



The **Regulation** and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Agency: Presbyterian Board of Social Witness
Agency ID No: 11003
Date of Inspection: 26 June 2014
Inspector's Name: Jim McBride
Inspection No: 17501

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	Presbyterian Board of Social Witness
Address:	5 Willowbrook Lane Millburn Road Coleraine BT52 1ET
Telephone Number:	02870357702
E mail Address:	tateyz@aol.com
Registered Organisation / Registered Provider:	Mrs Linda May Wray
Registered Manager:	Mr Alan Tate
Person in Charge of the agency at the time of inspection:	Mr Alan Tate
Number of service users:	9
Date and type of previous inspection:	Primary Announced Inspection 30 September 2013
Date and time of inspection:	Primary Announced Inspection 26 June 2014 09:30-15-00
Name of inspector:	Jim McBride

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	1
Staff	1
Relatives	1
Other Professionals	2

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

Issued To	Number issued	Number returned
Staff	12	6

Inspection Focus

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

The following four quality themes were assessed at this inspection:

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

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

The agency's progress towards compliance with the two requirements and two recommendations made following the inspection of 30 September 2013 were assessed. The agency has fully met one of the requirements stated previously and partially met one. The agency has fully met the minimum standards with regard to the two recommendations stated previously.

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

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

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

Willowbrook Lane, based in Coleraine, provides domiciliary care in a supported living environment for nine adults with learning disability and is managed by the Presbyterian Board of Social Witness; hence the service has a Christian ethos. Services provided include assistance with social and life skills including personal care, budgeting, recreational and leisure activities. Referrals to the service are made by Health and Social Care Trusts. The scheme comprises five houses, three of which are single occupancy and there are two shared houses. The scheme has 24 hour staffing provided by 14 staff.

Note: The agency is registered with the RQIA as the Presbyterian Board of Social Witness. However, the agency is referred to as "Willowbrook" locally and by service users and agency staff.

Summary of Inspection

The inspection was undertaken on the 26 June 2014, the inspector met with the registered manager Mr Alan Tate and the residential services manager Mrs Linda Wray during the inspection.

The inspector had the opportunity to meet and chat with one service user in her own home and observed three others who were going about their daily routine. The inspector had no opportunity to meet with the care staff members on duty as the shift pattern changed during inspection. The inspector also met with one relative.

Prior to the inspection, six staff members forwarded to RQIA completed questionnaires in relation to the quality of service provision.

Feedback in relation to the inspection findings and comments made by agency staff in the six questionnaires was provided to the manager during the inspection.

One staff member raised a concern in a returned questionnaire in relation to an incident that is on-going; this incident was reported to the RQIA and to the HSC trust and an outcome is pending. The manager updated the inspector following a meeting he attended with the HSC trust in relation to the incident and stated he will update the staff as to the outcome.

One service user who participated in the inspection provided very positive feedback in relation to the quality of care and support she receives from agency staff. The service user advised the inspector that she experiences encouragement and support to maintain and develop her independence although had little knowledge of her individual finances as this was taken care of by a relative.

The one relative interviewed stated that she was satisfied with the service received by her family member but was disappointed that a former communal room used by all service users now forms part of an individual tenants living space, she felt this now meant that there was no place for people to socialise in the evenings. The inspector raised this with the registered person who stated she was aware of the issue and that she would speak to the relatives again about individual tenancies and the possibility of some new space to be provided.

One tenant commented:

"The staff are great and very helpful"

"I love living here and have good friends"

"I have my private space"

"My mum helps me with my money"

Six questionnaires were received prior to inspection.

The six questionnaires returned indicated the following:

- Protection from abuse training was received by all six staff
- Training was rated as good or excellent
- Staff competency was assessed via group discussion and competency questions
- Tenants views and experiences are taken into account
- Four staff stated that monthly monitoring takes place but two were unsure if comments are received from service users, staff and relatives
- Staff are aware of the main principles of supported living
- Four staff stated they have received training in handling service users' money. Two staff did not provide a response
- Service users have in place individual service agreements
- Care-plans are prepared in conjunction with HSC Trust

Records in place, examined by the inspector verify most of the above statements received from staff. However no individual service agreements were in evidence.

Staff also stated that systems are in place to ensure individual opinions are heard they include:-

- Service users meetings
- Monitoring Visits
- Reviews

One staff member highlighted some of the principles of support living in their returned questionnaires as:-

“Supported living is a person centred planning process which can change according to need.

