

PRIMARY INSPECTION

Name of Agency:	Hanna Street
Agency ID No:	11014
Date of Inspection:	22 July 2014
Inspector's Name:	Rhonda Simms
Inspection No:	IN018696

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	Hanna Street Domiciliary Care Agency
Address:	8 Hanna Street Belfast BT15 1GQ
Telephone Number:	(028) 9035 1314
E mail Address:	barbara.mcgarrrity@belfasttrust.hscni.net
Registered Organisation / Registered Provider:	Martin Dillon, Chief Executive, Belfast Health and Social Care Trust
Registered Manager:	Barbara McGarrity
Person in Charge of the agency at the time of inspection:	Barbara McGarrity
Number of service users:	13
Date and type of previous inspection:	Announced Primary Inspection 12 April 2013, 9:15am – 5:30pm 15 April 2013, 12:30pm – 2:00pm
Date and time of inspection:	Announced Primary Inspection 22 July 2014 9.30am-4.40pm
Name of inspector:	Rhonda Simms

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	9
Staff	6
Relatives	3
Other Professionals	0

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

Issued To	Number issued	Number returned
Staff	20	3

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

The agency's compliance with two requirements and three recommendations resulting from the previous inspection were assessed.

The agency showed full compliance with the two requirements. The agency fully met the minimum standards with regard to three recommendations.

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

Hanna Street is a supported living type domiciliary care agency operating under the auspices of the Belfast Health and Social Care Trust. Hanna Street's aim is to promote and encourage independent living for adults with learning disabilities.

Hanna Street provides supported living to ten service users ranging from the age of eighteen years upwards, with mild to severe learning disability, some with additional mental health problems. Three additional service users with varying needs live in the community but receive support from the staff based at Hanna Street. Two service users live within Fold accommodation and one service user lives within privately owned accommodation. The service currently employs 18 domiciliary / support staff, which includes the deputy manager and manager. A residential service which provides respite operates from the same building.

Summary of Inspection

The announced inspection was undertaken at the agency's registered office, 8 Hanna Street, Belfast on 22 July 2014.

During the inspection a range of policies and procedures and other documentation was examined. The inspector met with Anne Campbell, Operations Manager, Barbara McGarrity, Registered Manager, six staff members, nine service users and three relatives.

Prior to the inspection, three staff returned completed questionnaires to RQIA. Staff confirmed that they had received effective training in safeguarding vulnerable adults, human rights, and the supported living model. Staff noted comments which demonstrated their understanding of the supported living model, including promotion of independence, dignity and choice. Staff reported that all service users have a care and support plan that meets their needs and has been prepared with HSC Trust involvement.

Staff who participated in the inspection process reported a clear understanding of their roles and responsibilities regarding safeguarding issues and handling service users' monies. Staff who were interviewed could discuss human rights issues in relation to service provision and understood the supported living ethos. Staff were familiar with service users' care and support plans and reported that these were adapted to reflect changing needs. The staff reported being equipped with the appropriate knowledge, support and supervision to carry out their roles. The inspector observed staff assisting and interacting with service users throughout the course of the inspection.

In the course of inspection nine service users met with the inspector. Two service users showed the inspector their homes and the inspector met and observed other service users in the course of their daily activities throughout inspection. Service users gave positive feedback regarding the quality of care and support they received from staff and their experience of living at Hanna Street.

Three relatives spoke with the inspector in the course of inspection. Relatives gave positive feedback about the staff and the service provided to their relative at Hanna Street;

‘You couldn’t get a better place’
 ‘There is a brilliant atmosphere’
 ‘Family are welcome’
 ‘Staff are very good’
 ‘The staff are very approachable’
 Relative ‘is well cared for and safe’.

The inspector would like to thank the agency staff, service users and relatives for their participation, co-operation and hospitality throughout the course of the inspection.

Detail of inspection process:

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

The agency has achieved a compliance level of ‘**substantially compliant**’ in relation to this theme.

The agency has policies and procedures relating to handling of service users’ money and the provision of financial support. The written documentation viewed by the inspector states the cost of the service, how this is paid and to whom.

Service users have an individual financial support agreement which incorporates a finance assessment completed by the Trust. The financial support agreement states the individual’s income and expected outgoings, method of payment and what assistance they require.

During inspection the arrangements for receiving and handling service user’s monies were viewed and discussed with the registered manager. The agency has an office safe where service users can keep money. Service users can chose to keep a locked money tin in their own home for smaller amounts. The documentation relating to the handling of monies viewed by the inspector was clearly recorded. The agency has a range of audit methods including daily reconciliation and monthly audit by the registered manager.

