

## **PRIMARY INSPECTION**

<b>Name of Agency:</b>	<b>Learning Disability Supported Housing</b>
<b>Agency ID No:</b>	<b>11013</b>
<b>Date of Inspection:</b>	<b>19 August 2014</b>
<b>Inspector's Name:</b>	<b>Michele Kelly</b>
<b>Inspection No:</b>	<b>INO20174</b>

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

<b>Name of agency:</b>	Learning Disability Supported Housing
<b>Address:</b>	The Flat, Finaghy Road South 13 - 25 Finaghy Road South Belfast BT10 0BX
<b>Telephone Number:</b>	02895042375
<b>E mail Address:</b>	maureen.hunter@belfasttrust.hscni.net
<b>Registered Organisation / Registered Provider:</b>	Mr Martin Dillon (Acting)
<b>Registered Manager:</b>	Mrs Maureen Hunter
<b>Person in Charge of the agency at the time of inspection:</b>	Mrs Maureen Hunter
<b>Number of service users:</b>	45
<b>Date and type of previous inspection:</b>	Primary Announced 24 March 2014 09:00-13:00
<b>Date and time of inspection:</b>	Primary Announced 19 August 2014 9:30am – 4:30pm
<b>Name of inspector:</b>	Michele Kelly

## Introduction

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

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

## Purpose of the inspection

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

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

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

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

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

## Methods/process

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

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

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

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

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

### Consultation process

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

Service users	5
Staff	4
Relatives	1
Other Professionals	1

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	25	11

### 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.

There were no requirements or recommendations made at the previous care inspection of 24 March 2014.

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

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

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

## Profile of service

Learning Disability Supported Housing Service is a domiciliary care agency (supported housing living service) operating under the auspices of the Belfast Health and Social Care Trust. The agency provides supported housing services to 45 service users with a mild to moderate learning disability.

Services provided include support with shopping, laundry, social and recreational, budgeting, maintaining service users' tenancy, support to attend medical appointments and support with personal care, as necessary.

Service users live within their own home environments which are owned by various housing associations such as the Housing Executive, Triangle Housing Association and Helm Housing Association, Oaklee and Clanmill. The service currently employs 33 staff.

## Summary of Inspection

### Detail of inspection process:

The announced inspection was undertaken on the 19 August 2014, 9:30am – 4:30pm. The inspector met with the registered manager, Mrs Maureen Hunter during the inspection at the agency's registered office, 13 - 25 Finaghy Road South Belfast.

The inspector had the opportunity to meet with one service user in the agency office and spoke with four others when they invited the inspector into their own homes. Four care staff were interviewed by the inspector on the day of inspection. They confirmed they had received all mandatory training and were confident that all service users have a care and support plan which adequately addresses their needs.

The inspector also had an email from one relative who was very happy with the care and support offered to a particular service user.

A professional who is a team Leader for Learning Disability in the HSC Trust contributed to the inspection process and confirmed he had an excellent working relationship with the service which he believes works very well in supporting service users with a learning disability. He said that staff within the agency were good at responding to changes in need and support requirements and would seek advice appropriately from him.

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

### The eleven questionnaires returned indicated the following:

- Protection from abuse training was received by all eleven staff
- Training was rated as excellent
- Staff competency was assessed via group discussion, written exercises and competency questions
- Tenants' views and experiences are taken into account
- All staff stated that monthly monitoring takes place and that comments are received from service users, staff and relatives
- Staff are aware of the main principles of supported living
- All staff stated they have received training in handling service users' money.

- Service users have in place individual service agreements.

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

### **Additional matters examined**

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

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

There was evidence of action plans being developed during the monitoring visit and actions from previous monitoring visits being monitored and progressed. In addition senior carers undertake visits to the tenants' homes which are not their direct area of responsibility each month and report on their findings.

#### **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 arrangement for charging service users.

The survey was discussed during the inspection and the registered manager confirmed that no service user is paying for additional services that do not form part of the HSC Trust's care assessment, however service users contribute to extra staff costs whilst on holiday and on outings, this is in accordance with the HSC trust policy. Two of the current service users have corporate appointee arrangements where the HSC trust is the corporate appointee. The registered manager confirmed that agency staff do not act on behalf of the other service users as appointees but are in receipt of monies for safekeeping, ensuring they keep income and expenditure records. Relevant capacity assessments have been made by a psychiatrist for two service users.

