



The Regulation and
Quality Improvement
Authority

ANNOUNCED PRIMARY INSPECTION

Name of Agency: Hollygate Homecare

Agency ID No: 10981

Date of Inspection: 3 July 2014

Inspector's Name: Joanne Faulkner

Inspection No: 17868

**The Regulation And Quality Improvement Authority
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General Information

Name of Agency:	Hollygate Homecare
Address:	5 The Square Clough BT30 8RB
Telephone Number:	02844811672
E mail Address:	deirdre.burns@hollycare.co.uk
Registered Organisation / Registered Provider:	Mr Ian George Emerson Mr Craig Cecil Emerson
Registered Manager:	Mrs Deirdre Burns
Person in Charge of the Agency at the Time of Inspection:	Mrs Deirdre Burns
Number of Service Users:	Four
Date and Type of Previous Inspection:	22 May 2014 Announced Care Inspection
Date and Time of Inspection:	3 July 2104 10:00-16:00
Name of inspector:	Joanne Faulkner

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	2
Staff	2
Relatives	0
Other Professionals	0

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

Issued To	Number issued	Number returned
Staff	8	2

Inspection Focus

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

The following three quality themes were assessed at this inspection:

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

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

The inspector reviewed the Quality Improvement Plan issued following the previous inspection. Four requirements and five recommendations have been assessed as being fully met.

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

Hollygate Homecare, located in Clough, is a supported living type domiciliary care agency, provided by and to four adults with a learning disability who live in Clough. The agency provides services that include personal care, supervision/administration of medication, support in maintaining a tenancy, assistance with personal finances and involvement in the local community with the overall goal of promoting independence and enhancing quality of life.

The agency has the capacity to provide a service for four service users within the facility in Clough. Eight domiciliary care staff provides support to four service users.

Hollygate Care Services Ltd is the landlord for the property in which service users reside.

Summary of Inspection

The announced inspection was undertaken on 3 July 2014 at the registered office. The inspector was supported throughout the inspection by the registered manager, Mrs Deirdre Burns.

During the inspection the inspector had the opportunity to meet with two service users and two staff.

During the inspection the inspector read the care records of two service users. They outlined practices which were individualised to the service users' assessed needs. Staff who met with the inspector stated that service users are provided with the necessary support to remain as independent as possible.

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

Staff Comments:

"I support service users to be as independent as possible"

"I enjoy working here"

"We go out shopping with the service users and go on trips"

The two returned questionnaires indicated the following:

- Staff have received Vulnerable Adult training
- Training was rated as excellent
- Staff have received Human Rights training
- Service users have in place individual service agreements
- Staff are aware of whistleblowing policy and its significance
- Staff have received training on the supported living model
- Care and support plans are reviewed with the HSC trust
- One staff member has received finance training

Records viewed by the inspector and discussions with staff support the above statements. Discussions with staff and service users at the time of inspection identified their involvement in the development of individual care and support plans.

The care and support plans read by the inspector indicate that the care and support provided by the agency is individualised and person centred on the basis of the recorded information.

Service Users' Comments:

During the inspection, the inspector met with two service users who described an individualised approach to the care and support they received; they informed the inspector that they were involved in developing their individual care and support plans. The service users described in detail the care and support they were receiving and were fully aware of any charges paid to the agency for services received. The service users informed the inspector that their rights and wishes were respected at all times and did not feel that any practice presently in place was restrictive. The service users stated that they are encouraged to be as independent as possible.

Comments:

- “Staff are good, all good staff in here”
- “Staff take us out to get ice cream, puddings.
- “We go on trips to Warrenpoint and Newcastle ”
- “I save my money to buy things for my room”
- “I lock the door at night ”
- “I help with the cleaning”
- “I like to wash the dishes”
- “I can make tea on my own”
- “Staff help us with cooking, baking, washing”

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

Detail of Inspection Process:

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

It was the inspector's assessment that the agency is “Not compliant” in this theme.

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

- Domiciliary care agreement
- Support agreement
- Tenancy agreement
- Community services handbook

The documentation viewed details clearly the terms and conditions in respect of service provision, including charges and methods of payment.