The arrangements and documentation of service users who have been assessed as incapable of managing financial affairs and one service user for whom the agency is an appointee was viewed and were satisfactory.

Staff who participated in the inspection reported a clear understanding of agency procedures and safeguarding issues with regard to handling service users’ monies.

The inspector was advised that the HSC Trust currently pays all utility bills. The registered person recognised that this is not in keeping with a supported living ethos. The registered person should ensure that arrangements are put in place to promote the independence of service users with regard to budgeting, the receipt and management of household bills.

The agency is in the course of revising policy and procedure regarding a new transport scheme. There is one requirement in relation to the transport scheme.

There is one requirement and one recommendation in relation to Theme 1.

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

The agency has achieved a compliance level of '**substantially compliant**' in relation to Theme 2.

The inspector viewed a range of documentation including HSC referral information, care and support plans, risk assessments, review reports, and daily records which showed that the agency maintains clear up to date statements in relation to the needs of the service users and interventions to meet need.

Agency documentation reflects the views of service users, relatives, and Trust professionals through person centred care plans, risk assessments and review reports. There was evidence of explicit consideration of human rights throughout care plans, review reports, risk assessments, and best interest records. Where restrictive practices are used, the process of assessment, review, and involvement of service users, relatives and professionals is evident in supporting documentation.

The agency has a process of recording and auditing restrictive practice in line with agency policy and guidance, however this is not included in the reports of monthly monitoring. The registered person must ensure that monthly monitoring reports record and assess the use of restrictive practices.

Service users and their representatives are provided with information regarding the nature of services provided by the Statement of Purpose, service user guide, service user agreement, care plans, and review process. There was evidence of the provision of information in an appropriately accessible format in care records and service users' notice board.

Relatives and service users who participated in inspection provided positive reports regarding the standard of care and quality of life they experienced at the agency. Staff reported that they have received appropriate training to their roles and the needs of service users. The inspector viewed training records and competency assessments which showed that staff have received appropriate training and that the effectiveness of this has been assessed.

There is one requirement made in relation to Theme 2.

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

The agency has achieved a compliance level of '**substantially compliant**' in relation to Theme 3.

The inspector viewed written documentation including the Statement of Purpose, service user guide, signed service agreements and care plans which evidence the provision of written information to the service user regarding the amount and type of care provided to them. The agency policy, Statement of Purpose and service user guide describe how care and support plans are devised.

The inspector was advised by the registered manager that around half of all service users do not have a community key worker. The registered manager showed evidence of having raised this issue with the HSC Trust as far as she is able to do so. Care plans and review documentation viewed by the inspector showed that HSC Trust professionals are involved in reassessment and review of around half of all service users on a routine basis and with others when the agency identifies the need.

The registered manager completed and returned to RQIA a questionnaire which sought information about the role of the HSC Trust in reviewing the needs and care plans of service users during the period 1 April 2013 – 31 March 2014. The registered manager advised the inspector that all service users had a review involving a Trust representative; in some cases this was a member of staff from the day centre.

Staff who participated in inspection were clear about the needs of the service users and how these needs should be met. Relatives and service users provided positive feedback to the inspector regarding how staff meet their needs appropriately.

Financial agreements and service user agreements state that service users do not pay for care costs.

There are no requirements or recommendations made in relation to Theme 3.

Additional matters examined

Monthly Quality Monitoring Visits by the Registered Provider

The inspector viewed reports of monthly monitoring visits undertaken on behalf of the registered provider. It was noted that the reports were undertaken by a number of individuals and as a result were of varying detail and quality. One form was used for both the supported living and the residential service which operates from the same building. This made it more difficult to differentiate which service the information related to. Whether the visit was announced or unannounced was not noted. The views of professionals were not adequately included in each report. Monitoring of restrictive practice was not included in the monthly monitoring reports.

The Operations Manager and Registered Manager discussed and showed the inspector a range of quality monitoring methods used by the agency which were not reflected in the reports of monthly monitoring. Considered collectively, the range of methods used does reflect quality monitoring and improvement within the service, including views of staff, relatives and service users. The Operations Manager agreed to incorporate the agency's full range of quality monitoring methods in future monthly monitoring reports.

A requirement and a recommendation have been made in relation to quality monitoring.

Statement of purpose

The Statement of Purpose examined provided information as outlined in Regulation 5, Schedule 1 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

Information was provided regarding the mission statement, values and philosophy of the organization, aims and objectives, nature and range of services provided. The name of the registered person and acting registered manager was provided, with their qualifications and those of staff. The complaints procedure was outlined. Standards and quality of service that service users can expect are described, including restrictive practices.

