and maintenance are made directly by the service users, by direct debit, to Mindwise and that agency staff do not handle these transactions or maintain records of them; these charges are outlined in the service users' care records and had been signed by service users.</p> <p>The self-assessment information states that Mindwise do not have arrangements in place for spending or receiving service users' money on their behalf, however the inspector was informed by the registered manager how she facilitates the arrangements for the holiday. The service users regularly go on outings and</p>	<p>Not compliant</p>

holidays together, following discussion at tenants meetings. The service users' agree to contribute in cash in equal amounts initially for the deposit required for the transport and accommodation. The manager collects this cash and gives the service user a hand written receipt for the amount. The manager then pays these directly to the transport company and property owner. The receipts she then receives are shown to the service users but are not kept for any specified period. The inspector could not evidence if any quotes were obtained from a number of suppliers to ensure the service users were getting value for money.



<b>THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED</b>	
<p><b>Statement 3:</b></p> <p><b>Where a safe place is provided within the agency premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained:</b></p> <ul style="list-style-type: none"> <li>• Where the agency provides an appropriate place for the storage of money and valuables deposited for safekeeping, robust controls exist around the persons who have access to the safe place;</li> <li>• Where money or valuables are deposited by service users with the agency for safekeeping and returned, a record is signed and dated by the service user/their representative, and the member of staff receiving or returning the possessions;</li> <li>• Where a service user has assessed needs in respect of the safety and security of their property, there are individualised arrangements in place to safeguard the service user's property;</li> <li>• Service users are aware of the arrangements for the safe storage of these items and have access to their individual financial records;</li> <li>• Where service users experience restrictions in access to their money or valuables, this is reflected in the service user's HSC trust needs/risk assessment and care plan;</li> </ul> <p>A reconciliation of the money and valuables held for safekeeping by the agency is carried out at regular intervals, but least quarterly. Errors or deficits are handled in accordance with the agency's SVA procedures.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p> <p>Staff encourage any valuables to be locked away when not in use for safekeeping. Anyone who requires a support with budgeting has a support plan in place with a risk assessment. MindWise does not take responsibility for the storage of service user's money and valuables for safekeeping. However, each service user is provided with a petty cash tin and lockable storage cabinets placed within their private space, which is lockable and will be encouraged and supported to utilise these effectively.</p>	Compliant

<b>Inspection Findings:</b>	
<p>As outlined in the self-assessment, agency staff do not provide service users with secure storage for their money or other property. Service users are encouraged by agency staff to secure their personal living areas and to make use of the secure storage within their rooms.</p>	<p>Compliant</p>

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

**Statement 4:**

**Arrangements for providing transport to service users are transparent and agreed in writing with the service user/their representative:**

**COMPLIANCE LEVEL**

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

<p>(staff) vehicles, meet the relevant legal requirements regarding insurance and road worthiness. Where the agency facilitates service users to have access to a vehicle leased on the Motability scheme by a service user, the agency ensures that the above legal documents are in place;</p> <ul style="list-style-type: none"> <li>Ownership details of any vehicles used by the agency to provide transport services are clarified.</li> </ul>	
<p><b>Provider's Self-Assessment</b></p>	
<p>Abbeyside does not have a transport scheme. This is outlined in the tenant handbook as and how day trips and outings are arranged. Any issues with mobility or difficulties accessing transportation would be included and explained within the prospective tenant's application and then discussed further at the Admissions Panel with the service user, MindWise Registered Manager and Team Leader, representatives from the NHSCT, Northern Ireland Housing Executive Complex Needs Officer and Oaklee Housing group. MindWise staff are prohibited from becoming a Motability designated driver for a service user. There is also MW H&amp;S Guidance Vehicle and Driving (due for review June 2014), which includes information on the use of minibuses, private vehicles and important points regarding undertaking a journey. All policies are accessible on the MindWise staff website</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>As outlined in the self-assessment, the agency does not have a transport scheme. Service users who avail of a lift from agency staff are not charged for this.</p> <p>None of the service users were availing of the Motability Scheme.</p>	<p>Compliant</p>