“People are supported to make decisions that affect their lives”

“Support in one’s own home”

“Support is flexible”

The inspector would like to thank the manager, relative and tenant for their warm welcome and cooperation during the inspection process.

Detail of inspection process:

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

The agency has achieved a compliance level of "Not Compliant" for this theme.

The registered manager could not provide supporting evidence of documentation to ensure each individual service user has in place 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.

This was discussed with both the manager and the residential services manager who stated that this was indeed the case and no finance agreements were in place.

The inspector discussed with the manager and the residential services manager a section of their statement of purpose that states: "Care costs are based on the rate of DLA (care component) and Income Support, (Severe Disability Premium)"

Both the manager and the residential services manager stated that this is in fact how care costs are being paid and that the HSC trust has endorsed this procedure.

The inspector spoke to a representative from the NHSCT who clarified this as custom and practice. An urgent action notice was issued to the agency that requires them to review and update the current service users' guide and statement of purpose that accurately describes the nature and range of the current service provision.

The service user guide must detail 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.

A further requirement has been listed in the quality improvement plan to ensure 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.

Theme 2 – Responding to the needs of service users

The agency has achieved a compliance level of “Not Compliant” for this theme.

The agency has in place care/support plans. A number of reviews and risk assessments were in place. The documentation includes a service summary outlining the service philosophy and service delivery.

Records examined show a range of interventions used in the care and support of individuals.

The inspector discussed with the manager and the residential services manager the need to review and update the agency’s current statement of purpose and service user guide. These documents need to include appropriate references to the nature and range of service provision and where appropriate, include restrictive interventions and the impact of any restrictive practices on those service users who do not require any such restrictions.

An urgent action notice was issued to the agency to require that the registered person ensures that the statement of purpose is amended to reflect the nature and range of the service provided, as well as the correct details of the registered manager.

The agency did not have in place assessments describing financial capacity as well as measuring the ability of individuals to achieve greater independence and choice in daily living. One further requirement has been listed in the quality improvement plan in relation to the completion of financial capacity assessments for individuals who require help and support with finances.

A further recommendation has been listed in the quality improvement plan where the agency is acting in response to self-referred service users; the registered manager explores with the service user the value of availing of the HSC Trust’s systems.

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

The agency has achieved a compliance level of “Not Compliant” for this theme.

The manager and the residential services manager could not provide evidence of an up to date service user’s guide.

The agency’s response in their self-assessment and records in place did not meet the requirements of this theme.

There was no evidence that service users had in place appropriate finance agreements explaining the cost as well as terms and conditions of their agreements.

The inspector discussed with the manager and the residential services manager the current document in place describing the support and care hours as well as the type of care available to each tenant.

However, the manager and the residential services manager stated that no personalised finance agreements are in place.

As highlighted previously by the inspector, both the manager and the residential services manager stated that care costs are based on the rate of DLA (care component) Income Support and Severe Disability Premium and that the HSC trust are aware and have endorsed this procedure.

As stated previously, it is required that the registered person produces a written service user’s guide which shall include: the terms and conditions in respect of the services to be provided to service users including the amount and method of payments of fees.

Additional matters examined

Monthly Quality Monitoring Visits by the Registered Provider:

The inspector read a number of monthly quality monitoring reports in place from January 2014 the monitoring have been completed by the residential services manager .There were no reports available during the inspection for April 2014 or May 2014, although the residential services manager informed the inspector that these had been completed. Records examined show evidence of discussions with:

- Staff x 6
- Service users x 7
- Relatives x1
- HSC Trust staff x 0

The reports include updated information on any action plans in place following RQIA visits, as well as follow up information following the annual quality review. The inspector issued an urgent action notice requiring the agency to forward monthly monitoring reports to the RQIA until further notice whilst ensuring the views and opinions on the quality of service provision. The inspector also informed the registered person by letter detailing the requirement. Prior to the issue of this report the agency has supplied satisfactory monthly monitoring reports from April, May, June and July 2014 to the RQIA.

Charging Survey:

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

The returned survey shows that all service users are paying for services that do form part of the HSC trust's care assessment. The registered manager and residential services manager confirmed that this is current practice and that the costs are outlined in the agency's statement of purpose.

Arrangements are in place to charge the users of this supported living service against disability related benefits, which appears to be contrary to longstanding DHSSPS guidance and may be inconsistent with guidance issued by the former HSS Executive on 3 June 1999 "Provision of Community Care Services – Treatment of Attendance Allowance" (Circular BP 2451/ 97) which states:

"...the Minister has decided that receipt of Attendance Allowance or other disability related benefits should not be taken into account in decisions about the provision of community care services."