Service users do not pay additional charges for personal care services provided by the agency; the relevant HSC Trust pays a fixed amount for care per week to the agency for each service user.

The manager informed the inspector that service users pay a set charge for utility bills; this is revised annually and service users informed of changes.

Service users contribute £45 per week for food; they are supported to plan the menu for the week and purchase and prepare the food. It was noted by the inspector that the community service handbook did not record the charge for food. **A requirement has been made.**

Staff members provide their own food whilst on duty in the service users' home.

The agency is not in receipt of benefits for any of the service users. The agency has a locked safe facility within a cupboard in the kitchen of the house; this is managed in accordance with the agency's finance policy. Service users can access their monies at any time.

The relevant HSC trust are appointee for all four service users; agency staff act as agent and provide service users with the agreed support required to manage their finances. A signed agent agreement is in place for each service user; it was noted by the inspector that this did not record the amount forwarded to the agency by the appointee for each service user. **A requirement has been made.**

The agency has in place individual cash sheets for each service user; they detailed all transactions in or out, and available balance. The cash sheets were signed by two staff members and receipts are in place for all transactions; however, it was noted by the inspector that receipts were not numbered. **A requirement has been made.**

From the cash sheets viewed the inspector noted that service users also sign for each transaction.

The agency provides a transport service, which service users have the choice to opt in to; the agency record the journeys undertaken by each service user and a charge is made to the service user. One service user has a mobility vehicle for their private use. The agency has in place a transport policy; service users who opt into the service have a transport agreement.

Service users are provided with keys for their home.

The inspector viewed the agency's financial policies in place.

Three requirements have been made in relation to this theme.

Theme 2: Responding to the needs of service users

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

Prior to admission the agency received assessments from the referring trust; the registered manager stated that the service users receive an annual assessment of need by the relevant HSC Trust.

The records examined by the inspector had in place individualised care and support plans; service users who met with the inspector stated that they are involved in developing these and that their choices and opinions were reflected. Staff also record daily the care and support provided to each service user.

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

All four service users have received an annual review with their commissioning HSC Trust representative in the previous year; agency staff participate in the review and retain a copy of the review documentation.

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

From the documentation examined and discussion with the manager, service users and staff; it was identified that there are presently no restrictive practices in place within the service.

Staff could describe the necessary actions in relation to whistleblowing and had knowledge of the policy in place.

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

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

Service users have in place a community services handbook, individual domiciliary and support agreements and a tenancy agreement. They clearly outline the amount and type of care provided by the agency.

The agency has in place assessment information provided by the HSC Trust; this information formed part of the initial assessment of need and care planning when service users moved from a residential care environment to supported living; the trust provide updated assessments annually or as required.

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

The manager and staff clearly described the amount and type of care provided to individual service users; they described practices which were individualised to the identified needs of the service users.

From the documentation in place and discussion with service users it was identified that care plans are agreed with the commissioning trust and are reviewed annually at the review meeting or more frequently if required.

Service users informed the inspector that they participate in their annual review with the HSC trust and are given the opportunity to express their views and wishes.

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

The service user community handbook details the process for the cancellation of services; service users who spoke to the inspector were aware of their right to choose the services they required.

Additional Matters Examined

Charging Survey

At the request of RQIA and in advance of this inspection, the agency submitted to RQIA a completed survey in relation to the arrangements for charging service users. During the inspection the manager informed the inspector that the commissioning trust pays a fixed amount per week for care for each individual service user; no service users are paying additional charges for personal care to the agency. All four service users have been assessed as lacking capacity to manage their finances; the relevant HSC trust acts as appointee for the service users.

Statement of Purpose:

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

Annual Review of Service Users' Needs by HSC Trusts:

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

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

Monthly Quality monitoring

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

A requirement has been made.