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

<p><b>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
	<p><b>Not compliant</b></p>

## THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS

<b>Statement 1:</b>	<b>COMPLIANCE LEVEL</b>
<p><b>The agency responds appropriately to the assessed needs of service users</b></p> <ul style="list-style-type: none"> <li>• The agency maintains a clear statement of the service users' current needs and risks.</li> <li>• Needs and risk assessments reflect the input of the HSC Trust and contain the views of service users and their representatives.</li> <li>• Agency staff record on a regular basis their outcome of the service provided to the individual</li> <li>• Service users' care plans reflect a range of interventions to be used in relation to the assessed needs of service users</li> <li>• Service users' care plans have been prepared in conjunction with the service user and their HSC Trust representative(s) and reflect appropriate consideration of human rights.</li> </ul>	
<p><b>Provider's Self-Assessment</b></p> <p>During the initial process of referral to the service, an explanation of a prospective tenant's needs and risks are requested within the application pack. They, along with their referral agent are invited to each fill in the needs risk self assessment which includes numerous risks with other information requested regarding all support that the person may require. A full current risk assessment completed by the NHSCT. Support-plans have the related Human Rights Articles on them, goals are individually tailored to each service user, are agreed/ signed/ dated by them, their keyworker and their line manager. They are reviewed 6-12 weekly by the service user and their keyworker. Quarterly outcomes reports are compiled and sent to Head Office to detail positive, negative or no change in progress. Staff are required to attend support-plan training and Risk Assessment Policy Workshops. MindWise has a Risk Management Policy and procedure . A risk management log is kept by the service and sent on a quarterly basis to Head Office to form an organisational data base of risks.</p>	Compliant
<p><b>Inspection Findings:</b></p> <p>A range of care records were examined and service users' needs and risks were clearly documented by agency staff and had been reviewed by the HSC Trust. These documents had been updated to include reference to the service users' human rights.</p> <p>The inspector examined some draft templates of new needs assessments and care / support plans for</p>	Substantially compliant

service users; these were noted to contain references to the service users' human rights which had been aligned to the specific outcome for service users. The inspector was informed as care and support plans required updating the information would be transferred to these new client pathway documents.

The inspector examined the care records of three service users and each contained daily progress notes recorded by the support staff. However these records were not consistently person centred and each service user had their weight recorded monthly, the inspector found this practice institutional. During discussions with agency staff they confirmed the monthly recording of service users' weights was not aligned to any need or risk. The inspector found from review of service users, records, agency staff had written an evaluation against each outcome and these reflected discussions with and the views of the service users. It was evident from these records and from discussions with agency staff and service users that staff make referrals to HSC Trust staff in response to changing needs. Service users were noted to have six monthly and annual reviews. Agency staff described difficulty with the HSC Trust accessing a representative to facilitate the yearly reviews for the service users who did not have an assigned community psychiatric nurse.

<b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>	
<p><b>Statement 2:</b></p> <p><b>Agency staff have the appropriate level of knowledge and skill to respond to the needs of service users</b></p> <ul style="list-style-type: none"> <li>• Agency staff have received training and on-going guidance in the implementation of care practices</li> <li>• The effectiveness of training and guidance on the implementation of specific interventions is evaluated.</li> <li>• Agency staff can identify any practices which are restrictive and can describe the potential human rights implications of such practices.</li> <li>• The agency maintains policy and procedural guidance for staff in responding to the needs of service users</li> <li>• The agency evaluates the impact of care practices and reports to the relevant parties any significant changes in the service user’s needs.</li> <li>• Agency staff are aware of their obligations in relation to raising concerns about poor practice</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
<p>MindWise staff have to meet the relevant experience and criteria during the Recruitment and Selection process as laid out in MindWise Recruitment and Selection Policy . A 4 week induction is completed including mandatory training, and completion of an Induction Standards Workbook. MindWise Restrictive policy statement uses a DHSSPS definition/guidance regarding restrictive practice and states staff must support service users to fully access their Human Rights. The staff work closely and share information and areas of concern with the Trust keyworkers. The Trust keyworkers are involved with psychiatric appointments and reviews.</p> <p>Anti-discriminatory practices are discussed in supervision. MindWise other policies that should be considered are Vulnerable Adults, Equality and Diversity , Whistleblowing and Managing People Better Policies.</p>	Compliant