This practice also seemed potentially inconsistent with the 2007 DHSSPS "Report on free personal care and alternative options", which states (p.6) "Clients at home, however, do not have to pay for their personal care."

Both the manager and the residential services manager stated that this is in fact how care costs are being paid and that the HSC Trust are aware of this procedure. The residential services manager stated that the agency receive no payments from the HSC Trust for any individual tenants care costs.

The inspector spoke to a representative from the local HSC Trust who clarified this as custom and practice.

In accordance with RQIA's enforcement procedures, an urgent action notice was issued to the agency requiring the registered person to review and update the current service users' guide 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. Individual agreements must detail all charges payable by the service user to the agency, the services to be delivered in respect of these terms and conditions for services provide by the agency.

A further requirement has been listed in the quality improvement plan to ensure 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.

Statement of Purpose:

The agency's statement of purpose was examined and it does not reflect the nature and range of services provided by the agency at the time of the inspection. The agency's statement of purpose was reviewed in April 2014. An urgent notice was issued to the agency that requires them to review the nature and range of service provided.

Annual review:

Records examined show clear evidence that annual review of service users' needs having been completed by the relevant HSC Trusts and show evidence of attendance by the agency and representatives of the service users.

In light of these inspection findings RQIA wrote to the registered person on 17 July 2014 date to advise them of RQIA's intention to issue notices of failure to comply with Regulations.

The registered person, residential services manager and the registered manager attended a meeting at RQIA offices on the 23 July 2014 to discuss the specific failings within the service, the minimum improvements necessary to ensure compliance and the timescales within which the improvements should be made.

The Regulation and Quality Improvement Authority (RQIA) decided during the meeting of the 23 July 2014 to issue two Failure to Comply notices to in terms of Regulations 15 (6) (b) and 15 (9) of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

During the same meeting the RQIA discussed serious concerns raised during the inspection of the 26 June 2014 in relation to the following regulations: Regulation 7 (a) (b), Regulation 6 (1) Regulation 23, Regulation 15 (2) (a) (b) (c) and Regulation 15 (3). These serious concerns have been described within this inspection report and in separate correspondence with the registered person.

RQIA will continue to monitor the quality of service provided in the Presbyterian Board of Social Witness and will carry out an inspection to assess compliance with these regulations.

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	Regulation 15(2) (c)	It is required that each tenant should have in place an agreement specifying the number of support hours available to them individually.	The agency maintains records of the individuals' entitlement of care and support hours.	Once	Fully Met
2	15 (6) (d)	<p>The registered person shall specify the procedure to be followed where an agency acts as agent for, or receives money from, a service user. This refers to the charges made from personal income. In relation to the following costs:</p> <ul style="list-style-type: none"> • Food sharing • Utilities bills • Care costs <p>The service user's individual financial agreements will have to be further developed to reflect any payments made by them for food, utilities costs and any reimbursements received.</p> <p>This requirement is in relation to the agency's arrangements for documenting in detail the nature of all charges made to service users.</p>	<p>The agency does have in place documentation detailing how food sharing and utilities costs are being shared. Staff food costs are being met by the agency weekly, however no details were available for inspection. No details could be provided by the manager or the residential services manager in relation to any reimbursements having been issued to tenants.</p> <p>This requirement has been partially met. It required that the agency's policy is reviewed and that it reflects the agency's position on care costs being charged. This requirement has been restated in the quality improvement plan attached to this report.</p>	Once	Partially Met

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	Standard 1.1	The registered manager should ensure that the human rights of all service users are explicitly outlined in care records.	The agency has reviewed the care and support plan documentation and within each outcome there are references to the relevant human rights considerations.	Once	Fully Met
2	Standard 12.4	The registered manager should ensure that the agency staff receive training and guidance in human rights.	<p>Staff training was completed in June 2014, this was confirmed by the manager and records examined.</p> <p>Six staff questionnaires returned to the RQIA state that staff have received human rights training.</p>	Once	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 user's home looks like his/her home and does not look like a workplace for care/support staff. 	<p>COMPLIANCE LEVEL</p>