The inspector noted that in the Statement of Purpose and service user guide, a group of staff are referred to as residential workers, which is not in keeping with the supported living ethos. The registered person should ensure the description of staff within agency documentation is in keeping with the supported living ethos.

Charging survey

At the request of RQIA and in advance of this inspection, the agency submitted to RQIA a completed survey in relation to the arrangements for charging service users.

The survey was discussed during the inspection and the registered manager advised that ten service users are assessed as lacking financial capacity and the agency acts as appointee for one service user. As discussed in the inspection themes, documentation was examined in relation to these arrangements.

The agency keeps monies in a safe for a number of service users which is documented in signed financial agreements.

Evidence of recording and reconciliation of the income and expenditure of service users for whom the service user acts as agent or appointee was present and reviewed by the inspector.

There are no additional care charges to service users and no charges for personal care for any service user.

Seven service users chose to participate in a car leasing scheme as discussed in Theme 1, Statement 3.

Care reviews

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

The registered manager advised the inspector that all service users had a review involving a Trust representative; in some cases this was a member of staff from the day centre. The registered manager reported that some service users do not have a community key worker. The registered manager advised that she has requested that the Trust provide community key workers for all service users. In some cases the community key worker was invited to the review and confirmed attendance but then did not come to the meeting. The registered manager showed the inspector documentation relating to these arrangements.

The registered manager advised the inspector that the Trust has identified monies to appoint a member of staff in the community to convene, chair and minute reviews.

It was disappointing to note that further to discussion of this issue with RQIA at a meeting with Trust representatives on 26 November 2013 when the agency was advised of RQIA's concerns regarding a lack of oversight by a HSC Trust professional, that no arrangements have yet been made. It is imperative given the complex needs of service users, and in the interests of the robustness and independence of the process, that a professional is responsible for reviewing the needs and care of all service users, at least annually. This is particularly important for individuals who may experience restrictive practices.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation of Compliance
1	15 (2)	The registered person must ensure that the service user's agreement specifies the number of support hours available to them individually. (Standard 3.3)	The inspector viewed service users' agreements which specified support hours available to them individually. The care and support plan specifies how the hours are used and what help the person needs.	One	Fully met
2	15 (6) (a)	The registered person must ensure that appropriate action is taken if it is believed that a vulnerable adult concern has not been resolved and the case should not be closed. (Standard 14.1)	<p>The manager discussed arrangements within the Trust for managing vulnerable adult concerns. Following discussions with the Trust, the manager is satisfied that cases remain open until resolved. In addition, line managers in supported living have had extra training regarding the safeguarding procedures.</p> <p>The inspector viewed records which showed safeguarding procedures being carried through and appropriately resolved with a Trust designated officer.</p>	One	Fully met

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	2.1 – 2.3 4.1 – 4.5	It is recommended that the registered person ensures that the license agreement is taken out of the service user guide and is a separate document referring to the service users' security of tenure.	<p>The inspector viewed documentation which showed that the tenancy agreement is separate to the service user guide and refers to the service users' security of tenure.</p> <p>The inspector viewed a 'licence to occupy' signed by each tenant. The registered manager showed the inspector the new pictorial tenancy agreement which tenants have been involved in the design of and are in the process of signing following agreement with the Trust.</p>	One	Fully met
2	6.1	It is recommended that the registered person requests from the Trust a community keyworker not employed by the agency who convenes, chairs and minutes the service user's review.	<p>The registered manager advised that the Trust has identified money to employ a member of staff in the community to convene, chair and minute the service user's review. The timescale of this could be not clarified.</p> <p>The registered manager showed records of reviews where community key workers had been invited but had not attended the service user's review.</p>	One	Fully met

			The registered manager has requested that a community key worker from the Trust convenes the service user's review in so far as they have the power to do so.		
3	2.1 – 2.3 4.1 – 4.5 8.6 - 8.9 9.1 - 9.5 Appendix 1	It is recommended that the registered person ensures that the agency's organisational policies, procedures, and service user guide clearly show how they underpin the principles of tenants choosing who supports them.	<p>The agency's organisational policies, procedures, and service user guide examined by the inspector show principles of choice. It is stated in the service user guide and statement of purpose that tenants can chose a service provider.</p> <p>The registered manager advised the inspector that service users are involved in daily discussion about which staff are on duty and who can support them. The registered manager reported that service users help to put up a pictorial guide of the staff on duty each day. In the course of inspection the inspector saw service users choosing to have a particular staff member to assist them.</p>	One	Fully met

4	1.1 & 3.3	It is recommended that the registered person ensures that service users' human rights are explicitly outlined on their support plan.	The inspector viewed care and support plans which explicitly outline human rights in respect of each aspect of the plan.	One	Fully met
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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;