Inspection Findings:	
<p>The agency's staff training records were examined and reflected uptake in training in the mandatory areas and in report writing and child protection. However two members of staff had not received up to date training in managing service users finances and the manager informed the inspector this was due to a recent service users' holiday and that a new date had been arranged.</p> <p>Agency staff confirmed that they can access all of the agency's policies and procedures through the Mindwise website and staff who participated in the inspection advised the inspector that they felt they had received adequate training for their roles.</p> <p>Agency staff described their understanding of restrictive practice and identified the use of a restrictive practice in the homes of service users, i.e. locking the service users' kitchen door at night. The agency has developed a policy on restrictive practice and this reflects the DHSSPS guidance on restraint and seclusion and references the Human Rights Act. The inspector was informed following an earlier inspection of another Mindwise service this policy has been re-written and submitted to RQIA for approval. The revised policy has is satisfactory.</p> <p>The impact of the practice of locking the kitchen door on those service users who do not require this restriction were discussed. Agency staff advised the inspector that this impact was a positive one as it meant that all service users were benefiting from a safer environment at night. The care and support plans examined by the inspector each contained evidence that the practice of locking the kitchen door at night had been discussed with the service user, each form was dated by the service user and their key worker.</p> <p>Agency staff who participated in the inspection outlined their responsibility in raising concerns about poor practiced and described the manager and area manager as very approachable.</p>	<p>Substantially compliant</p>



<b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>	
<p><b>Statement 3:</b></p> <p><b>The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency</b></p> <ul style="list-style-type: none"> <li>• Service users and their relatives and potential referral agents are advised of any care practices that are restrictive or impact on the service users’ control, choice and independence in their own home.</li> <li>• The agency’s Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions</li> <li>• Service users are advised of their right to decline aspects of their care provision. Service users who lack capacity to consent to care practices have this documented within their care records.</li> <li>• Service users are provided with a copy of their care plan (in a format that is appropriate to their needs and level of understanding) and receive information in relation to potential sources of (external) support to discuss their needs and care plan.</li> <li>• The impact of restrictive practices on those service users who do not require any such restrictions.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment</b></p> <p>The referral pack for Housing services and service information booklet contains information on all aspects of the Abbesside service, MindWise ethos on Recovery, choice and independence. During the first initial visit of a potential tenant with their referral agent, charges are also explained, what they include and if that is suitable for them or do they prefer another option. The Statement of purpose and Tenant Handbook explain the nature and range of the service provided and provides details of an individual's private space and all communal areas, of regular tenants meetings, options for suggestion, their involvement in running all aspects of the household. In relation to restrictive practice in the kitchen, the Tenant Handbook Outlines this, it is also being discussed at admission panel meetings. Service users can have copies of their support-plans if they wish and are often signposted to other organisations for guidance or advice via their statutory keyworker, or supporting them to do this if required, via MindWise Advocacy services and the Handbook has a list of various contact details of other organisations/ bodies which may be useful. Service users have various options for suggestions or improvements e.g. tenant or organisation surveys, suggestion box, one to one keywork sessions, agenda template for the next meeting in the lounge, visits from their CPN, Social worker</p>	Compliant