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 financial agreement accurately reflects the services tenants are paying for. An anonymised finance agreement should be forwarded to RQIA by 22 August 2013.	<p>The inspector viewed the agreements in place for two service user; it was noted any charges to service users for services received from the agency are clearly record.</p> <p>This requirement has been assessed as fully met.</p>	Two	Fully met
2	15 (6) (d)	The registered person must ensure that no tenants' monies are paid into the agency's bank account except in respect of the payment of agreed care/services. (Standard 8.15)	<p>The registered manager stated that this procedure has ceased. The relevant HSC trust is appointee for each service user. Service users receive their money on a weekly basis from the trust.</p> <p>The agency act as agent for all service users; agreements are in place. These were viewed by the inspector.</p> <p>This requirement has been assessed as fully met.</p>	Two	Fully Met

3	5 (1) Sch 1	<p>The registered person must ensure that the statement of purpose includes the qualifications and experience of the registered provider and the registered manager, and the qualifications required by care workers to work at the agency. It should also include the organisational structure and lines of accountability, specifying the roles and responsibilities for areas of activity. The agency address should be changed from 5 The Square Clough, to 7 The Square Clough where the office is based, rather than the service users' home address.</p>	<p>The inspector viewed the agency's statement of purpose in place; it was noted the address had been changed as required and included the agency's organisational structure.</p> <p>This requirement has been assessed as fully met.</p>	One	Fully met
4	14 (a) (b) (e)	<p>The registered person must ensure that the agency develops a working definition of 'restrictive practice' which includes the use of physical restraint and in compliance with the DHSSPS guidance on restrictive practices.</p>	<p>The inspector viewed the agency's Restraint policy, September 2013; it makes reference to restrictive practice and use of restraint.</p> <p>This requirement has been assessed as fully met</p>	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	2.2	It is recommended that the registered person ensures that organisational policies, procedures, processes and service user guide support the separate provision of care and accommodation, and that service users are offered security of tenure in accordance with housing legislation and best practice guidance. The tenancy agreement should be produced in an easy read format suitable to the service users' needs. Relevant documentation should be forwarded to RQIA by July 2013.	<p>The agency has in place the following agreements for each service user: tenancy agreement, domiciliary care agreement, support agreement and community services handbook. These were viewed by the inspector.</p> <p>The inspector viewed the agency's easy read tenancy agreement for one service user.</p> <p>This recommendation has been assessed as fully met.</p>	Two	Fully met
2	2.2	It is recommended that the registered person ensures that tenants are aware that they can remain in their accommodation even if the provision of care is no longer required or no longer meets their needs. Relevant documentation should be forwarded to RQIA	<p>The inspector viewed the agency's service user guide; it records that tenants can remain in their home if care is no longer required.</p> <p>This recommendation has been assessed as fully met.</p>	Two	Fully met

		by 22 July 2013.			
3	2.1	It is recommended that the registered person ensures that service users are provided with information in an accessible format in relation to their human rights.	The agency has in place information for service users in an easy read format relating to human rights. This was viewed by the inspector. This requirement has been assessed as fully met.	One	Fully met
4	12.4	It is recommended that the registered person ensures that staff receive training on human rights.	Staff informed the inspector that they had received human rights training in conjunction with vulnerable adult training in May 2014. This recommendation has been assessed as fully met.	One	Fully met.
5	3.3	It is recommended that the registered person ensures that service users' human rights are explicitly outlined on their support plans.	The inspector read the care and support plans for two service users and noted that relevant human rights were explicitly recorded. This recommendation has been assessed as fully met.	One	Fully met

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<p>Statement 1:</p> <p>The agency maintains complete and up to date records in respect of the terms and conditions of the provision of personal care</p> <ul style="list-style-type: none"> • The agency provides to each service user a written guide, including a personalised written agreement detailing the specific terms and conditions in respect of any specified service to be delivered, including the amount and method of payment of any charges to the service user; • The individual agreement details all charges payable by the service user to the agency, the services to be delivered in respect of these charges and the method of payment; • Where service users pay for additional personal care services which do not form part of the HSC trust's care assessment, documentation exists confirming that the HSC trust are aware of any arrangements in place between the agency and the service user; • The individual agreement clarifies what arrangements are in place to apportion shared costs between the agency and the service user(s). This includes those costs associated with any accommodation used in connection with agency business, where this is conducted from the service users' home; • There are arrangements in place to quantify the costs associated with maintaining any unused areas within the service users' home which they do not have exclusive possession of; • The service user guide/ individual agreement clarifies what the arrangements are for staff meals while on duty in the service users' home; • Where the agency is involved in supporting a service user with their finances or undertaking financial transactions on the service user's behalf, the arrangements and records to be kept are specified in the service user's individual agreement; • The agency has a policy and procedure in place to detail the arrangements where support is provided by agency staff to enable the service users to manage their finances and property; • The agency notifies each service user in writing, of any increase in the charges payable by the service user at least 4 weeks in advance of the increase and the arrangements for these written notifications are included in each service user's agreement 	<p>COMPLIANCE LEVEL</p>