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<ul style="list-style-type: none"> • 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 agreement. 	
Provider's Self-Assessment	
<p>Each Service User is provided with a written guide which includes a personalised written agreement detailing the specific terms and conditions regarding any specified service delivered including any charges incurred by the Service User if applicable.</p> <p>The Service User does not pay any charges to the agency.</p> <p>The agency does not charge for any additional personal care services.</p> <p>The service user guide/agreement clarifies what arrangements are in place to apportion shared costs between the agency and the Service User(s).</p> <p>The service user guide/agreement clarifies what the arrangements are for staff meals while on duty in the Service User's 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 policy and procedure in place which detail the arrangements for when support is provided by staff to enable the Service Users to manage their finances and property.</p> <p>The Service User is not charged for the service received by the agency.</p> <p>Service User's home looks like their own home and not a workplace for care/support staff.</p>	Substantially compliant
Inspection Findings:	
<p>The inspector viewed a range of supported living services financial support agreements which detailed the terms of services delivered and amounts paid. No service users are paying for additional care services which are not part of a HSC Trust plan. The inspector was advised that there were no shared costs between the agency and service users, and no contributions towards any unused areas. At present service users do not pay for utility bills or service costs which are met by the Trust. The registered manager is aware that this is not consistent with the ethos of a supported living service. The registered person should ensure that arrangements are put in place to promote the independence of service users with regard to budgeting, the receipt and management of household bills.</p>	Substantially compliant

The registered manager advised that service users can chose their meal arrangements and where they eat; with most service users choosing to eat in the dining area with staff. The service user agreement viewed by the inspector states: the service user's choice in respect of the purchase and cooking of food; choice regarding where food is eaten; the staff presence with the group at meal times. The agreement shows that the Trust pays the cost of staff meals; this money is paid in advance of the purchase of food.

The inspector viewed individual financial support agreements which stated the arrangements for staff making purchases with or on behalf of service users. The agency has a policy on the management of service users' finances which was examined by the inspector. The service user guide states that a notice period of four weeks is given in writing in advance of changes to charges.

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

COMPLIANCE LEVEL

<p>user on whose behalf they act and the date they were approved by the Social Security Agency to act as nominated appointee;</p> <ul style="list-style-type: none"> • If a member of staff acts as an agent, a record is kept of the name of the member of staff, the date they acted in this capacity and the service user on whose behalf they act as agent; • If the agency operates a bank account on behalf of a service user, written authorisation from the service user/their representative/The Office of Care and Protection is in place to open and operate the bank account, • Where there is evidence of a service user becoming incapable of managing their finances and property, the registered person reports the matter in writing to the local or referring Trust, without delay; <p>If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the agency on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user's agreement.</p>	
<p>Provider's Self-Assessment</p>	
<p>Each Service User has their own financial support agreement/plan. Records are maintained and reconciled to reflect Service Users' expenditure whilst being supported by staff individually and/or shared where applicable. Each transaction is signed and dated by two staff. Any expenditures outside of the the Service Users' financial support agreement/plan must follow the policy and procedure. All transactions that involve staff input are recorded, maintained and reconciled at least quarterly. Nominated appointees/agents are discussed and recorded as required. If a Service User becomes incapable of managing their finances and property this would be referred to the referring Trust. If a Service User has been formally assessed as incapable of managing their finances and property, the HSC Trust are aware of the amount of money and valuables on at least an annual basis.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>The inspector was advised that most service users have lived at the service for a lengthy period. The inspector viewed a referral form completed by the HSC Trust for new referrals, which contains an assessment of the support the service user needs to manage money.</p>	<p>Compliant</p>

The registered manager advised that when agency staff have noted a change in a service user's ability to manage money, the Trust is asked to reassess. The registered manager discussed the financial support plan of a service user who gained greater financial independence after this process.

The inspector viewed records maintained by the agency of amounts paid by the service user for services and facilities, as reflected in the service user guide and financial support plan. Each service user has a signed agreement of the approximate amount of money they wish to receive each day. The registered manager discussed the agency's system and showed the inspector records regarding all incomes received on behalf of the service user and the distribution of money to the service user. Each transaction is signed by two members of staff with an explanatory note. The inspector was shown the agency record of staff signatures. The registered manager advised that each service user's bank has been provided with a sample of staff signatures.

If the agency purchases items on behalf of a service user, this correlates with regular items as specified in the financial support plan, or for one off items, is recorded on an 'articles purchased' sheet signed by two members of staff and accompanied by receipts. A range of these records were viewed by the inspector.