<p>or their co-worker appointments with the psychiatrist and Community Mental Health Team. There are no service users who lack capacity.</p>	
<p><b>Inspection Findings:</b></p>	
<p>As stated in the self- assessment the Statement of Purpose and Tenants hand book include information explaining the nature and range of service provided by the service. The agency’s statement of purpose outlines the practice of restricting access to the main kitchen at night and sets out the alternative arrangements in place for service users to access drinks and snacks. The agency’s statement of purpose had been revised prior to the inspection and provides specific information about restrictive practices in place.</p> <p>From discussions with agency staff it was evident that service users had been advised of the practice of the kitchen being locked at night. The care and support plans evidenced service users had been advised of their right, as tenants, to have access to this area of the building. The inspector examined two support plans relating to restrictive practices which had been signed by HSC Trust representatives.</p> <p>Staff informed the inspector that service users were offered copies of their care and support plans but each service user had declined this offer. During discussion with three service users confirmed they were aware they could have a copy of these plans and also confirmed they could have access to them at any time.</p>	<p>Compliant</p>

<b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>	
<p><b>Statement 4</b></p> <p><b>The registered person ensures that there are robust governance arrangements in place with regard to any restrictive care practices undertaken by agency staff.</b></p> <ul style="list-style-type: none"> <li>• Care practices which are restrictive are undertaken only when there are clearly identified and documented risks and needs.</li> <li>• Care practices which are restrictive can be justified, are proportionate and are the least restrictive measure to secure the safety or welfare of the service user.</li> <li>• Care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance.</li> <li>• The agency evaluates the impact of restrictive care practices and reports to the relevant parties any significant changes in the service user’s needs.</li> <li>• The agency maintains records of each occasion restraint is used and can demonstrate that this was the only way of securing the welfare of the service user (s) and was used as a last resort.</li> <li>• Restraint records are completed in accordance with DHSSPS (2005) Human Rights Working Group on Restraint and Seclusion: Guidance on Restraint and Seclusion in Health and Personal Social Services.</li> <li>• The agency forwards to RQIA and other relevant agencies notification of each occasion restraint is used</li> <li>• The registered person monitors the implementation of care practices which are restrictive in nature and includes their on-going assessment of these practices within the monthly quality monitoring report</li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b></p> <p>MindWise Restrictive Practice Policy statement states that all staff must support service users in their full Human Rights and not restrict service users lives. Statutory keyworkers along with the Community Mental Health Team are involved and advised of support plan goals and plans tenants decide upon. Service users all have yearly reviews along with MindWise staff, their statutory keyworker where applicable, these are held at the service. Human Rights articles are included on service users support-plans and are available on the tenants notice board.</p>	<p>Compliant</p>

Inspection Findings:	
<p>The agency has developed a policy on restrictive practice and this reflects the DHSSPS guidance on restraint and seclusion and references the Human Rights Act. Agency staff who met with the inspector described their understanding of restrictive practice and identified the use of a restrictive practice in the homes of service users, i.e. locking the service users' kitchen door at night and restricting a service user's access to cigarettes.</p> <p>The agency's restrictive practice policy states clearly that agency staff do not practice restraint; the manager informed the inspector the policy is being revised to outline the agency's position in relation to restrictive practices and the necessity of HSC Trust involvement. The inspector examined the records of two service users who experienced restrictive practices and these evidenced the involvement of the HSC Trust.</p>	<p>Substantially compliant</p>

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

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

<b>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</b>	
<b>Statement 1</b>	<b>COMPLIANCE LEVEL</b>
<p><b>Evidence inspected confirms that service users/representatives have written information and/or had explained to them the amount and type of care provided by the agency</b></p> <ul style="list-style-type: none"> <li>• Service users/representatives can describe the amount and type of care provided by the agency</li> <li>• Staff have an understanding of the amount and type of care provided to service users</li> <li>• The agency’s policy on assessment and care planning and the statement of purpose/service user guide describe how individual service user agreements are devised.</li> <li>• The agency’s service user agreement is consistent with the care commissioned by the HSC Trust. The agency’s care plan accurately details the amount and type of care provided by the agency in an accessible format.</li> </ul>	
<b>Provider’s Self-Assessment</b>	
<p>The service is funded by the Northern Health &amp; Social Care Trust and Supporting People. The Service Level Agreements specify the type of care or support that the service is commissioned to offer and the client group to which it is to be offered on a 24 hour basis. Service users have been given a breakdown percentage of their care/ support charges paid for them. Supporting People have their own list of eligible support tasks or criteria, which lists examples of tasks. They are discussed at supervision sessions and any feedback or support given as necessary. Support Plans are also discussed at team meetings and handovers to keep the team up to date. All support or care is consistent with the NHSCT requirements. The newly available and updated 'Client Pathways' details the process of assessment of need and risk from the outset.</p>	Compliant