<p>Provider's Self-Assessment</p>	
<p>individual agreements are in place for all service users. staff provide their own food when working in our Homecare service. Service users are very proud of their home and ensure their home does not look like a work place.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>The inspector discussed the theme with the registered manager who stated that none of the service users are charged for personal care provided by the agency.</p> <p>The inspector viewed a number of domiciliary care agreements and observed that the service users are not paying additional charges for personal care. The relevant HSC trust commissions a fixed amount of care per week for each individual service user; this amount is the rate the trust has agreed to pay for each service user irrespective of their needs.</p> <p>From the records examined, service users have in place a community services handbook, a tenancy agreement and a domiciliary care agreement which details services provided and any related charges; the inspector noted that the contribution made by service users for food was not recorded in the documentation. A requirement has been made.</p> <p>The service users informed the inspector that they pay £45 per week towards food; they clearly described to the inspector the process in place for developing a menu and subsequently shopping for food. All service users are encouraged to participate in the preparation of food and staff provide agreed support to the service users; this was reflected in the individual care and support plans viewed by the inspector. Service users who met with the inspector stated that they have full access to the kitchen at all times and are provided with the necessary support to prepare food. During the inspection the inspector observed one service user being supported to make tea.</p> <p>The inspector examined a ledger in place for the food monies and noted that it all transactions in or out and the available balance are recorded; receipts are retained by the agency for each purchase made.</p> <p>Service users described to the inspector the process for cancelling any services provided by the agency, the</p>	<p>Not compliant</p>

inspector viewed the service users guide, it details the period of notice for cancelling services.
The manager informed the inspector that staff provide all their own food whilst on duty in the service users' home; this was confirmed by staff who spoke to the inspector.

The agency's office is located in the adjoining care home; the manager stated that service users do not contribute towards the cost of the agency's office.

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

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

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

COMPLIANCE LEVEL

<p>as nominated appointee;</p> <ul style="list-style-type: none"> • If a member of staff acts as an agent, a record is kept of the name of the member of staff, the date they acted in this capacity and the service user on whose behalf they act as agent; • If the agency operates a bank account on behalf of a service user, written authorisation from the service user/their representative/The Office of Care and Protection is in place to open and operate the bank account, • Where there is evidence of a service user becoming incapable of managing their finances and property, the registered person reports the matter in writing to the local or referring Trust, without delay; <p>If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the agency on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user's agreement.</p>	
<p>Provider's Self-Assessment</p>	
<p>individual tenants have Personal Accounts within the trust these are managed / reviewed with support from their care manager/social worker</p>	<p>Moving towards compliance</p>
<p>Inspection Findings:</p>	
<p>The inspector discussed this theme with the manager who stated that all four service users have a HSC trust appointee; service users receive an agreed amount each week which is secured in the locked cupboard within their home. The agency has in place an agent agreement for each service user; it records the support required by the service user to manage their monies; the inspector noted that the agreements have been signed by the relevant HSC trust representative. The agent agreement does not record the amount of money received by the agency on a weekly basis. A requirement has been made.</p> <p>Service users who met with the inspector stated that they have been involved in the discussion and agreements in place in relation to their monies. Service users informed the inspector that they can access their money at any time and can choose how to spend their money.</p>	<p>Not compliant</p>

The agency has in place cash ledgers for each service user; these were viewed by the inspector, they detail all transactions and are signed by the service users where applicable and by two members of staff. The registered manager informed the inspector that the agency contact the HSC trust representative to request additional monies if required. The agency retains receipts for all transactions made on behalf of service users; the inspector noted that these were not numbered. **A requirement has been made.**

