



The **Regulation and
Quality Improvement
Authority**

Announced Primary Care Inspection

Name of Agency:	Mencap Riversley Project
RQIA Number:	10985
Date of Inspection:	16 October 2014
Inspector's Name:	Joanne Faulkner
Inspection ID:	20504

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

1.0 General Information

Name of Agency:	Mencap Riversley Project
Address:	4 Church Street Banbridge BT32 4AA
Telephone Number:	02840628075
Email Address:	sinead.murphy@mencap.org.uk
Registered Organisation / Registered Provider:	Barry Joseph McMenamin MENCAP
Registered Manager:	Mrs Sinead Murphy
Person in Charge of the Agency at the Time of Inspection:	Sinead Murphy Anita Shannon - Team Manager
Number of Service Users:	17
Date and Type of Previous Inspection:	Primary Announced Care Inspection 9 April 2013
Date and Time of Inspection:	16 October 2014 09:30 – 16:00
Name of Inspector:	Joanne Faulkner

2.0 Introduction

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

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

3.0 Purpose of the Inspection

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

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

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

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

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

4.0 Methods/Process

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

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

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

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

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

5.0 Consultation Process

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

Service Users	3
Staff	3
Relatives	2
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	17	2

The inspector discussed with the manager the low return and during the inspection an additional five staff on duty completed a questionnaire; the inspector has reflected their comments within the report.

6.0 Inspection Focus

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

The following three quality themes were assessed at this inspection:

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

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

The inspector reviewed the quality improvement plan issued following the previous inspection; three requirements and one recommendation 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.

7.0 Profile of Service

Mencap Riversley Project is a supported living type domiciliary care agency, located close to the town centre of Banbridge. The agency offers long term domiciliary care and housing support to adults with a learning disability. The registered office is situated at the rear of the main house where eight service users live.

Attached to the rear of the house is a three storey building which has 21 apartments which accommodate a further nine service users with a learning disability. The remaining apartments provide accommodation for frail elderly tenants and scheme staff, in conjunction with Fold Housing.

The agency's aim is to provide care and support to service users with a learning disability, to enable them to live in their own home within the local community; many service users moved to the scheme from long stay hospital placements.

The agency is staffed by a team manager and a number of support staff. Staff are available to support tenants 24 hours per day and each service user has an identified 'key worker.'

Specific services provided by the agency include assistance with personal care, medication, budgeting, shopping, cleaning, laundry and attending social activities, dependent upon individual service users' needs, interests and wishes.

The agency does not provide any other domiciliary care services outside of the Riversley scheme.

8.0 Summary of Inspection

The announced inspection was undertaken on 16 October 2014 at the registered office located within the service. The inspector was supported throughout the inspection by the registered manager, Mrs Sinead Murphy and Ms Anita Shannon, team manager.

During the inspection, the inspector had the opportunity to meet with three service users and three staff; the inspector spoke to relatives of two service users.

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

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

8.1 Staff Comments

"I have seen big changes; more for the good"

"Service users are given choice"

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

"Service users are supported to go out a lot"

"I get supervision three to six monthly"

“I can approach the senior staff at any time; team manager’s door is always open”
 “Service users can choose how they spend their money”
 “Service users are supported to shop and cook”
 “I feel supported in my job”
 “I love it here; it’s great”
 “I received induction training”

The completed questionnaires indicated the following:

- Seven staff have received Vulnerable Adult training
- Training was rated as good or excellent
- Staff have received Human Rights training
- Service users have in place individual service agreements
- Staff are aware of whistleblowing policy
- Staff have received training on managing service users monies
- Staff have received training on the supported living model

Records viewed by the inspector support the above statements; discussion with the manager suggests that training has been extended to all staff. Discussions with staff, service users and their representatives at the time of inspection identified their involvement in the development of individual care and support plans and the involvement of the relevant HSC trust in the annual review process.

8.2 Service Users’ Comments

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

Service users could describe the care and support they were receiving and were aware of any charges paid to the agency for services received. The service users informed the inspector that their wishes were respected.

Comments

- “I love living here”
- “I go out on my own”
- “I go shopping with the staff”
- “I spend my money on what I want”
- “I know my keyworker”
- “The staff help me make my dinner”
- “I can come and go as I please”
- “Staff are good”
- “I go to the tech”
- “My family visit me”
- “I look after my wee dog; I take it out walks”
- “I have my own key for the flat”
- “I go out for coffee, I go knitting”
- “I go out to the daycentre”

8.3 Service User Representative

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

Comments

- "I am kept informed of any changes"
- "I have no concerns"
- "Staff are approachable"
- "I attend review meetings"
- "I like the staff"
- "Lovely atmosphere"
- "I do not attend the review meeting; that is my choice"
- "The place is very nice"

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

8.4 Detail of Inspection Process:

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

It was the inspector's assessment that the agency is "moving towards compliance" in this theme.