<p>Provider's Self-Assessment</p>	
<p>The agency provides service users with a written guide detailing terms and conditions of the service to be delivered, including charges. Policies and Procedures are in place to ensure the agency contributes to costs relating to agency use of premises and staff meals. Financial agreements specify how finances undertaken on behalf of service users are recorded and relevant policy is in place to ensure management of all service users' monies. Service user files record any increase in charges and notification of service users.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The manager and the residential service manager could not provide evidence of an up to date service users' guide. The agency's response in their self-assessment and records in place did not meet the requirements of this theme. There was no evidence of the following:</p> <ul style="list-style-type: none"> • Finance assessments for individual tenants • Relevant and up to date service users guide that described or detailed terms and conditions • Accurate statement of purpose <p>The above was discussed with both the manager and the residential services manager who stated that this was indeed the case and no finance agreements were in place. The inspector discussed with the manager and the residential services manager an excerpt of the statement of purpose that states: "Care costs are based on the rate of DLA (care component) and Income Support, (Severe Disability Premium)" Both the manager and the residential services manager stated that this is how care costs are being paid and that the HSC trust are aware of this procedure. The inspector spoke to a representative from the NHSCT who stated this was custom and practice. An urgent action notice was issued to the agency to require them to review and update the current service users guide and statement of purpose that accurately describes the nature and range of the current service provision .The service user guide must detail 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. Individual agreement must detail 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. A further requirement has been listed in the quality improvement plan to ensure 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.</p>	<p>Not Compliant</p>

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;
- 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;

COMPLIANCE LEVEL

<ul style="list-style-type: none"> • 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>Records are kept including receipts of all service users' monies related to income and expenditure. Their cash is audited monthly and evidenced in monthly report to Residential Services Manager. Mandates are signed by service users/next of kin to agree nominated appointee for social security and to operate bank accounts. This is overseen by agency Finance Manager who oversees all tenants finances.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>As stated in the agency's self-assessment the registered manager fulfils the role as agent for individual bank accounts and is also agent for the handling of individuals' monies. The inspector could not evidence any of the following documentation to clarify the current position:</p> <ul style="list-style-type: none"> • Individual financial capacity assessments • Records of the amounts paid by/in respect of each service user for all agreed itemised services and facilities, that would be specified in a service users 'agreement <p>A requirement has been issued to ensure 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.</p> <p>The agency must seek in conjunction with the HSC trust relevant capacity assessments describing 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.</p>	<p>Not Compliant</p>

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<p>Statement 3: 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
Provider's Self-Assessment	
<p>The agency does not hold valuables on behalf of service users but a policy is in place relating to managing service users' money. Individual service user agreements contain arrangements for storage of money. It is not appropriate for any service user to be subject to restrictive practice in relation to money.</p>	Compliant
Inspection Findings:	
<p>As outlined in the self-assessment, the agency does not provide service users with secure storage for their money or other property; this was verified by the manager. The manager stated that service users are encouraged by agency staff to secure their personal living areas and to make use of the secure storage within their rooms.</p>	Not Compliant

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

Statement 4:

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

- 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;

COMPLIANCE LEVEL

<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. 	
Provider's Self-Assessment	
<p>The Northern Health & Social Care Trust assessment and agency support plans record needs and resources of individual service users.</p> <p>There are no transport schemes in place provided by the agency but when appropriate, tenants finance their own transport in accordance with policy on choice.</p> <p>If staff are using their own vehicle to transport service users, they must submit insurance and MOT certification on an annual basis as required from agency.</p>	Compliant
Inspection Findings:	
<p>As outlined in the self-assessment, the agency does not have a transport scheme. The manager stated that none of the service users were availing of the Motability Scheme.</p>	Compliant

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

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

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 1: 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>All Willow Brook service users are assessed in relation to need, provided with appropriate responsive support plans and reviewed annually along with NH&SCT. Service users are involved in accordance with their level of understanding throughout this process as to ensure compliance with human rights legislation.</p>	Compliant
Inspection Findings:	
<p>A range of care records were examined and service users’ needs and risks were documented by agency staff and had been reviewed by the HSC trust with the exception of finance capacity assessments. The inspector examined some updated needs assessments and care / support plans provided by the HSC trust for service users; these were noted to have been aligned to the specific outcome for service users. The care records of two service users were examined and contained daily progress notes and staff summaries of the individual’s progress towards aspects of their care and support plan. Agency staff had written an evaluation against each outcome and these reflected discussions with and the views of the service users. Service users were noted to have had annual reviews and the attendance of HSC trust staff at these meetings was evident as seen in number of updated HSC care plans. One requirement has been listed in the quality improvement plan in relation to the completion of relevant financial capacity assessments for individual tenants.</p>	Substantially Compliant