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>a safe is provided for tenants valuables and money and records are maintained and reconciliation of money is carried out..when service users require weekly/monthly funds this money is obtained from the cash office within the trust, which is monitored by the service users care manager.</p>	Moving towards compliance
<p>Inspection Findings:</p> <p>The inspector discussed this theme with the manager who stated that the agency has a locked facility located in a kitchen cupboard within the house. The agency has in place individual cash sheets for each service</p>	Substantially compliant

user; these were viewed by the inspector. It was noted that they detailed all transactions, in or out, and available balance. The cash sheets were signed by two staff members and receipts were in place for all transactions; it was noted by the inspector that receipts were not numbered. From the cash sheets viewed the inspector noted that service users also sign for each transaction. **A requirement has been made in relation to this theme; requiring the registered person to ensure that receipts are retained and numbered.**

The agency has in place a list of staff signatures; this was viewed by the inspector.

Service users informed the inspector that they keep money in individual tins in the locked cupboard in their kitchen; the informed the inspector that they can access their money at any time. Staff informed the inspector that service users are encouraged to keep their valuables safe and are provided with the necessary support to safely manage their monies.

The inspector viewed the agency's finance policy, June 2014; it records the procedures for safe storage of service users' monies and the agency's Key policy, 2013. It details the procedure for the management of safe keys. Staff who met with the inspector could describe the content of the policy.

Staff informed the inspector that the contents of the agency's locked cupboard are reconciled daily by two members of staff and could describe the necessary steps if a discrepancy was identified. The manager stated that reconciliation of monies is carried out weekly and quarterly by the administrator. This was verified by the inspector from the records viewed during the inspection.

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

<p>transport scheme;</p> <ul style="list-style-type: none"> The agency ensures that the vehicle(s) used for providing transport to service users, including private (staff) vehicles, meet the relevant legal requirements regarding insurance and road worthiness. Where the agency facilitates service users to have access to a vehicle leased on the Motability scheme by a service user, the agency ensures that the above legal documents are in place; Ownership details of any vehicles used by the agency to provide transport services are clarified. 	
<p>Provider's Self-Assessment</p>	
<p>a transport scheme and policies are in place for all individuals. service users can opt out if this if they prefer too. Records of jounerys are maintained. one service user has a mobility car for attending to his personal needs insurance documents and agreement are maintained in the serviceusers home. .</p>	<p>Moving towards compliance</p>
<p>Inspection Findings:</p>	
<p>The manager informed the inspector that one service user has a mobility vehicle solely for his own use. The agency has a contract with a local transport service; service users can opt out of this scheme. The inspector discussed the theme with service users who stated that they are supported to use appropriate transport. The agency maintains a record of all journeys by service users and service users are charged for all journeys, this was viewed by the inspector.</p> <p>The inspector viewed the transport policy and individual transport agreements. They record the charging arrangements in place.</p> <p>The manager stated that one service user requires an escort whilst attending hospital appointments. The inspector viewed the relevant care and support plan; it clearly denotes the support required by the service user. The level of assistance required is clearly agreed with the service user and detailed in their individual care and support plan. The inspector viewed two care and support plans and identified that appropriate arrangements were in place to support service users to avail of suitable transport.</p> <p>The manager stated that service users are supported to apply for relevant benefits to assist them with cost of transport.</p>	<p>Complaint</p>

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

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

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 1:</p> <p>The agency responds appropriately to the assessed needs of service users</p> <ul style="list-style-type: none"> • The agency maintains a clear statement of the service users' current needs and risks. • Needs and risk assessments reflect the input of the HSC Trust and contain the views of service users and their representatives. • Agency staff record on a regular basis their outcome of the service provided to the individual • Service users' care plans reflect a range of interventions to be used in relation to the assessed needs of service users • Service users' care plans have been prepared in conjunction with the service user and their HSC Trust representative(s) and reflect appropriate consideration of human rights. 	COMPLIANCE LEVEL
Provider's Self-Assessment	
Needs assessments, support plans are completed with the service user and reflect appropriate consideration of human rights.	Substantially compliant
Inspection Findings:	
<p>The inspector examined two service users individual care records and identified that prior to admission the agency received comprehensive multi-disciplinary assessments from the HSC Trust.</p> <p>The inspector discussed the admission process with the manager who stated that the agency would encourage prospective service users to visit the service on a few occasions prior to admission, during which they have the opportunity to meet those presently residing in the service. The manager also informed the inspector that any prospective tenants would be discussed with those presently residing in the service and that their views are considered. There have been no recent vacancies within the service.</p> <p>The inspector examined care records of two service users and noted they each have in place individualised, updated care and support plans which are developed in conjunction the service users and their</p>	Compliant