The inspector was advised that agency staff ensure that service users have access to their money at all times. Most service users keep money in a locked tin in their room which they can access at any time. The registered manager advised that there are arrangements in place to ensure that a service user can access money unexpectedly.

The inspector viewed the records and receipts of transactions undertaken by staff on the service users' behalf, which are maintained and kept up to date. The registered manager described a thorough system of reconciliation to safeguard service users' monies. The inspector saw evidence of daily reconciliations and checks, and monthly reconciliations of bank statements and records signed by the registered manager.

The inspector viewed a letter from the Social Security Agency regarding appointee arrangements, a statement of financial incapacity from a GP, and the financial support plan, in relation to the one service user for whom the registered manager is appointee. The financial support plan includes human rights considerations and is signed by the service user and their representative.

The inspector viewed up to date records relating to the agency acting as agent for service users.

The agency does not operate a bank account on behalf of any service user.

The registered manager advised that any changes in financial capacity would be reported to the HSC Trust.

The inspector examined records of notification of monies held on behalf of the service user, and property owned by the service user, made annually to the HSC Trust.

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<p>Statement 3:</p> <p>Where a safe place is provided within the agency premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained:</p> <ul style="list-style-type: none"> • Where the agency provides an appropriate place for the storage of money and valuables deposited for safekeeping, robust controls exist around the persons who have access to the safe place; • Where money or valuables are deposited by service users with the agency for safekeeping and returned, a record is signed and dated by the service user/their representative, and the member of staff receiving or returning the possessions; • Where a service user has assessed needs in respect of the safety and security of their property, there are individualised arrangements in place to safeguard the service user's property; • Service users are aware of the arrangements for the safe storage of these items and have access to their individual financial records; • Where service users experience restrictions in access to their money or valuables, this is reflected in the service user's HSC trust needs/risk assessment and care plan; <p>A reconciliation of the money and valuables held for safekeeping by the agency is carried out at regular intervals, but least quarterly. Errors or deficits are handled in accordance with the agency's SVA procedures.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Individuals living in Hanna Street are provided with appropriate places for storage of money and valuables. In line with the Belfast Trust Financial Policies robust controls exist around the persons who have access. Staff follow the policy in respect of all aspects of protection of service users money and valuables including depositing and returning money and possessions.</p> <p>Service users are aware of the arrangements for the storage of money/valuables and have access to their individual financial records.</p> <p>A reconciliation of the money and valuables held for safekeeping is carried out on a daily basis. Keyworkers and the manager check cash flow sheets/receipts and bank statements on a monthly basis. Errors or deficits</p>	Compliant

are handled in accordance with the Trust's Financial Policy and SVA procedures.	
Inspection Findings:	
<p>The inspector viewed the safe where service users' money is kept in individual locked money tins. The registered manager explained the controls regarding which staff have access to keys, and the procedure for financial transactions. Staff who participated in the inspection process had a clear understanding of the procedure for handling service users' monies and their safeguarding responsibilities.</p> <p>The inspector viewed a range of financial support plans which state arrangements to safeguard money in response to assessed needs. The registered manager discussed systems to protect service users from financial abuse such as having records of the amount of money they prefer to access daily, and a list of expected expenditure.</p> <p>The inspector viewed a range of service user agreements and financial support agreements signed by the service user and/or their representative. Service users who participated in the inspection were aware of how to access their money.</p> <p>The inspector was advised that there are no service users who have restricted access to their money. Some service users have family members assisting them with their finances. The inspector was advised that no safeguarding concerns have arisen with regard to these arrangements.</p> <p>The manager showed the inspector evidence of daily reconciliation and quarterly audits. The manager discussed how any errors and deficits are handled in relation to Safeguarding Vulnerable Adult procedures.</p>	Substantially 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

<p>(staff) vehicles, meet the relevant legal requirements regarding insurance and road worthiness. Where the agency facilitates service users to have access to a vehicle leased on the Motability scheme by a service user, the agency ensures that the above legal documents are in place;</p> <ul style="list-style-type: none"> • Ownership details of any vehicles used by the agency to provide transport services are clarified. 	
Provider's Self-Assessment	
<p>Service users living in Hanna Street are offered information about a car leasing scheme. They are given information about costs, benefits and disadvantages of scheme. Those choosing to join the scheme are supplied with a written agreement which includes charges to be applied and the method and frequency of payments. The agreement is signed by the service user user/their representative and relevant representative from Hanna Street. Service users have the opportunity to opt out of the scheme should they wish and details of how to opt out are included in policies and procedures.</p> <p>Service users are not charged any amount in respect of staff supervision charges whilst using the scheme. One service user currently has his own mobility car. This service user with the help of his family manage the lease. Hanna Street staff have no financial responsibility in respect of this car.</p>	Substantially compliant
Inspection Findings:	
<p>The current transport scheme relates to a car lease which the inspector was advised is due to end in August 2014.</p> <p>The inspector viewed historical documents which included the background of the scheme, consideration of various options, and guidelines on the use of the scheme.</p> <p>The inspector was advised that a car is leased in the name of the Trust. The choice to opt in or out of the scheme is stated in the service user guide and service user agreement. The registered manager advised that the decision to opt in or out of the scheme is discussed with the service user and/or their representative, taking into account the service user's transport needs. The inspector viewed a record of discussion with a keyworker regarding the use of the scheme for a service user.</p> <p>There are terms and conditions in relation to the leasing scheme from the company leasing the car. The inspector was advised that the car leasing company send the insurance documentation to the agency and manage the servicing.</p>	Substantially compliant