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
<p>Provider’s Self-Assessment</p> <p>Staff are subject annually to appraisals which evaluate performance and identify learning needs and goals. A review of training is recorded and further training needs identified. The agency engages with multi-disciplinary professionals to ensure the needs of service users are addressed and met in accordance with care and support plans.</p> <p>Team meetings and supervision are utilised to ensure that staff are aware of their obligation in relation to concerns about practice if appropriate.</p>	Compliant

Inspection Findings:	
<p>The inspector examined a number of training records and evaluation records in place. The manager stated that training completed by staff shows that they have the appropriate level of knowledge and skill to respond to the needs of service users. The inspector examined a sample of the following training that had been completed by staff:</p> <ul style="list-style-type: none"> • Human rights June 2014 • Tenants finance 20 June 2014 • Vulnerable adult training 16 June 2014 <p>Records in place show that training is evaluated and discussed during supervision and appraisal with staff. The six staff who returned their questionnaires rated the effectiveness of their training as good or excellent and stated that they are aware of the whistleblowing policy if they had concerns about poor practice. The manager and the residential services manager stated that changes to care practices are discussed with the HSC trust care manager and other staff and is reviewed regularly. This was evident in records reviewed by the inspector and the current care plans that were reviewed they HSC trust in June 2014.</p>	<p>Compliant</p>

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 3: 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>Where there is any restriction on service users control, choice or independence in their home appropriate details are directed by NH&SCT. Choice is always paramount and service users’ decisions are informed so that they have the right to decline services. None of the service users lack capacity although some have higher levels of understanding and communication skills than others. Service user files contain a copy of their individual care plan and service users are regularly informed of additional sources of support.</p>	Compliant
<p>Inspection Findings:</p> <p>The inspector discussed with the manager and the residential services manager the need to review and update the agency’s current statement of purpose and service user guide. These documents need to include appropriate references to the nature and range of service provision and where appropriate, including restrictive interventions and the impact of any restrictive practices on those service users who do not require any such restrictions. An urgent action notice was issued to the agency to require them to review and update the current service users’ guide and statement of purpose that accurately describes the nature and range of the current service provision.</p>	Not Compliant

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>

Provider's Self-Assessment	
<p>Restrictive practice relates to one resident and the risks and needs are identified in the NH&SCT care plan as well as Willow Brook support plan. These are documented in the monthly report to agency Residential Services Manager. Currently, following a Vulnerable Adults Investigation led by NH&SCT Safeguarding Team and PSNI, the possibility of service users involved in the investigation being subject to additional staff supervision is under consideration to reduce risks.</p>	Compliant
Inspection Findings:	
<p>The manager stated that the agency promotes a least restrictive environment for each service user. The residential services manager is responsible for the monthly monitoring of the quality of services; however the inspector could not evidence the monitoring of any care practices which may be restrictive in nature, or any on-going assessment of these practices within the monthly quality monitoring report. The manager stated that restrictive practices are currently in place for one service user. One care plan was examined by the inspector and forms part of the HSC trust care plan and the agency's care and support plan, however this individual's management plan should be reviewed as to this practice which is restrictive. The registered person must ensure it can be justified, is proportionate and is the least restrictive measure to secure the safety or welfare of the service user and others. The registered person should refer to the following documents ensuring care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance.</p>	Not Compliant

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

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

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. 	
Provider’s Self-Assessment	
<p>Service users and next of kin are issued with a copy of their support plan and this is discussed with them to ensure they have a level of understanding appropriate to their needs.</p> <p>The agency statement of purpose and service user guide evidence the construction method of support plan and service user agreement. These are completed in partnership with NH&SCT.</p>	Compliant
Inspection Findings:	
<p>The manager and the residential service manager could not provide evidence of an up to date service user’s guide. The agency’s response in their self-assessment and records in place did not meet the requirements of this theme. There was no evidence of the following:</p> <ul style="list-style-type: none"> • Relevant and up to date service users guide that described or detailed terms and conditions • Individual agreements • The inspector discussed with the manager and the residential services manager a document in place describing the support and care hours as well as the type of care available to each tenant. <p>The above was discussed with both the manager and the residential services manager who stated that this was indeed the case and no agreements were in place.</p>	Not Compliant