The inspector would like to thank the manager, tenants and staff 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 developed a range of policies and procedures for the management of service users' finances and agency staff could demonstrate their knowledge of these. The trust policy in relation to Service Users Finance is still in draft form.

Service users have had an assessment of their ability to manage their finances and the outcomes of these were clear in the individual financial support plans. Service users have an agreement which clearly sets out their income, expenditure and any charges for which they are liable.

The agency maintains the appropriate authorisations from the Social Security Agency in relation to those service users for whom the Trust is appointee. Documents outline the individual responsibilities of the corporate appointees as well as staff and show clear procedures to be followed when handling service users' monies.

Service users do not contribute from their personal income towards care or support, however service users contribute to extra staff costs whilst on holiday and on outings, this is in accordance with the HSC Trust policy.

There is no transport scheme in operation in this service and service users take full responsibility for this expenditure.

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

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

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

The inspector examined a range of care records and found these to be comprehensive and it was evident that service users had been involved in their development and on-going review.

The agency's training records were examined and there was evidence within these that agency staff had undertaken training in the mandatory areas; however one staff member had not completed induction documentation.

The policy on Restrictive practice is due for updating as it is dated as scheduled for review in January 2014. The operations manager Mrs Anne Campbell who attended towards the end of the inspection confirmed that policies in relation to Service Users Finance and Managing Records were also at the Trust policy group and had not been reissued at the time of inspection.

The agency's records provided confirmation that service users' needs and care are reviewed at least once annually but there was no input from HSC Trust staff in some of the reviews which had been completed.

This matter was discussed with the registered manager and the operations manager who advised the inspector of plans to recruit a HSC Trust staff member to undertake reviews of care.



RQIA have communicated concerns to the Trust in relation to the absence of an external HSC Trust professional review of the needs of service users in this service.  
Two recommendations are made with regard to this theme;

The agency has been assessed as 'Substantially compliant' with theme.

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

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

Not all service users within the agency have had their needs reviewed annually by the HSC Trust as discussed within Theme 3.

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

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

**Follow-up on previous issues**

No Previous Issues

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

### Statement 1:

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

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

### COMPLIANCE LEVEL

Provider's Self-Assessment	
<p>each service user is provided with a written guide which includes a personalised written agreement . It details the service to be delivered. The service users do not incur any charges for personal care or housing support received. Where a service user shares their home, the equal amounts which the individual will pay into the grocery account is detailed within the service user agreement.</p> <p>The service user guide and agreement clarifies the arrangements for staff meals while on duty in the service users home.</p> <p>The service user guide/agreement specifies the arrangements and records to be kept whilst supporting or undertaking financial transactions on behalf of a service user.</p> <p>There is a financial policy and procedure in place which details the procedure to be followed when a service user requires support to enable them to manage their finances and property.</p> <p>The service users are not charged for the care and support service received.</p> <p>Each service users home looks like their own home. Each service user is encouraged to choose their own decoration and furniture and is assisted to personalise their home with photographs and other personal items. There are no staff facilities in the service users home ie staff rooms or areas which are for staff use only. Our ethos is that the staff are visitors in the service users home</p>	Compliant
Inspection Findings:	
<p>Individual service agreements are in place and inspection of these confirmed that service users are not charged for any personal care provided by the agency. There is a service user guide and agreements for each individual. Financial support plans are in place for two service users for whom the HSC Trust acts as corporate appointee. There is evidence that human rights issues have been considered for those service users with a financial support plan.</p> <p>There is no assessed need for night cover in any of the accommodation within the service, and there is no staff sleepover room in any of the properties. It was discussed that in emergency situations staff can work flexibly to meet the tenants' needs. The arrangements for staff meals was discussed and it is clear that staff bring their own food to eat in the service users home if the service user is agreeable to this. The service user guide clarifies this practice. The agency also follows policy and procedure in relation to service users contributing to costs incurred by staff who accompany them on holidays or on outings.</p>	Compliant

**THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED**
**Statement 2:**

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

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

**COMPLIANCE LEVEL**

<ul style="list-style-type: none"> <li>• If a member of staff acts as an agent, a record is kept of the name of the member of staff, the date they acted in this capacity and the service user on whose behalf they act as agent;</li> <li>• If the agency operates a bank account on behalf of a service user, written authorisation from the service user/their representative/The Office of Care and Protection is in place to open and operate the bank account,</li> <li>• Where there is evidence of a service user becoming incapable of managing their finances and property, the registered person reports the matter in writing to the local or referring Trust, without delay;</li> </ul> <p>If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the agency on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user's agreement.</p>	
<b>Provider's Self-Assessment</b>	
<p>Each service user has their own financial support /agreement according to their needs.  Financial records are maintained and reconciled , documenting each service users expenditure whilst being supported by staff. Records are maintained for individual and shared expenditures.  Every transaction is dated,and signed by the member of staff who assisted with the transaction,and receipts are obtained for every expenditure.  Any expenditure outside the service users financial support plan/agreement must be done in adherence with the BHSCT financial policy.  All service user financial transactions which involve staff input are recorded,maintained and reconciled at least quarterly.  If a service user becomes incapable of managing their finances,an appointee or agent would be discussed and if appropriate,appointed.  If a service user has been formally assessed as incapable of managing their finances and property, the HSC Trust would, on an annual basis, be aware of the amount of money and any valuables the individual may have.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The inspector examined two service assessments, capacity assessments and service agreements in place for those tenants who have the HSC Trust as their corporate appointee. The agency maintains the appropriate authorisations from the Social Security Agency in relation to those service users for whom the Trust is appointee. Documents outline the individual responsibilities of the corporate appointees as well as staff and show clear procedures to be followed when handling service users' monies.</p>	Compliant

A number of records examined by the inspector show receipts and signatures as well as regular reconciliations in line with procedures. The staff on duty stated that they have received training on the handling of service users' monies on the 14 April 2014.

Two service users have been assessed by psychiatrists as lacking the capacity to take responsibility for their finances. The inspector viewed the relevant documents in place.

<b>THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED</b>	
<p><b>Statement 3:</b></p> <p><b>Where a safe place is provided within the agency premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained:</b></p> <ul style="list-style-type: none"> <li>• Where the agency provides an appropriate place for the storage of money and valuables deposited for safekeeping, robust controls exist around the persons who have access to the safe place;</li> <li>• Where money or valuables are deposited by service users with the agency for safekeeping and returned, a record is signed and dated by the service user/their representative, and the member of staff receiving or returning the possessions;</li> <li>• Where a service user has assessed needs in respect of the safety and security of their property, there are individualised arrangements in place to safeguard the service user's property;</li> <li>• Service users are aware of the arrangements for the safe storage of these items and have access to their individual financial records;</li> <li>• Where service users experience restrictions in access to their money or valuables, this is reflected in the service user's HSC trust needs/risk assessment and care plan;</li> </ul> <p>A reconciliation of the money and valuables held for safekeeping by the agency is carried out at regular intervals, but least quarterly. Errors or deficits are handled in accordance with the agency's SVA procedures.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p> <p>Each service users money is maintained individually and is held securely in a safe within their own home. There are robust controls in place to monitor this and each service users financial support plan/agreement documents who has access to the individuals safe..</p> <p>When money is deposited for safe keeping a record of this is maintained on the individuals cash flow sheet, and is signed and dated by the member of staff who receives it.</p> <p>Each service user has a financial support plan /agreement in place which details their own financial arrangements. If there were any restrictions this would be documented in the agreement/plan and there would be a risk assessment in place to support this.</p> <p>The service users finances are reconciled a minimum of quarterly and any errors or deficits would be managed in accordance with the finance policy and procedure.</p>	Compliant