There are no staff supervision costs payable by service users in relation to use of the transport scheme.

The inspector viewed records of terms and conditions signed by service users and their representatives for the car scheme. Each service user who chooses to opt in to the transport scheme pays a sum per week for the lease of the car including servicing, and an additional modest sum per week if the car requires fuel. The registered manager recognised that the fuel payments are not based on individual usage. The registered manager showed documented evidence that she regularly monitors the usage of the vehicle in terms of value for money to the individual service user. The registered manager showed the inspector records of service users whom had chosen to leave the scheme when the scheme no longer met their transport needs.

The inspector viewed records of journeys, including the date, miles travelled, the number and name of passengers and the driver. A record of fuel payments and receipts are maintained.

The inspector was advised that the HSC Trust has recently purchased a vehicle for the use of service users. At present there are no charges to service users as the Trust is in the process of calculating comprehensive costs per mile to be based on individual usage. The inspector viewed documentation of the HSC Trust's work on cost estimations which has not been finalised. There is a protocol for staff usage of the vehicle.

The registered manager and operations manager discussed their understanding of the principle of equitable individual charges based on individual usage. The registered manager must ensure that the arrangements relating to the terms and conditions and usage of the car leasing scheme including all costs are forwarded to RQIA, taking into account the assessed transport needs and preferences of service users.

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

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 1:</p> <p>The agency responds appropriately to the assessed needs of service users</p> <ul style="list-style-type: none"> • The agency maintains a clear statement of the service users' current needs and risks. • Needs and risk assessments reflect the input of the HSC Trust and contain the views of service users and their representatives. • Agency staff record on a regular basis their outcome of the service provided to the individual • Service users' care plans reflect a range of interventions to be used in relation to the assessed needs of service users • Service users' care plans have been prepared in conjunction with the service user and their HSC Trust representative(s) and reflect appropriate consideration of human rights. 	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>The Service Users' current needs and risk are clearly stated and maintained by the agency. Needs and risk assessments reflect the input of the HSC Trust when required, the Service user/representative are involved in the process.</p> <p>The outcome of the service provided to the individual is recorded on a regular basis.</p> <p>Service Users' care/support plans will reflect if there are any interventions to be used in relation to their assessed need.</p> <p>These have been prepared in conjunction with the Service User/representative and their HSC Trust, reflecting appropriate consideration of human rights.</p>	Substantially compliant
Inspection Findings:	
<p>The inspector viewed a range of documentation including the HSC referral, care and support plans, risk assessments and daily records which showed that the agency maintains current statements of the needs and risks of service users.</p> <p>The HSC Trust referral is incorporated into a person centred care plan which reflected the views of service users and is signed by the service user and/or their representatives. Relatives who took part in the inspection reported that the agency knew their relatives' needs and preferences well and responded</p>	Substantially compliant

appropriately to these. Relatives expressed a high degree of confidence in the ability of agency staff to meet the needs of their relatives.

The registered manager discussed an ongoing process of review of service user needs at staff meetings, which was collaborated by staff who took part in the inspection. Care records viewed by the inspector showed evidence of a process of review by agency staff. The inspector viewed documentation of the review of risk assessments which take place when a need is identified and are disseminated to staff at meetings. Staff who participated in the inspection were confident that they had an accurate view of service users' needs and preferences, supported by a system of information sharing and documentation.

The inspector examined a range of person centred care plans including pictorial care plans, which contained explicit consideration of human rights.

The registered manager reported that around half of all service users do not have a community key worker. The registered manager discussed how she has raised this as an issue of importance via line management with the Trust. At present if issues arise with a service user, the agency uses the HSC Trust duty system. The registered manager reported having regular collaboration with day centre staff.