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

- Service user guide/agreements
- Financial care and support plans
- Capacity assessment documentation
- Pooled money agreements

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

Service users do not pay additional charges for care services provided by the agency; the relevant HSC Trust commissions the care provided by the agency to the service users.

The agency's office is located at the rear of the main house; service users do not presently contribute towards the cost of the agency's office.

Service users currently pay a weekly agreed amount into the pooled monies account for the house for milk and bread. Service users described to the inspector the process for cancelling any services no longer required from the agency.

Staff members provide their own food whilst on duty in a service user's home; it was noted that the service user guide did not contain arrangements for staff accessing food whilst on duty. A requirement has been made.

The agency has a policy relating to staff meals; it was noted that it did not contain detail of charges to service users for staff food whilst being accompanied on an outing. A requirement has been made.

The relevant HSC trust acts as appointee for a number of service users. The agency provides each service user with the agreed support required to manage their finances; this is clearly recorded in the service users' individual financial support plans and the financial support agreements. Service users are supported to manage their money and can access their money at all times; the agency maintains a record of all monies or valuables held on behalf of service users. Individual ledgers are maintained; they clearly record all transactions and are maintained in accordance with the agency's finance policy.

Service users have a locked facility in their individual flats to store valuables and monies; the agency provides them with a key.

The agency has a locked safe facility located in the agency's office; it is managed in accordance with the agency's finance policy. Records are maintained and were available for the inspector to view; it was identified by the inspector that staff were not consistently signing their full name. A requirement has been made.

It was identified by the inspector that the agency did not have in place a list of staff signatures. A requirement has been made.

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

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

Four requirements have been made in relation to this theme.

8.4.2 Theme 2: Responding to the needs of service users

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

The manager stated that prior to admission the agency receives a range of assessments from the referring HSC trust representative; these assist staff in developing individual care and support plans in conjunction with each service user.

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

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

The agency currently has a restrictive practice in place in one of the service users' homes; the inspector viewed the documentation in place relating to the restriction. It was identified by the inspector that the agency had engaged with the relevant HSC representative, the service user, their representatives and the other service users residing in the house. Records viewed reflected that human rights of the service.

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

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

Staff stated they had received induction training at the commencement of employment covering many areas including human rights, safeguarding vulnerable adults, care planning and restrictive practice, person centred support planning. Staff informed the inspector that they receive individual supervision quarterly and annual 'shape your future' appraisal.

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

The inspector read the agency's service user guide and statement of purpose; they clearly outline the nature and range of services provided; however, the tenants guide does not make reference to restrictive practice. A requirement has been made.

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

One requirement has been made in relation to this theme.

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

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

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

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

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

The registered manager, team manager and staff could clearly describe the amount and type of care provided to individual service users; they described individual practices in place to meet the assessed needs of the service users.

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

Service users and their representatives stated that they are encouraged to participate in the review process and are given the opportunity to express their views and wishes.

A copy of the review documentation is retained by the agency. It was noted that the documentation retained had not been signed by attendees. A recommendation has been made.

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

One recommendation has been made in relation to this theme.

8.5 Additional Matters Examined

8.5.1 Charging Survey

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

8.5.2 Statement of Purpose:

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

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

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

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

8.5.4 Monthly Quality Monitoring

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

9.0 Follow - Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - as Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1	22 (8)	The registered person must ensure that the record of the outcome of a complaint investigation is signed by the service user/representative indicating their level of satisfaction.	The inspector viewed the complaints records and noted that the agency ensure that they are signed by the service users and their representative. This requirement has been assessed as being fully met.	Once	Fully met.
2	15 6 (b)	The registered person must ensure that the frequency medication audits should occur is specified in the medication policy. (Standard 7.7)	The inspector viewed the agency's medication policy; appendix 1 details the frequency of the medication audit. This requirement has been assessed as being fully met.	Twice	Fully met.
3	15 (12) (a)	The registered person must ensure that the screening of VA referrals and the immediate protection plan agreed with the designated person are more explicitly detailed in the agency's records.	The agency has implemented an additional incident tracking form; this was viewed by the inspector; it details the process followed and any agreed actions. This requirement has been assessed as being fully met.	Once	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.	<p>The inspector viewed a number of care and support plans; relevant human rights are referenced.</p> <p>This recommendation has been assessed as being fully met.</p>	Once	Fully met.