Inspection Findings:	
<p>The agency provides a safe for the storage of money and valuables in each property. Records viewed show signatures and receipts in place as well as regular reconciliations and balances of income and expenditure.</p> <p>The inspector was informed by the staff who participated in the inspection any errors were reported immediately. The registered manager outlined progress in relation to an investigation into missing money which belonged to a service user. The inspector was satisfied that the correct procedures were being followed. Staff interviewed were able to verify procedures in place for the handling of tenants' monies.</p> <p>Two of the service users spoken to confirmed they were aware of the use of the safe to store valuables such as their cash point cards, they also informed the inspector they did not experience any restrictions on access to their valuables.</p>	Compliant

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

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

(staff) vehicles, meet the relevant legal requirements regarding insurance and road worthiness. Where the agency facilitates service users to have access to a vehicle leased on the Motability scheme by a service user, the agency ensures that the above legal documents are in place;	
<ul style="list-style-type: none"> <li>Ownership details of any vehicles used by the agency to provide transport services are clarified.</li> </ul>	
<b>Provider's Self-Assessment</b>	
There is no transport scheme in operation within the supported housing service	Not applicable
<b>Inspection Findings:</b>	
There is no transport scheme in operation in this service and service users take full responsibility for this expenditure.	Not applicable

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

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p><b>Statement 1:</b></p> <p><b>The agency responds appropriately to the assessed needs of service users</b></p> <ul style="list-style-type: none"> <li>• The agency maintains a clear statement of the service users' current needs and risks.</li> <li>• Needs and risk assessments reflect the input of the HSC Trust and contain the views of service users and their representatives.</li> <li>• Agency staff record on a regular basis their outcome of the service provided to the individual</li> <li>• Service users' care plans reflect a range of interventions to be used in relation to the assessed needs of service users</li> <li>• Service users' care plans have been prepared in conjunction with the service user and their HSC Trust representative(s) and reflect appropriate consideration of human rights.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>We have an individualised approach to the care and support offered to service users. The service users current needs and any associated risks are clearly stated in the service users care and support plans. Each service user is fully involved in the formation and review of their care and support plans. The outcomes of the service provided to the individual is recorded and daily notes are maintained . If any interventions were required this would be clearly documented in the service users care and support plan.</p> <p>All care and support plans have been prepared with the involvement of the service user /representative and all reflect the consideration which has been given to the relevant Human Rights of the individual.</p>	Moving towards compliance
<b>Inspection Findings:</b>	
<p>A range of care records were examined and service users' needs and risks were documented by agency staff and some had been reviewed by the HSC trust. The care records maintained by the agency were detailed and comprehensive and reflected the involvement of service users in their development. There was clear evidence of multi-disciplinary assessment and care planning within the care records. Agency staff undertake continual assessments and evaluation of progress towards identified goals. The care records contained explicit references to the individuals' human rights. Service users had annual reviews and their participation in the review process was recorded.</p>	Compliant

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p><b>Statement 2:</b></p> <p><b>Agency staff have the appropriate level of knowledge and skill to respond to the needs of service users</b></p> <ul style="list-style-type: none"> <li>• Agency staff have received training and on-going guidance in the implementation of care practices</li> <li>• The effectiveness of training and guidance on the implementation of specific interventions is evaluated.</li> <li>• Agency staff can identify any practices which are restrictive and can describe the potential human rights implications of such practices.</li> <li>• The agency maintains policy and procedural guidance for staff in responding to the needs of service users</li> <li>• The agency evaluates the impact of care practices and reports to the relevant parties any significant changes in the service user's needs.</li> <li>• Agency staff are aware of their obligations in relation to raising concerns about poor practice</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>During the recruitment and selection process for support staff, staff are required to have the appropriate relevant experience to deliver a high standard of care and support to the service users.</p> <p>All staff receive training on the implementation of care practices, and receive on going guidance from line management, and attend team meetings.</p> <p>Each member of staff has a personal development plan in place, and training undertaken is in accordance with their training requirements. The training delivered is relevant to the current and future needs of the service users. Staff have a contractual obligation to attend training and they are required to evaluate the effectiveness of the training.</p> <p>Staff are aware of restrictive practices and of the associated policy. All staff have received human rights training and are aware of how the use of a restrictive practice may be in breach of the service users human rights.</p> <p>We evaluate the impact of care services and report to relevant parties if there have been any significant</p>	Compliant