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 2:</p> <p>Agency staff have the appropriate level of knowledge and skill to respond to the needs of service users</p> <ul style="list-style-type: none"> • Agency staff have received training and on-going guidance in the implementation of care practices • The effectiveness of training and guidance on the implementation of specific interventions is evaluated. • Agency staff can identify any practices which are restrictive and can describe the potential human rights implications of such practices. • The agency maintains policy and procedural guidance for staff in responding to the needs of service users • The agency evaluates the impact of care practices and reports to the relevant parties any significant changes in the service user's needs. • Agency staff are aware of their obligations in relation to raising concerns about poor practice 	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Agency staff have received training on implementation of care practices. They also receive on-going guidance from their peer group, management and HSC Trust ie Social Workers, Day Care Workers, Behaviour Team etc.</p> <p>All staff must attend training and evaluate the effectiveness of same.</p> <p>Staff are aware of restrictive practices and have awareness of human rights. Staff are able to describe potential human rights implications of restrictive practices.</p> <p>There is a policy regarding restrictive practices and staff are aware of same.</p> <p>The agency evaluates the impact of care practices and reports to the relevant parties if there have been any significant changes in the Service User's needs.</p> <p>Agency staff are aware of their obligations in relation to raising concerns about poor practice.</p>	Substantially compliant

Inspection Findings:	
<p>The inspector discussed a range of training with the registered manager and viewed records of training received by staff. During the induction period staff receive training specific to learning disability and also complete NISCC induction training.</p> <p>The registered manager discussed a range of methods to assess the competency of staff and the effectiveness of training including: formal competency assessment of staff who assume charge; medication competency; effectiveness of safeguarding training and competency. The inspector viewed records of assessments of competency.</p> <p>Staff who participated in the inspection reported feeling equipped to carry out their role. Staff were able to discuss human rights considerations and restrictive practice issues. The inspector viewed the policies and procedures file; all policies are also available for staff to access electronically.</p> <p>During the course of inspection, staff described an ongoing process of evaluating the outcomes of care practices and reviewing care needs and risk assessments. The inspector viewed documentation of person centred reviews. Staff were aware of how to raise concerns regarding poor practice and discussed issues relating to this.</p>	Substantially compliant

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 3:</p> <p>The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency</p> <ul style="list-style-type: none"> • Service users and their relatives and potential referral agents are advised of any care practices that are restrictive or impact on the service users' control, choice and independence in their own home. • The agency's Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions • Service users are advised of their right to decline aspects of their care provision. Service users who lack capacity to consent to care practices have this documented within their care records. • Service users are provided with a copy of their care plan (in a format that is appropriate to their needs and level of understanding) and receive information in relation to potential sources of (external) support to discuss their needs and care plan. • The impact of restrictive practices on those service users who do not require any such restrictions. 	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Service users and their relatives and potential referral agents are advised of any care practices that are restrictive or impact adversely on the service user's control, choice and independence in their home. Hanna Street's Statement of Purpose and Service User Guide makes appropriate reference to the nature and range of service provision and includes any restrictive interventions.</p> <p>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.</p> <p>Service users are provided with a copy of their care plan in a format that is appropriate to their needs and level of understanding.</p>	Substantially compliant

Inspection Findings:	
<p>The service user guide and Statement of Purpose viewed by the inspector include appropriate reference to restrictive practice. Any care practices which impact on the service user's control, choice and independence are stated in the service user agreement and care plan and signed by the service user and/or their representative. The inspector viewed minutes of a parents' and friends' meeting where the registered manager discussed restrictive practice. Service users are provided with a copy of their care plan in a format appropriate to their needs.</p> <p>The service user guide and Statement of Purpose state that the service user can decline any aspect of care provision. The inspector viewed a care plan where the service user lacks capacity to consent to care practices. The registered manager discussed the process of best interest meetings involving the HSC Trust which are referenced in the care plan.</p> <p>The inspector viewed information provided in a pictorial format to service users on a notice board. Service users are involved in organising this information and discussed it with the inspector during the course of the inspection.</p>	Substantially 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 	COMPLIANCE LEVEL
<p>Provider's Self-Assessment</p> <p>Care practices which are restrictive are prescribed and undertaken when there are clearly identified and documented risks and needs. In the event of an emergency and as a last resort a restrictive practice may be used, documented and reported after the event.</p> <p>These will be justified, proportionate and are least restrictive to secure the safety or welfare of a Service</p>	Substantially compliant