10.0 Inspection Findings

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

<p>Provider's Self-Assessment</p>	
<p>All tenants have a tenants guide which is an individual written agreement detailing the amount of support and care provided by Mencap and the cost of this and method of payment for all charges to the tenant. Currently none of our tenants in Banbridge Supported Living Service pay for additional personal care services. The tenants guide also details the pooled money costs that tenants can choose to be part of and what they are for. It also provides tenants with information on who pays for the office costs and the staff sleepover room. The guide states the arrangements for staff meals while they are working in the tenants home. There is a section on supporting the tenant with their money with details of the arrangements and records to be kept. There is also a section on supporting the tenant to manage their property There is a statement in the tenants guide that details the requirement to give 4 weeks notice of any increase in the charges payable tby the tenant.</p> <p>Each tenants home and the snug/communal areas is personalised to their taste and does not look like a workplace for our staff .</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The inspector discussed the theme with the registered manager who stated that none of the service users are charged for personal care provided by the agency; the HSC trust commissions care to be provided to service users.</p> <p>The inspector viewed tenants guide and financial agreements for two service users and noted that service users are not paying additional charges for personal care.</p> <p>From the records viewed, service users have in place a tenant's guide/ agreement, and a finance agreement which detail services provided and any related charges; they are signed by the service users and their relative. Service users' representatives could describe the process for cancelling any services provided by the agency.</p> <p>The service users informed the inspector that they pay an agreed amount per week for utilities; they described to the inspector the process for individually shopping and preparing food. All service users are encouraged to participate in the preparation of food with the support of staff, dependant on their ability; this was reflected in the individual care and support plans viewed by the inspector. Service users who met with the inspector stated that they can access the kitchen at any time and are provided with the necessary support to prepare food.</p>	<p>Moving towards compliance</p>

The inspector viewed a ledger in place for the service users' pooled monies and noted that it detailed all transactions in or out and the available balances are recorded; receipts are retained by the agency for each purchase made and are numbered.

The manager stated that staff are required to provide their own food whilst on duty in the service users' home; this was confirmed by staff who spoke to the inspector. The agency provides a separate facility for the storage of staff food. It was noted that the service user guide does not detail arrangements for staff accessing food whilst on duty. A requirement has been made.

The agency's policy for staff meals does not detail the charges for staff meals whilst accompanying service users on an outing. A requirement has been made.

The agency's office is located within the service; 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; 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 as nominated appointee;

COMPLIANCE LEVEL

<ul style="list-style-type: none"> • If a member of staff acts as an agent, a record is kept of the name of the member of staff, the date they acted in this capacity and the service user on whose behalf they act as agent; • If the agency operates a bank account on behalf of a service user, written authorisation from the service user/their representative/The Office of Care and Protection is in place to open and operate the bank account, • Where there is evidence of a service user becoming incapable of managing their finances and property, the registered person reports the matter in writing to the local or referring Trust, without delay; <p>If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the agency on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user's agreement.</p>	
<p>Provider's Self-Assessment</p>	
<p>Each tenant has a needs assessment which is completed initially by the Southern Trust and then reviewed by Mencap annually or if the persons needs change. It identifies the level of support which Mencap should provide across all activities of daily living including managing finance. Mencap have a Management of Service User Finance Policy. The service keep locked tins for pooled money, petty cash, fuel which are locked in the office. The pooled money is counted every day by two staff and recorded. Only tenants in the main house pay toward pooled money and its for small household items, milk. All Tenants pay a charge to FOLD, their Landlord for their electric and heating This is paid directly to FOLD each week . Tenants in Riversley House also pay a charge which pays for the gas and furniture/goods replacement in the communal areas of their home. This is reconciled annually. This is paid by direct debit to Mencap each month. All transactions are recorded on the individual personal money record sheets. The personal money record sheet is reconciled with the tenants bank statement when the statement comes in the post.</p> <p>If the tenant wishes to purchase an item such as a holiday then a holiday pack is completed which is signed of by the team manager and this is discussed with their care manager at all times and family, if appropriate. No staff act as an agent to any tenant. Some of the tenants have appointees who are family members and Mencap is appointee for two tenants currently. All tenants have financial capacity at the service.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The agency has in place tenants agreements, pooled money agreements and care and support plans detailing the support required by individual service users to manage their monies. The inspector viewed the documentation for two service users and noted they detailed the support required by service users to manage their finances.</p>	<p>Compliant</p>

The manager stated that a number of service users' finances are managed by family members and that the HSC trust are appointee for two service users. The agency retains details in individual service users care records of their appointee and financial capacity assessments; service users are supported to manage their monies as previously agreed.