<p>changes in the service users needs. This would in turn be discussed in a multi disciplinary forum. Staff are all fully aware of their obligation to raise any concern regarding poor practice. They receive vulnerable adult training on a two yearly basis(minimum)Staff have a yearly competency assessment carried out in relation to vulnerable adult awareness and medication. In addition to training in the management of service users finances, we are developing a competency assessment in relation to the management of service users finances.</p>	
<p><b>Inspection Findings:</b></p>	
<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"> <li>• Human Rights April and October 2013</li> <li>• Managing Service Users Money April 2014</li> <li>• Safeguarding Vulnerable Adults October 2012</li> </ul> <p>Records in place show that training is evaluated and discussed during supervision and appraisal with staff. The eleven staff who returned their questionnaires rated the effectiveness of their training as excellent and stated that they are aware of the whistleblowing policy if they had concerns about poor practice.</p> <p>The registered manager confirmed that competency assessments are used in addition to training to evidence knowledge; the inspector was shown proposals for a competency assessment in relation to the management of service users finances which is to be implemented. The inspector examined five staff files and noted that the induction pack for a staff member had not been fully completed.</p> <p>The policy on Restrictive practice is due for updating as it is dated as scheduled for review in January 2014. The operations manager Mrs Anne Campbell who attended towards the end of the inspection also confirmed that policies in relation to Service Users Finance and Managing Records were also at the Trust policy group and had not yet been issued. Two recommendations are made regarding this theme.</p>	<p>Substantially compliant</p>

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p><b>Statement 3:</b></p> <p><b>The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency</b></p> <ul style="list-style-type: none"> <li>• Service users and their relatives and potential referral agents are advised of any care practices that are restrictive or impact on the service users' control, choice and independence in their own home.</li> <li>• The agency's Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions</li> <li>• Service users are advised of their right to decline aspects of their care provision. Service users who lack capacity to consent to care practices have this documented within their care records.</li> <li>• Service users are provided with a copy of their care plan (in a format that is appropriate to their needs and level of understanding) and receive information in relation to potential sources of (external) support to discuss their needs and care plan.</li> <li>• The impact of restrictive practices on those service users who do not require any such restrictions.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>If there were any restrictive practices in place, service users ,relatives and referral agents would be advised of this</p> <p>The statement of purpose service user guide and agreement refer to and documents the nature and range of services provided and includes information on restrictive practices/interventions.</p> <p>Service users are aware of their right to decline aspects of their care/support and information relating to his is held within the service user guide and statement of purpose.</p> <p>If a service user lacked capacity to consent to care practices, this would be recorded accordingly.</p> <p>All service users are involved in drawing up their care and support plans and have these explained to them.</p> <p>Each service user has a copy of their care/support plans. We are aiming to have these in service user format. Each service user has received a copy of information for an organisation who would be available to assist them to discuss any issues regarding their care and support plans should they feel unable to discuss with the supported housing staff.</p>	Substantially compliant

<p>If a restriction on one service user impacted on another, this would be discussed with all relevant parties. There are currently no restrictive practices in use in any service users home.</p>	
<p><b>Inspection Findings:</b></p>	
<p>As outlined within the agency's returned charging survey, service users do not pay the agency for any care or support provided.</p> <p>Service users who participated in the inspection advised the inspector that they had been involved in their care and support planning and described some aspects of the care they receive from agency staff.</p> <p>The agency's records provided confirmation that service users' needs and care are reviewed at least once annually but there was no input from HSC Trust staff in some of the reviews which had been completed. This matter was discussed with the registered manager and the operations manager who advised the inspector of plans to recruit a HSC Trust staff member to undertake reviews of care. RQIA have communicated concerns to the Trust in relation to the absence of an external HSC Trust professional review of the needs of service users in this service.</p>	<p>Substantially compliant</p>



THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p><b>Statement 4</b></p> <p><b>The registered person ensures that there are robust governance arrangements in place with regard to any restrictive care practices undertaken by agency staff.</b></p> <ul style="list-style-type: none"> <li>• Care practices which are restrictive are undertaken only when there are clearly identified and documented risks and needs.</li> <li>• Care practices which are restrictive can be justified, are proportionate and are the least restrictive measure to secure the safety or welfare of the service user.</li> <li>• Care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance.</li> <li>• The agency evaluates the impact of restrictive care practices and reports to the relevant parties any significant changes in the service user's needs.</li> <li>• The agency maintains records of each occasion restraint is used and can demonstrate that this was the only way of securing the welfare of the service user (s) and was used as a last resort.</li> <li>• Restraint records are completed in accordance with DHSSPS (2005) Human Rights Working Group on Restraint and Seclusion: Guidance on Restraint and Seclusion in Health and Personal Social Services.</li> <li>• The agency forwards to RQIA and other relevant agencies notification of each occasion restraint is used</li> <li>• The registered person monitors the implementation of care practices which are restrictive in nature and includes their on-going assessment of these practices within the monthly quality monitoring report</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>Currently there are no restrictive practices in use within the service users own home within the supported housing service.</p> <p>in addition there are no forms of restraint or seclusion used with any service user living in their own home.</p>	Not applicable

Inspection Findings:	
<p>The agency has developed a policy on restrictive practice and this reflects the DHSSPS guidance on restraint and seclusion and references the Human Rights Act. A recommendation has been made earlier in this report to ensure the policy is reviewed in accordance with Standard 9.5 of The Domiciliary Care Agencies Minimum Standards.</p> <p>Agency staff confirmed that service users do not require any form of restraint and that any service user who required interventions of this nature would be discussed immediately with the HSC Trust.</p> <p>Agency staff have received guidance on human rights and were able to describe their understanding of the impact of care practices on the rights of service users.</p>	Compliant

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

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

<b>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</b>	
<p><b>Statement 1</b></p> <p><b>Evidence inspected confirms that service users/representatives have written information and/or had explained to them the amount and type of care provided by the agency</b></p> <ul style="list-style-type: none"> <li>• Service users/representatives can describe the amount and type of care provided by the agency</li> <li>• Staff have an understanding of the amount and type of care provided to service users</li> <li>• The agency's policy on assessment and care planning and the statement of purpose/service user guide describe how individual service user agreements are devised.</li> <li>• The agency's service user agreement is consistent with the care commissioned by the HSC Trust. The agency's care plan accurately details the amount and type of care provided by the agency in an accessible format.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p> <p>service users /representatives can describe the amount and type of care provided by the supported housing service. Full details are contained within the statement of purpose ,service user guide and agreement. Staff have a full understanding of the amount and type of support and care provided to the service users. Each member of staff has received training on care and housing support. The statement of purpose,service user guide and agreement describe how practices are person centred .Support delivered is determined on the individuals needs, personal wishes and preferences. The service user agreement is consistent with the care commissioned by the Trust. The care/support plans detail the amount and type of care provided by the agency. We are striving to have the care and support plans in service user format.</p>	Substantially compliant
<p><b>Inspection Findings:</b></p> <p>Service users have a care and support agreement in place and some of the service users who met with the inspector were able to describe their allocation of care and support hours from staff. As stated in the self-assessment the agency is working towards having all care and support plans in a service user format.</p>	Substantially compliant

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p><b>Statement 2</b></p> <p><b>Evidence inspected confirms that service users/representatives understand the amounts and method of payment of fees for services they receive as detailed in their individual service agreement.</b></p> <ul style="list-style-type: none"> <li>• Service users/representatives can demonstrate an understanding of the care they receive which is funded by the HSC Trust</li> <li>• Service users/representatives can demonstrate an understanding of the care which they pay for from their income.</li> <li>• Service users/representatives have an understanding of how many hours they are paying for from their income, what services they are entitled to and the hourly rate.</li> <li>• Service users/representatives have an understanding of how to terminate any additional hours they are paying for from their income</li> <li>• Service users/representatives have been informed that cancellation of additional hours they are paying for from their income will not impact upon their rights as a tenant.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>Service users/representatives can demonstrate and understanding of the care they receive</p> <p>The service users do not pay any fees for any care or support received from the BHSCT.</p> <p>Should a service user choose to pay for an additional service,they would be assisted to understand the hourly rate .likewise, if they wished to terminate the additional service, they would be assisted to do so. In addition,the cancellation of any additional service would not impact on the service users tenancy.</p>	Compliant