<b>Inspection Findings:</b>	
<p>The Service Provision Agreements were examined and had been signed by the service users and agency staff. The service users could describe the amount and type of care provided by the agency. The agreements detail the charges for care and support and the hours of each allocated to each individual.</p> <p>The agreement specifies the accommodation to be occupied, including the communal areas, the agreements also specify the service charges which include food, heating and lighting, laundry and repairs and maintenance.</p> <p>The service agreements reflect how the assessed needs of the service user are met, as agreed with the HSC Trust.</p>	<p>Compliant</p>

<b>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</b>	
<p><b>Statement 2</b></p> <p><b>Evidence inspected confirms that service users/representatives understand the amounts and method of payment of fees for services they receive as detailed in their individual service agreement.</b></p> <ul style="list-style-type: none"> <li>• Service users/representatives can demonstrate an understanding of the care they receive which is funded by the HSC Trust</li> <li>• Service users/representatives can demonstrate an understanding of the care which they pay for from their income.</li> <li>• Service users/representatives have an understanding of how many hours they are paying for from their income, what services they are entitled to and the hourly rate.</li> <li>• Service users/representatives have an understanding of how to terminate any additional hours they are paying for from their income</li> <li>• Service users/representatives have been informed that cancellation of additional hours they are paying for from their income will not impact upon their rights as a tenant.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p> <p>Service users are fully involved in every step of their support from the beginning when they complete the referral form with their referral agent. Each tenant devises and completes their support plan which is individually tailored to their needs with support from their keyworker and agree, sign, date the plans. Each service user participates in their review of support-plan, and their yearly reviews . If a service user wishes to pay for care from their personal income from an external source, all measures taken to ensure the individual is in possession of a breakdown of the service, when it takes place, cost per hour, number of hours and statements of payments made. There is a breakdown of the service charge detailing what each tenant pays for heat light water and electric, laundry and cleaning, meals, repairs and maintenance. Any service user would be aware of how to cancel any service they do not wish to have and have full access to regular reviews of the service, being made aware that it has no impact whatsoever on their tenancy with MindWise. Staff will support them if necessary and assist in the process.</p>	Compliant

<b>Inspection Findings:</b>	
<p>As outlined in the self-assessment, service users do not make contributions from their personal income towards their care or support.</p> <p>Service users who participated in the inspection outlined their understanding that their care is paid for by the HSC Trust.</p>	Compliant



<b>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</b>	
<p><b>Statement 3</b></p> <p><b>Evidence inspected confirms that service users' service agreements, care plans are reviewed at least annually confirming that service users/representatives are in agreement with the care provided and the payment of any fees.</b></p> <ul style="list-style-type: none"> <li>• Service users/representatives confirm that their service agreement, care plans are reviewed at least annually by the commissioning HSC Trust, and confirm that they are in agreement with the care provided and the payment of any fees.</li> <li>• Records and discussion with staff confirm that the agency contributes to the HSC Trust annual review.</li> <li>• Records and discussion with staff confirm that reviews can be convened as and when required, dependent upon the service user's needs and preferences.</li> <li>• Records confirm that service users' service agreements, care plans are updated following reviews. Authorisation from the HSC Trust and consent from the service user/representative is documented in relation to any changes to the care plan or change to the fees paid by the service user.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p> <p>Service user yearly reviews take place with representation from the NHSCT, the service user has the opportunity to add their views/ comments during the review if there is anything else they would like to mention, raise or discuss regarding any aspect of their care and support. Minutes of the reviews are kept and placed in each service user's file and the review of support-plan or with a statutory keyworker can be called when required prior to the usual timescale if necessary as a response to changing needs. Any changes or new goals decided upon at review are then recorded and support-plans updated as required. Regular discussion and liaison takes place as and when necessary with service users and their statutory keyworkers regarding any significant issues or changes in support and recorded in each service user's file.</p>	Compliant