representatives; it is noted by the inspector that these are updated annually or as required. Those examined clearly outlined the consideration of the service users' human rights; it was noted by the inspector that they were signed by the service users and indicated that reviews had taken place on an annual basis or more frequently if required. It was noted by the inspector that care plans and daily logs in place were detailed and described clearly the care and support to be provided.

The service users who met with the inspector stated that they are involved in this process and that their choices and opinions were reflected. All service users who spoke with the inspector were able to identify their individual keyworker in the service; they informed the inspector that they meet regularly with their keyworker to discuss their care and support needs. Service users could also identify their trust representative and stated that they received regular contact from them.

The manager informed the inspector that risk assessments are reviewed at least annually. The inspector viewed risk assessments in place which had been signed by trust representatives and reflected in the individual care and support plans.

Staff who met with the inspector could describe the process for compiling care and support plans in conjunction with the service users and their representatives and described to the inspector the significance of the recording daily the care and support provided for each service user.

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	
policies and procedures are in place and staff have awareness of Human Rights and vulnerable adults training and aware of raising concerns	Substantially compliant
Inspection Findings:	
<p>The inspector discussed this theme with the registered manager and agency staff.</p> <p>Staff who met with the inspector stated that they had received an initial two week induction at the commencement of their employment and further training throughout their employment. Staff also stated that they receive six monthly supervision, and are encouraged to identify any training needs they may have either during supervision or when the need is identified. Staff informed the inspector that they have an annual</p>	Compliant

appraisal and stated they have the necessary skills to carry out the requirements of their role. Staff stated that they feel supported by the registered manager.

The inspector examined the staff training records in place; from those viewed it was identified that staff have received training in human rights, safeguarding of vulnerable adults, management of challenging behaviours and management of medication.

The agency has in place the following policies: Assessment, Care Planning and Review, September 2013; Protection of Vulnerable Adults, September 2013; Managing Aggression, February 2014; Quality Improvement, September 2013; Whistleblowing, September 2013; and Finance Policy, June 2014. These were viewed by the inspector.

The manager and staff who met with the inspector could describe practices which could be viewed as restrictive and stated that there is currently no restrictive practice in place.

Staff outlined the process for highlighting any changes to service users' needs and described instances when they are in regular contact with the service users trust representatives; trust representatives informed the inspector that staff are in regular contact with them and could identify any changes in service users' needs.

Staff could describe the necessary actions in relation to whistleblowing and had knowledge of the policy in place.

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	
statement of purpose makes reference to servicesusers choice to decline aspects of our care provision.	Moving towards compliance
Inspection Findings:	
<p>The inspector read the agency’s service user guide and statement of purpose; they clearly outline the nature and range of services provided and makes reference to restrictive practices. It was noted that both documents contain detail on the right for service users to choose what services they require. The agency has in place a range of easy read documents; the staff informed the inspector that they are used to support service users in understanding services provided by the agency and their right to choose what care they receive.</p> <p>Service users who met with the inspector stated that they are encouraged to make their own decisions and</p>	Compliant

that their views and wishes are respected. The service users informed the inspector that they are involved in the completion of their individual care and support plans and are provided with a copy by the agency; one service user informed the inspector that they keep a copy of their care plan in their room. Service users stated that agency staff support them in understanding the content of their care and support plans. Service users stated that they sign their support plans if they are in agreement to the detail.

The registered manager informed the inspector that there are no restrictive practices in place. The inspector examined two care and support plans and from those examined could not identify any practices that could be deemed restrictive in nature. The agency has a policy on restraint; this was viewed by the inspector. Service users stated that they have a key for their room and the entrance door and can store their valuables in a locked cupboard in the house.