The manager stated that all service users have a bank account and are provided with the agreed support to access their monies.

Service users and their representatives who met with the inspector stated that they have been involved in discussions and agreements in place in relation to their monies. Service users informed the inspector that they can access their money at any time and choose how to spend their money; they described to the inspector the process of visiting the bank on a weekly basis and safely storing their monies in their individual flats.

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

Service users have had financial capacity assessments carried out; the agency retains documentation detailing the outcomes.

The manager could describe the procedure for referral of a service user for a capacity assessment.

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>The service does not currently store money or valuables for the tenants. If required tenants are supported to keep personal items safely in their homes. All tenants are supported to keep their own keys to their homes, bedrooms and to carry out weekly health and safety checks in their home. These include checking the security of their home.</p>	Compliant
<p>Inspection Findings:</p> <p>The inspector discussed this theme with the team manager who stated that service users have a locked facility in their individual flats for storage of monies or valuables; service users are provided with a key. The registered manager informed the inspector that the agency provides a locked cupboard located in the agency's office for the storage of pooled monies; it is managed in accordance with the agency's finance</p>	Substantially compliant

policy and procedures. The inspector viewed the records maintained by the agency and noted that a record of all safe contents is maintained and reconciled daily. The team manager stated that a financial audit is completed daily by the manager.

Service users' pooled monies are secured in an individual wallet and a ledger maintained; it was viewed by the inspector. It was noted that staff recorded all transactions, in or out, the purpose of the transaction and available balance. The ledgers were signed by two staff members and numbered receipts are retained. The inspector identified that on a number of occasions staff were not recording their full name. A requirement has been made.

The agency did not have in place an updated list of staff signatures. A requirement has been made.

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; it details the procedure for the management of service users' monies, and management of safe contents. Staff who met with the inspector could describe the content of the policy.

Staff informed the inspector that they have received finance awareness training from the team manager and that the contents of the agency's safe are reconciled daily by two members of staff at each shift change over and could describe the necessary steps if a discrepancy was identified.

The agency has in place documentation which clearly records the level of support individual service users require to manage their monies.

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

Statement 4:

COMPLIANCE LEVEL

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

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

<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"> • Ownership details of any vehicles used by the agency to provide transport services are clarified. 	
Provider's Self-Assessment	
<p>Tenants are all made aware of the range of transport options available to them such as public transport, rail, bus, door to door, taxis and encouraged to use them. They are also made aware of the service vehicle and the arrangements for using it.</p> <p>Mencap have a Transport Policy and Procedure in place. The vehicle at this service is a leased vehicle which is managed by Mencap and used by tenants who pay into the pooled agreement for using the car. They pay a fixed amount for the lease, insurance and maintenance each month, and then they pay a rate per mile when they use the vehicle. If a number of tenants are travelling together this cost is shared between the passengers. There is a written car agreement in place. Tenants can opt out of the car agreement at any time. It is reviewed annually or if someone opts out or moves on from the service. Records are kept of all journeys, the miles travelled, amount to be charged to the tenants. The mileage rate is reviewed at least annually to ensure that the costs of the car journey's are being met. The service vehicle is maintained in line with legal requirements. Its serviced annually and receives regular checks.</p>	Compliant
Inspection Findings:	
<p>The agency provides a transport scheme for service users; the tenants guide details the option for service users to opt in or out of this scheme.</p> <p>The agency has in place individual transport pooled money agreements for service users choosing to avail of this service; it details charges made to the service users for the use of the transport scheme. It was identified by the inspector that service users pay a fixed monthly amount and a rate per mile.</p> <p>The agency maintains a record of all journeys undertaken; this was viewed by the inspector. It was noted that it detailed the date, time and purpose of each journey; the service users name and the miles travelled. It is signed by the staff member and service users. The manager stated that service users are billed for usage on a monthly basis.</p> <p>The agency retains a copy of insurance documentation; this was viewed by the inspector.</p> <p>Staff stated that service users are supported to avail of alternative forms of transport and pay the cost of such</p>	Compliant

<p>individually.</p> <p>Service users who met with the inspector were aware of costs related to using the transport service and stated that they could use taxis if they preferred.</p> <p>Individual service user care and support plans detail the level of support required to avail of suitable transport.</p>	
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<p>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>