Inspection Findings:	
Service users who met with the inspector demonstrated their understanding of the care they receive from the Trust. From the agency's charging survey, service users' finance agreements and discussion with agency staff it was evident that service users do not pay their care or support from their personal income.	Compliant

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p><b>Statement 3</b></p> <p><b>Evidence inspected confirms that service users' service agreements, care plans are reviewed at least annually confirming that service users/representatives are in agreement with the care provided and the payment of any fees.</b></p> <ul style="list-style-type: none"> <li>• Service users/representatives confirm that their service agreement, care plans are reviewed at least annually by the commissioning HSC Trust, and confirm that they are in agreement with the care provided and the payment of any fees.</li> <li>• Records and discussion with staff confirm that the agency contributes to the HSC Trust annual review.</li> <li>• Records and discussion with staff confirm that reviews can be convened as and when required, dependent upon the service user's needs and preferences.</li> <li>• Records confirm that service users' service agreements, care plans are updated following reviews. Authorisation from the HSC Trust and consent from the service user/representative is documented in relation to any changes to the care plan or change to the fees paid by the service user.</li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>

Provider's Self-Assessment	
<p>Service agreements and care plans are reviewed on an annual basis, or more frequently should the needs of the service user change. .</p> <p>The BHSCT contributes to the annual review.</p> <p>The service user/representative is fully involved in the review process and during the process, confirm that they are satisfied and in agreement with the care being provided. (no fees are paid, so there is no discussion in relation to this)</p>	Substantially compliant
Inspection Findings:	
<p>The registered manager completed and returned to RQIA a questionnaire which sought information about the role of the HSCTrust in reviewing the needs and care plans of service users during the period 1 April 2013-31 March 2014 (In accordance with DHSSPS Circular HSC(ECCU)1/2010 " Care Management , provision of services and charging guidance").</p> <p>As stated earlier in this report it is clear from this and a discussion with the registered manager and operations manager that an external trust professional is not always present for service user reviews. Records did confirm that service users' service agreements and care plans are updated following reviews.</p>	Substantially compliant

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

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



**Any other areas examined****Complaints**

The registered manager discussed two complaints which have been investigated and resolved since the last inspection.

**Statement of purpose**

The agency's Statement of Purpose was viewed by the inspector. This had been revised in July 2014 and included a description of the nature and range of services provided.

**Incident**

The inspector discussed an incident involving two service users who share accommodation. Following the incident staff were allocated to the service users' home for additional night cover for seven nights and no further incidents were reported. The registered manager confirmed one of the service users had expressed a wish to move to alternative accommodation and this request was being processed.

## **Quality improvement plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Maureen Hunter, as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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

**Quality Improvement Plan**  
**Announced Primary Inspection**  
**Learning Disability Supported Housing**  
**19 August 2014**

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

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Maureen Hunter 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

**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.**

<b>No.</b>	<b>Minimum Standard Reference</b>	<b>Recommendations</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1	9.5	<p>It is recommended that all policies and procedures are subject to a systematic three yearly review.</p> <p>This recommendation refers to policies in relation to;</p> <ul style="list-style-type: none"><li>• Service Users Finance</li><li>• Managing Records</li><li>• Restrictive Practice.</li></ul>	Once	Two of the three policies are Trust wide and review is being undertaken by the Trust Policy Committee. The Service User Finance Policy is currently being amended.	Three months from the date of inspection 11 November 2014
2	12.1	<p>It is recommended that all newly appointed staff complete in full, a structured orientation and induction programme.</p> <p>This recommendation refers, but is not limited to an incomplete record of a staff member's induction.</p>	Once	All new staff complete a structured orientation induction programme. The staff member referred to in the inspection has completed induction and documentation is in situ.	Three months from the date of inspection 11 November 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:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	MAUREEN E HUNTER
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Martin Dillon, Acting Chief Executive

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	Michele Kelly	4/12/14
Further information requested from provider			