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 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p>	
<p>Restraint / Restrictive practices are not implemented within the tenants home.</p>	<p>Moving towards compliance</p>

Inspection Findings:	
<p>The inspector discussed this theme with the registered manager who stated that there are presently no restrictive practices in place within the service. The manager states that care practices are regularly monitored to ensure that practices which are may be deemed as restrictive are identified.</p> <p>From the training records examined and discussion with staff the inspector noted that staff have received training in human rights, management of challenging behaviours, and protection of vulnerable adults.</p> <p>Staff who met with the inspector described practices which may be viewed as restrictive; they stated that there are no such practices in place within the service. Both the registered manager and staff informed the inspector that all service users are provided with a key for the front door and their individual rooms; they stated that service users are encouraged to lock their doors. The staff stated that service users have a locked facility in their kitchen to store valuables and medication.</p> <p>The inspector viewed the agency's Managing Aggression Policy, February 2014.</p>	<p>Compliant</p>

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

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

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p>Statement 1</p> <p>Evidence inspected confirms that service users/representatives have written information and/or had explained to them the amount and type of care provided by the agency</p> <ul style="list-style-type: none"> • Service users/representatives can describe the amount and type of care provided by the agency • Staff have an understanding of the amount and type of care provided to service users • The agency’s policy on assessment and care planning and the statement of purpose/service user guide describe how individual service user agreements are devised. • The agency’s service user agreement is consistent with the care commissioned by the HSC Trust. The agency’s care plan accurately details the amount and type of care provided by the agency in an accessible format. 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p> <p>each service user has an individual agreement which is consistent with HSC Trust.</p>	Substantially compliant
<p>Inspection Findings:</p> <p>The inspector examined the domiciliary care and support agreements for two service users’; they record the amount and type of care and support provided to the service user by the agency’s staff. Service users who met with the inspector could describe the care received from the agency and informed the inspector that they were involved in the development of their individual care and support plans. The inspector was informed by the registered manager that the HSC Trust pay a fixed amount for each service user for care received from the agency. Service users were aware that care provided to them by the agency is funded by the relevant SC trust.</p> <p>Staff who met with the inspector could clearly describe the amount and type of care provided to individual service users; they described to the inspector a range of practices which were person centred and individualised to the identified needs of the service users. Staff who spoke to the inspector demonstrated</p>	Compliant

their awareness of the need to ensure that service users were consulted in relation to all aspects of their care and support. Staff also discussed with the inspector the importance of choice and human rights. Staff described the emphasis of providing the necessary support whilst promoting the independence of the service users. The inspector viewed the agency's policy on Assessment, Care Planning and Review, September 2013 which details the procedure for staff completing this process and includes expected timescales for completion.

From the documentation in place and discussion with service users it was noted that care plans are agreed with the commissioning trust and are reviewed at least annually. The domiciliary care agreement records the type and amount of care hours provided to the individual.

The manager informed the inspector that the agency's office is located in the adjacent residential care facility. Service users have access to all areas of their home at all times. Service users informed the inspector that they choose the furnishing and decor for their home. The inspector was invited to view the lounge and the bedroom of one service user during the course of the inspection; it was noted that these areas had been personalised by the service users'.

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p>Statement 2</p> <p>Evidence inspected confirms that service users/representatives understand the amounts and method of payment of fees for services they receive as detailed in their individual service agreement.</p> <ul style="list-style-type: none"> • Service users/representatives can demonstrate an understanding of the care they receive which is funded by the HSC Trust • Service users/representatives can demonstrate an understanding of the care which they pay for from their income. • Service users/representatives have an understanding of how many hours they are paying for from their income, what services they are entitled to and the hourly rate. • Service users/representatives have an understanding of how to terminate any additional hours they are paying for from their income • Service users/representatives have been informed that cancellation of additional hours they are paying for from their income will not impact upon their rights as a tenant. 	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>service users understand they pay a cost for their services/ heat/light /food etc. they understand care is provided within there package of care.</p>	Moving towards compliance
Inspection Findings:	
<p>The inspector viewed two service user domiciliary care and support agreements, community service handbooks and the tenancy agreements; these clearly outlined any charges made to the service user by the agency. The documentation details the amount of care funded by the commissioning trust and support funded by NIHE supporting people.</p> <p>Service users were able to describe to the inspector details of any services which they received from the</p>	Compliant

agency and the cost incurred for such; they were aware that the care provided by the agency was funded by trust. The inspector was informed by the manager that presently service users pay £25.23 per week for utilities; this is agreed with the service users and reviewed annually.