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

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 1:</p> <p>The agency responds appropriately to the assessed needs of service users</p> <ul style="list-style-type: none"> • The agency maintains a clear statement of the service users' current needs and risks. • Needs and risk assessments reflect the input of the HSC Trust and contain the views of service users and their representatives. • Agency staff record on a regular basis their outcome of the service provided to the individual • Service users' care plans reflect a range of interventions to be used in relation to the assessed needs of service users • Service users' care plans have been prepared in conjunction with the service user and their HSC Trust representative(s) and reflect appropriate consideration of human rights. 	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Each tenants needs and risk assessments are reviewed at least annually or if their needs change. These reflect the input of the tenant, their representative and the Southern Trust. Mencap complete regular learning log/progress records which record the outcomes of the support the tenant receives. Each tenant has a range of support plans in place which detail the level of support they require to carry out tasks, participate in activities of daily living. Their support plans are referenced to the relevant article in the Human Rights Act. Tenants are supported by their keyworker to understand the Ministry of Justice leaflet on Human Rights and these are in the tenants files. Tenants are supported by an external person/ family member to complete a consultation survey every year. Tenants are also supported to use the Complaints procedure, if required. Mencap have robust health and safety reporting in place and an Out of Hour Oncall Duty Manager Rota to support the services during these times.</p>	Compliant
Inspection Findings:	
<p>The manager stated that prior to admission the agency receives a range of multi-disciplinary assessments from the referring HSC Trust; these are retained in the service users care records. The inspector viewed the care records of two service users and noted that they contained a range of assessments detailing the needs of the service users and any identified risks. Records viewed contained care and support plans and detailed the care and support required by the service user.</p>	Compliant

It was noted by the inspector that reference was made to relevant human rights within the individual care and support plans.

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

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

The inspector discussed the admission process with the manager who stated that the agency encourages all prospective service users to visit the service on a few occasions prior to admission; during which they have the opportunity to meet those presently residing in the service. The manager stated that individual service users are consulted with in relation to prospective tenants and their views are recorded and considered prior to offering a tenancy.

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 2:</p> <p>Agency staff have the appropriate level of knowledge and skill to respond to the needs of service users</p> <ul style="list-style-type: none"> • Agency staff have received training and on-going guidance in the implementation of care practices • The effectiveness of training and guidance on the implementation of specific interventions is evaluated. • Agency staff can identify any practices which are restrictive and can describe the potential human rights implications of such practices. • The agency maintains policy and procedural guidance for staff in responding to the needs of service users • The agency evaluates the impact of care practices and reports to the relevant parties any significant changes in the service user’s needs. • Agency staff are aware of their obligations in relation to raising concerns about poor practice 	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>All support workers receive their mandatory and statutory training for their post. Each support worker is supported and supervised under Mencap's Shape Your Future' performance management tool. Competency observations are used to assess competency in the Administration of Medication and Management of Service User Finance. Staff complete Training Evaluation forms, following all training which are used by the Training Co-ordinator, to determine the level of understanding and initial success of the training. These are then discussed with the relevant manager who will review in team meetings, supervision as required. Service specific training is also arranged as and when required.</p> <p>All staff receive Human Rights Training, Challenging Behaviour training which includes Restrictive Practice and Physical Interventions. Staff also receive Safeguarding Training and Professional Boundaries Training. There is a Speaking Out number staff can ring if they wish to report a concern. Mencap also have a Whistleblowing policy in place. Staff are fully aware of their obligations in relation to professional conduct and reporting any concerns about a vulnerable adult or child.</p>	Compliant

<p>Support workers carry out monthly keyworker meetings with their key tenant and 6 monththly support plan reviews are also carried out. Staff report changes in needs of tenants to the team manager who will link with the care manager or social worker. Care management reviews are generally held annually or more often if this is required.</p>	
<p>Inspection Findings:</p>	
<p>The agency maintains a record of all staff training; it was viewed by the inspector. From records viewed it was identified that staff have received training in human rights, safeguarding of vulnerable adults, manual handling, person centred support planning, and management of medication. Staff stated they had received training on managing challenging behaviours and informed the inspector that restrictive practice was included in this training.</p> <p>Staff who met with the inspector stated that they had received induction training at the commencement of their employment; they stated that they receive quarterly one to one supervision and annual 'shape your future' appraisal; they stated that they are encouraged to identify any training needs to senior staff. Staff informed the inspector that they are provided with support and guidance on a day to day basis from the team manager and feel supported by senior staff.</p> <p>The agency has in place the following policies: Protection of Vulnerable Adults and Whistleblowing Policy; these were viewed by the inspector.</p> <p>Staff could describe practices which could be viewed as restrictive and the impact for service users. They described the process for highlighting any changes to service users' needs and described instances when they are in regular contact with the service users HSC trust representatives.</p> <p>Staff could describe the necessary actions in relation to whistleblowing and had knowledge of the agency's policy and stated that the content of the policy had been discussed at a staff meeting.</p> <p>The registered manager stated that the training matrix is monitored monthly and any gaps identified; staff stated that discussion occurs at team meetings in relation to certain themes.</p>	<p>Compliant</p>