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p>Statement 2 Evidence inspected confirms that service users/representatives understand the amounts and method of payment of fees for services they receive as detailed in their individual service agreement.</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>Funding arrangements are discussed with service users consistent with their level of understanding and the agency ensures all next of kin are informed. All such arrangements are documented in service user files.</p>	Compliant
Inspection Findings:	
<p>As stated previously tenants do not have in place individual agreements that would assist them to understand the amounts and method of payment of fees for services they receive as detailed in an individual service agreement. The manager and residential services manager could not provide information to the inspector or evidence of the following:</p> <ul style="list-style-type: none"> • An understanding of how to terminate the hours they are paying for from their income • Cancellation of any hours they are paying for from their income will not impact upon their rights as a tenant. <p>As highlighted previously by the inspector, both the manager and the residential services manager stated that care costs are being paid for from tenants' individual benefits and that the HSC trust are aware of this arrangement. The inspector spoke to a representative from the NHSCT who clarified this is custom and practice.</p>	Not Compliant

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	
Each service user’s care is reviewed annually by the NH&SCT and service users/next of kin.	Compliant
Inspection Findings:	
At the request of RQIA, the agency provided in advance of the inspection a summary of the review arrangements in place for service users. This information was discussed and validated during the inspection. As outlined in the self-assessment, service users’ reviews have been completed by HSC trust staff. It was evident that agency staff are in regular contact with the HSC trust and that changing needs and risks are discussed regularly. Records inspected show clear evidence that the HSC trust staff endorsed and confirmed that they are in agreement with the care provided and the payment of any fees. The statement in a social work assessment states “Willowbrook project manager is appointee for *****, they ensure ***** is in receipt of all the correct benefits, budget and that ***** bills are paid”	Compliant

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

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

Any other areas examined

Complaints

The agency has had no complaints during the last year; this was verified by returns sent to RQIA and during discussion with the manager

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr Alan Tate the registered manager (Acting) and Mrs Linda Wray the residential services 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:

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



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Announced Primary Inspection

Presbyterian Board of Social Witness

26 June 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 Mr Alan Tate the registered manager and Mrs Linda Wray the residential services manager both during and after the inspection visit.

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

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

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

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

Statutory Requirements

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

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	15 (6) (d)	<p>The registered person shall further develop the procedure to be followed where an agency acts as agent for, or receives money from, a service user. This refers to the charges made from personal income. In relation to the following costs:</p> <ul style="list-style-type: none">• Food sharing• Utilities bills• Care costs <p>The service user's individual financial agreements must be developed to reflect any payments made by them for food, utilities costs care costs and any reimbursements received.</p> <p>This requirement is in relation to the agency's arrangements for documenting in detail the nature of all charges made to service users.</p>	Twice	<i>Policy amended Monies reimbursed to tenants for food / utility bill</i>	In accordance with the timescale outlined in FTC/DCA/11003/02/2014-15, 18 September 2014.
2	15 (9)	<p>The registered person is required to ensure that a calculation is performed which details the amount of payments made by service users to the agency linked to DLA and SDP social security benefits. The registered person is required to secure repayment of the identified sums to each service user in conjunction with other stakeholder's. The registered person must provide a record of repayments made to the RQIA.</p>	Once	<i>Agreement has been developed</i>	In accordance with the timescale outlined in FTC/DCA/11003/01/2014-15, 18 September 2014.

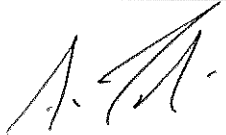

3	15 (9)	The registered person must seek finance capacity assessments for appropriate individuals in conjunction in with the HSC trust	Once	Ongoing with the Health Trust.	Three months from inspection date -18 September 2014
4	6 (1) (b)	The registered person must ensure that a clear agreement is in place between each service user, or if necessary their representative, and the agency specifying the nature and amount of any service for which the service user is charged	Once	Agreement being developed.	Three months from inspection date – 18 September 2014
5	5 (1) (2)	The registered person must ensure that the statement of purpose is amended to reflect the nature and range of the service provided.	Once	Amended.	Immediate
7	23 (1) (2) (3) (4) (5)	The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.	Once	Regulatory visits include contact with outside bodies	Immediate
8	15 (2) (a) (b) (c)	The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare a written plan. The plan shall be consistent with any plan for the care of the service user prepared by any HSC Trust with responsibility for commissioning personal social services for the service user. The plan must specify the service user's needs in respect of which prescribed services to be provided. The plan must specify how those needs are to be met by the provision of prescribed services.	Once	Plans developed + signed by Health Trust	Three months from inspection date – 18 September 2014


Recommendations

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

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	3.7	Where the agency is acting in response to a self-referred service user, the registered person should explore with the service user the value of availing of the HSC Trust's systems.	Once	<i>Ongoing</i>	Three months from inspection date – 18 September 2014

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	
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes		18/9/16
Further information requested from provider			