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

Service users described to the inspector the process for cancelling any services provided by the agency. The tenancy agreement details the process for the cancellation of services; of the records examined service users have in place a signed domiciliary care, tenancy and support agreements.

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
Statement 3	COMPLIANCE LEVEL
<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. 	
<p>Provider's Self-Assessment</p> <p>serviceusers agreements are reviewed by their care manager. clients reviews are on an annual basis support/care plans are reviewed and updated.</p>	Substantially compliant
<p>Inspection Findings:</p> <p>Prior to the inspection the agency were requested to forward to RQIA details of service users annual reviews. The records examined by the inspector identify that all four service users have received an annual review involving the commissioning HSC trust. .</p> <p>The inspector examined two individual service user care and support plans and service user agreements, and noted that each service user had received an annual review. Service users informed the inspector that they are encouraged to participate in the review process and given opportunity to contribute their views and</p>	Compliant

opinions; they stated that they attended a formal review annually involving their trust representative. Service users informed the inspector they can request a review if they have any concerns relating to the care and support they receive. One service user informed the inspector that they regularly receive a visit from their trust representative

A copy of the review documentation is retained by the agency. The inspector viewed review documentation for two service users and noted that it involved the trust representative and was signed by the service user.

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

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

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

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

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

Any Other Areas Examined

Complaints

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

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Deidre Burns, Registered Manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan
Announced Primary Inspection
Hollygate Homecare
3 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 Deirdre Burns, 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.	14.(a)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure the agency is conducted, and the prescribed services arranged by the agency, are provided-</p> <p>(a)so as to ensure the safety and wellbeing of service users</p> <p>This relates to the registered person ensuring that the agency's community services handbook clearly outlines any payments made by service users for their food.</p>	One	<p>A section will be inserted in the Community Services Handbook informing prospective service users that should they choose to share meals with other service users they will be required to contribute to the associated food shopping at a current cost of approximately £45.00 per week. The section will also inform service users that they are free to choose their own meal arrangements according to their wishes.</p>	Four months from the date of inspection: 07 November 2014.
2	14.(d)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure the agency is conducted, and the prescribed services arranged by the agency, are provided-</p> <p>(b) so as to ensure the safety and security of service users' property, including their home;</p> <p>This relates to the registered person ensuring that the agent agreement clearly record the</p>	One	<p>The Appointee forwards variable amounts for personal expenditure as required by the service user. There is no set amount or frequency. The Appointee forwards approximately £45.00 per week for each service user for food and consumables as required. The Agent Agreement in place states that we will receive monies on behalf of the service</p>	Four months from the date of inspection: 03 November 2014.

		amount of money forwarded to the agency on a weekly basis by the appointee.		user as required for food and consumables and personal expenditure. We will revise the Agent Agreement to clearly record the arrangements in place and as requested by telephone on 03/10/14 we will also revise the Agreement to state that such monies will be collected from the South Eastern Trust Cash Office by nominated staff.	
3.	15 (6)(d)	<p>The registered person shall ensure that where appropriate where the agency arranges the provision of prescribed services to a service user, the arrangements shall-</p> <p>(d)specify the procedure to be followed where a domiciliary care worker acts as an agent for, or receives money from, a service user</p> <p>The requirement relates to the registered person ensuring that receipts are numbers and recorded in financial ledgers maintained within the agency.</p>	One	As requested receipts are being numbered and recorded in the corresponding financial records.	Four months from the date of inspection: 03 November 2014.
4.	23.(1)	The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to	One	We will ensure that the views of service user representatives and relevant professionals are	Four months from the date of inspection:

		<p>be provided.</p> <p>This relates to the registered person ensuring that the views of service user representatives and relevant professionals are obtained during the monthly monitoring process.</p>		<p>obtained and recorded.</p>	<p>03 November 2014.</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	Deirdre Burns
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Craig Emerson

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	X	Joanne Faulkner	15/10/14
Further information requested from provider			