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 3:</p> <p>The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency</p> <ul style="list-style-type: none"> • Service users and their relatives and potential referral agents are advised of any care practices that are restrictive or impact on the service users' control, choice and independence in their own home. • The agency's Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions • Service users are advised of their right to decline aspects of their care provision. Service users who lack capacity to consent to care practices have this documented within their care records. • Service users are provided with a copy of their care plan (in a format that is appropriate to their needs and level of understanding) and receive information in relation to potential sources of (external) support to discuss their needs and care plan. • The impact of restrictive practices on those service users who do not require any such restrictions. 	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p> <p>The service Statement Of Purpose and Tenants Guide outlines the care practice and range of services that is provided at the service. Tenants are made fully aware of their rights, through person centred support planning that is used and everyone is supported in line with Mencap's ethos and values. Most tenants keep their own support files in their apartments/rooms. Some tenants prefer for their files to be kept in the office. Staff take care to ensure that any information given to tenants is in easy read formats or using pictures if more appropriate to their needs. There are no tenants at the service who are impacted because of restrictions placed on other tenants. The service can support tenants to access to Advocate Sinead McGinney from Disability Action, if required.</p> <p>The results of the annual service user consultation survey 2014 can be seen on inspection.</p>	Compliant
<p>Inspection Findings:</p> <p>The inspector read the agency's service user guide and statement of purpose; they clearly outline the nature and range of services provided; however, it was noted that the service user guide did not make reference to restrictive practices. A requirement has been made.</p>	Substantially compliant

The inspector discussed this theme with the registered manager, who described a restrictive practice presently in place in one of the service users' homes. The inspector viewed the documentation in place relating to the restriction. It was identified by the inspector that the agency had engaged with the relevant HSC representative, the service user, and their representatives. Records viewed reflected that human rights of the service user and those sharing the house had been considered and the least restrictive practice was in place.

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

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

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

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 4</p> <p>The registered person ensures that there are robust governance arrangements in place with regard to any restrictive care practices undertaken by agency staff.</p> <ul style="list-style-type: none"> • Care practices which are restrictive are undertaken only when there are clearly identified and documented risks and needs. • Care practices which are restrictive can be justified, are proportionate and are the least restrictive measure to secure the safety or welfare of the service user. • Care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance. • The agency evaluates the impact of restrictive care practices and reports to the relevant parties any significant changes in the service user’s needs. • The agency maintains records of each occasion restraint is used and can demonstrate that this was the only way of securing the welfare of the service user (s) and was used as a last resort. • Restraint records are completed in accordance with DHSSPS (2005) Human Rights Working Group on Restraint and Seclusion: Guidance on Restraint and Seclusion in Health and Personal Social Services. • The agency forwards to RQIA and other relevant agencies notification of each occasion restraint is used • The registered person monitors the implementation of care practices which are restrictive in nature and includes their on-going assessment of these practices within the monthly quality monitoring report 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p> <p>All restrictions in place have been assessed and agreed to by the tenant, their representative and the Southern Trust. They are in place because they provide a necessary safeguard for the person against harm from others or from doing harm to themselves. They are in line with the DHSSPS guidance. All restrictions are reviewed on an ongoing basis and any issues reported through to the Trust. Restraint is not used in any of Mencap’s housing services in NI. The team managers review any restrictions in place on</p>	Compliant

<p>a monthly basis and include this in their monthly report to the Sector Manager who will incorporate this into the monthly monitoring report.</p>	
<p>Inspection Findings:</p>	
<p>The inspector discussed this theme with the registered manager and team manager; who stated that care practices are reviewed regularly to ensure that practices which are may be deemed as restrictive are identified.</p> <p>The registered manager described a restrictive practice currently in place in a service user's home; documentation relating to the practice was viewed by the inspector; it was noted that risk assessments had been completed and were reviewed regularly. Records viewed detailed discussions with the multi-disciplinary team members; agreed outcomes and options considered are clearly recorded; they record detail of discussions with the service users and their representatives.</p> <p>Staff who spoke to the inspector could describe practices which could be deemed as restrictive, and stated that they have received relevant training.</p> <p>From the training records viewed and discussion with staff, the inspector noted that staff have received training in human rights, management of challenging behaviours, and protection of vulnerable adults.</p>	<p>Compliant</p>