<b>Inspection Findings:</b>	
<p>At the request of RQIA, the agency provided to RQIA in advance of the inspection a summary of the review arrangements in place for service users. This information was discussed during the inspection and validated. As outlined in the self-assessment, service users are held six monthly, annually and more often if necessary with HSC Trust staff. It was evident that agency staff are in regular contact with the HSC Trust and that changing needs and risks are discussed regularly.</p>	<p>Compliant</p>

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

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

## **Any other areas examined**

### **Complaints**

The agency has had no complaints during the last year, this was verified by the returns sent to RQIA and examination of records held on site.

## **Quality Improvement Plan**

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

**Lorraine O'Donnell**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



## Quality Improvement Plan

### Announced Primary Inspection

**Mindwise (Antrim)**

**10 July 2014**

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

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Naomi Farr, the registered manager during the inspection visit.

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

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

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

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

**Statutory Requirements**

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

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	15 (6) (d)	<p>The registered person is required to ensure that where the agency have any involvement in supporting service users to manage their money, each service user's individual agreement details these arrangements and the records, if any, which will be retained by the agency.</p> <p>The registered person must ensure that where purchases of goods or services (including holidays) are arranged by the service on behalf of service users; there are detailed written records of quotations and options discussed and agreed with the service users. The use of cash to pay for services purchased on behalf of service users should be minimised, card or cheque payments which comprise written audit trails are preferable in providing protection for staff and service users.</p> <p>The registered person must ensure that the existing policy and procedure on "service users money" is updated to reflect the current practical arrangements in place to support service users to manage their money. Staff should be updated on any changes to the policy and procedure.</p>	One	<p>"When goods and services are arranged by the service on behalf of service users, the use of cash will be minimised. Cheques will be used whenever possible and written receipts given to the service user in all cases. Any balances held temporarily by MindWise will be paid out to the service provider as soon as possible and a written audit trail retained by Finance. A written agreement will be signed by both the service user and the staff member to ensure both parties fully understand the arrangements and are in agreement with them. A copy will be given to the service user and a copy retained by the service. The Service Users Money policy is being updated to reflect this process and staff informed of the changes." All receipts will now be kept by the service and a Holiday Planner Performa will be completed and followed for</p>	10 October 2014

				<p>tenants holidays.                  SIO is completing the updates on the " Management of Agression Policy" and "Restrictive Policy Statement"                  All updated policies will be available on the staff website</p>	
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**Recommendations**

These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	4.2	Each service user has a written individual service agreement with the service provider specifying the arrangements for any financial transactions undertaken on behalf of the service user by the agency's staff and the records to be kept.	One	"A written "Activities Agreement for Financial Transactions" will be completed for each purchase of goods or services on behalf of a service user, to ensure the service user fully understands the arrangements. It will be signed by both the service user and the member of staff. A copy will be given to the service user and a copy retained by the service.	10 October 2014
2.	12.3	The registered manager shall ensure all staff members have received training in the management and handling of service users' money.	One	Training was completed on "Service Users Money" by both staff on 17 September 14	10 October 2014.
3.	3.2.	The registered manager shall ensure the care and support plans are person centred.	One	Daily notes were person centred immediately on evening of the inspection	Immediate from the date of inspection.



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

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	NV FARR
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Edward Gorringe

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	yes	Lorraine O'Donnell	10/10/14
Further information requested from provider			