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

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

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
Statement 1	COMPLIANCE LEVEL
<p>Evidence inspected confirms that service users/representatives have written information and/or had explained to them the amount and type of care provided by the agency</p> <ul style="list-style-type: none"> • Service users/representatives can describe the amount and type of care provided by the agency • Staff have an understanding of the amount and type of care provided to service users • The agency’s policy on assessment and care planning and the statement of purpose/service user guide describe how individual service user agreements are devised. • The agency’s service user agreement is consistent with the care commissioned by the HSC Trust. The agency’s care plan accurately details the amount and type of care provided by the agency in an accessible format. 	
<p>Provider’s Self-Assessment</p> <p>Each tenant has a tenant’s guide which details the amount of care and support that will be provided by Mencap. Each tenant then has a full breakdown of the care and support they get each day in their files. The staff in the service are supported to get to know the tenants when they start working at the service and they are kept up to date through supporting them day to day, through staff and tenant meetings, tenant reviews, liaising with families, other professionals. Mencap have a comprehensive Assessment and Support Planning Policy in place which staff learn about when they do support plan training. The Statement of Purpose for the service explains how individual agreements are put in place with each tenant. The amount of care and support hours identified on the tenants guide are consistent with what the Trust puts in place for that person.</p>	Compliant
<p>Inspection Findings:</p> <p>The agency has in place individual tenants guides/ agreements; those viewed by the inspector detailed the amount and type of care provided to the service user by the agency staff and any related charges. Service users and their representatives who spoke with the inspector could describe the care received by the agency and stated that they were involved in the development of their individual care and support plans.</p>	Compliant

The manager stated that the care provided to individual service users is funded by the relevant HSC Trust; staff who spoke to the inspector could describe the care and support provided to each individual service user; they described practices which were specific to the needs of individual service users.

Staff stated that they promote the independence of the service users whilst providing them with the agreed care and support.

The agency has a number of easy read guides for service users; these were viewed by the inspector.

From the documentation in place and discussion with service users and their representatives it was noted that care plans are agreed with the commissioning trust and are reviewed at least annually.

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>Tenants take part in their care management reviews and are aware of the care they get which is funded by the Southern Trust. This can be discussed with tenants during the inspection visit. None of the tenants at the service pay for additional care.</p>	Compliant
Inspection Findings:	
<p>The inspector viewed two service user and finance agreements; it was noted that any charges made to the service user by the agency was clearly recorded. The manager informed the inspector that service users do not pay additional charges for care provided by the agency.</p> <p>Service users and their representatives who met with the inspector could describe the type and amount of care they received from the agency; they were aware that the care provided by the agency was funded by trust; records viewed by the inspector indicate that service users were not being charged by the agency for</p>	Compliant

<p>personal care.</p> <p>Service users described to the inspector the support that they received in relation to shopping, meal preparation and attending social activities in the community. The inspector noted that the support required was detailed in the service users individual care and support plans viewed.</p> <p>Service users could describe to the inspector the process for cancelling any services provided by the agency which they no longer required. Records viewed by the inspector identified that service users have in place a signed service user agreement; the service user guide and tenants guide clearly details the process for service users wishing to cancel services.</p>	
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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. 	
Provider's Self-Assessment	
<p>Support Workers in the service carry out 6 monthly review of all support plans with their key tenant and inform the tenants care manager of any changes to what is in place. The Southern Trust generally hold annual care management review meetings which are attended by the team manager and the tenant and their keyworker and family/representative. Reviews can be requested to address issues or concerns as and when required. The tenants support plans are updated following reviews, and the tenants guide, if required.</p>	Compliant
Inspection Findings:	
<p>Prior to the inspection the agency were requested to forward to RQIA details of service users' annual reviews. The records viewed by the inspector and discussion with staff and service users identified that all service users have received an annual review involving the commissioning HSC trust.</p> <p>Service users informed the inspector that they are encouraged to participate in the review process and given opportunity to contribute their views and wishes; they stated that they attended a formal review annually</p>	Substantially compliant

<p>involving their trust representative and can request a review at any time. Relatives of service users who spoke with the inspector stated that they were involved in the annual review held in conjunction with their HSC trust representative.</p> <p>A copy of the review documentation is retained by the agency. The inspector viewed review documentation for two service users and noted that they had not been signed by attendees. A recommendation has been made.</p> <p>The inspector noted that care and support plans are reviewed six monthly by the service user and their allocated keyworker within the service or more frequently if required.</p> <p>Staff who met with the inspector stated that the care and support plans are reviewed and updated six monthly or annually following the review with the relevant HSC trust representative or as required. Staff stated that they are encouraged to participate in the annual review of the service users and are required to prepare a report prior to the inspection in conjunction with the service user.</p> <p>It was noted that individual service user agreements are updated annually.</p>	
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<p>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>

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

11.0 Any Other Areas Examined

11.1 Complaints

The agency has had fifteen 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. Discussion with the team manager and records viewed show that the correct process was followed; it was noted that a large number of complaints related to one issue that has now been resolved.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Sinead Murphy, 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.

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan

Announced Primary Care Inspection

MENCAP Riversley Project

16 October 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 **Sinead Murphy, 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.	6.-(1)(b)	<p>The registered person shall produce a written service user's guide which shall include –</p> <p>(b) the terms and conditions in respect of the services to be provided to service users, including details as to the amount and method of payment of fees, if appropriate.</p> <p>This requirement relates to the registered person ensuring that the service user guide details the arrangement for staff accessing food whilst on duty in a service user's home.</p>	Once	The arrangement for staff meals while on duty in a service users home, explained in Mencap's Staff Meals policy has now been included in the Payments and Charges part of the Tenants Guide.	Four months from the date of inspection: 16 February 2015.
2.	14.(b)(d)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided-</p> <p>(b) so as to safeguard service users against abuse or neglect;</p> <p>(d) so as to ensure the safety and security of service users' property, including their homes;</p> <p>This requirement relates to the registered person ensuring that the agency's policy for</p>	Once	The arrangement for any charges to service users for paying for staff food whilst being accompanied on outings/holidays, from Mencap Staff Travel Policy has been added to the Payments and Charges part of the Tenants Guide.	Four months from the date of inspection: 16 February 2015.

		staff meals details any charges to service users in relation to staff food whilst be accompanied on outings / holidays.			
3.	14.(b)(d)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided-</p> <p>(b) so as to safeguard service users against abuse or neglect; (d) so as to ensure the safety and security of service users' property, including their homes;</p> <p>This requirement relates to the registered person ensuring that the agency's staff record their full signature on all finance documentation.</p>	Once	All staff are now required to record their full signature on tenants Personal Money Record Sheets instead of their initials.	Four months from the date of inspection: 16 February 2015.
4.	14.(b)(d)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency are provided-</p> <p>(b) so as to safeguard service users against abuse or neglect; (d) so as to ensure the safety and security of service users' property, including their homes;</p>	Once	Mencap require all staff to sign of that they have read and understood policies and procedures that are in place in our services. The service now also retains an up to date list of staff signatures.	Four months from the date of inspection: 16 February 2015.

		This requirement relates to the registered person ensuring that the agency maintains a complete list of staff signatures.			
5.	6.-(1)(b)	<p>The registered person shall produce a written service user's guide which shall include –</p> <p>(b) the terms and conditions in respect of the services to be provided to service users, including details as to the amount and method of payment of fees, if appropriate.</p> <p>This requirement relates to the registered person ensuring that the service user guide makes reference to practices which could be deemed restrictive.</p>	Once	The information from the service's Statement of Purpose on restrictive practices has now been included in the Tenants Guide.	Four months from the date of inspection: 16 February 2015.
6.	23.-(1)(5)	<p>The registered person shall establish and maintain a system for evaluating the quality of services which the agency arranges to be provided.</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>This requirement relates to the registered person ensuring that the monthly quality monitoring record maintained clearly records the views of service user representatives and relevant professionals.</p>	Once	The Monthly Monitoring Review page is now consistently being used to document feedback from any service user representatives and relevant professionals gathered during that month. This information will now also be documented in the service Continuous Improvement Plan.	Four months from the date of inspection: 16 February 2015.

Recommendations:

These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2011), 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.	6.1	<p>The agency participates in the review meetings organised by the referring HSC Trust responsible for the service users care plan</p> <p>It is recommended that the registered person ensures that a copy of the HSC trust review is signed by attendees and retained by the agency.</p>	Once	The service will ensure that a copy of the signature sheet from the tenants care management review is retained and kept with the minutes of meeting in the tenants file.	Four months from the date of inspection: 16 February 2015.

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

NAME OF REGISTERED MANAGER COMPLETING QIP	Sinead Murphy
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Barry McMenamin

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	X	Joanne Faulkner	03/12/2014
Further information requested from provider			