<p>User.</p> <p>Care practices are within guidelines.</p> <p>The agency evaluates the impact of restrictive care practices and reports to the relevant parties any significant changes in the Service User's needs.</p> <p>In the event of physical restraint being used, this must be as a last resort to secure the welfare of the Service User and would be recorded on appropriate paperwork and forwarded to RQIA and appropriate others.</p> <p>These are monitored and discussed as required during the quality monitoring visit.</p>	
<p>Inspection Findings:</p>	
<p>During the course of inspection, the registered manager and agency staff discussed a range of restrictive practices used for safety purposes. The inspector viewed a range of care records which included HSC Trust assessment, consideration of human rights implications, consideration of DOLs Interim Guidance, and review reports. Agency staff showed an awareness of the principles of least restriction, proportionality and necessity, as demonstrated by discussion regarding the front door which is locked for security purposes and can be opened using a swipe card. Staff discussed a process of offering all service users a swipe card and then reviewing the decision to provide cards to service users who requested one at a later date.</p> <p>Agency staff discussed a process of working with the HSC Trust multi-disciplinary team in order to enable a service user with capacity issues to collaborate with a restrictive practice. The inspector viewed the pictorial guide used to support the service user with this practice. Staff discussed a process of increasing a service user's independence and control regarding their finances by identifying the need for and acquiring a financial reassessment.</p> <p>The agency's use of restrictive practice is guided by BHSCT policy and guidelines on the use of restrictive practices at Hanna Street Domiciliary Care Agency. The registered manager discussed the agency's methods of auditing restrictive practice, including a restrictive practices registration form, reviewed quarterly by the registered manager. Restrictive practice was included in care records and review reports examined by the inspector.</p> <p>The inspector noted that restrictive practices have not been assessed as part of the report of monthly monitoring; a requirement is included regarding this.</p>	<p>Substantially compliant</p>

The inspector was advised that no service user has restraint included in their care plan, although staff are trained and could use restraint as a method of last resort. The registered manager advised the inspector of BHSCT policy in relation to the recording and reporting of restraint.

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

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p>Statement 1</p> <p>Evidence inspected confirms that service users/representatives have written information and/or had explained to them the amount and type of care provided by the agency</p> <ul style="list-style-type: none"> • Service users/representatives can describe the amount and type of care provided by the agency • Staff have an understanding of the amount and type of care provided to service users • The agency's policy on assessment and care planning and the statement of purpose/service user guide describe how individual service user agreements are devised. • The agency's service user agreement is consistent with the care commissioned by the HSC Trust. The agency's care plan accurately details the amount and type of care provided by the agency in an accessible format. 	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Service Users/representatives can describe the amount and type of care they receive by the agency. Staff have an understanding of the amount and type of care provided to Service Users. The Service User agreement/guide and statement of purpose describe how practice is person centred therefore support and paperwork is determined based on individual needs, wishes and wants. The agency's Service User agreements are consistent with the care commissioned by the HSC Trust. The agency's care/support plan details the amount and type of care provided by the agency. Whilst all Service Users have access to their plans, we are aiming to improve on the format in which these are provided to make them more easily understood..</p>	Compliant
Inspection Findings:	
<p>The inspector viewed the Statement of Purpose and service user guide which describe how care plans are devised. The inspector viewed the agency policy on care planning.</p> <p>Care plans and service user agreements examined by the inspector stated the needs of service users and interventions to be used to meet these needs. Care and support plans are provided to service users in an accessible format. The inspector saw evidence of HSC Trust involvement in care and support plans in cases</p>	Compliant

where the service user has a community key worker or where the need for HSC Trust specialist input has been identified. The registered manager identified the need for all service users to have a community key worker which has not been fulfilled by the HSC Trust. The registered manager described having raised this matter appropriately through line management.

Staff who spoke with the inspector during inspection or returned the staff questionnaire reporting having a clear understanding of the current needs of service users and could access this information through care documentation. Relatives and service users who spoke with the inspector described their needs as being met and were satisfied with the care provided at Hanna Street Domiciliary Care Agency.

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p>Statement 2</p> <p>Evidence inspected confirms that service users/representatives understand the amounts and method of payment of fees for services they receive as detailed in their individual service agreement.</p> <ul style="list-style-type: none"> • Service users/representatives can demonstrate an understanding of the care they receive which is funded by the HSC Trust • Service users/representatives can demonstrate an understanding of the care which they pay for from their income. • Service users/representatives have an understanding of how many hours they are paying for from their income, what services they are entitled to and the hourly rate. • Service users/representatives have an understanding of how to terminate any additional hours they are paying for from their income • Service users/representatives have been informed that cancellation of additional hours they are paying for from their income will not impact upon their rights as a tenant. 	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Service Users/representatives can demonstrate an understanding of the care they receive from the HSC Trust. They do not pay for this service.</p> <p>Service Users/representatives would be able to talk about when they expect to receive support and what that entails but may not display understanding of hourly rates for Agency staff as they do not pay for this service.</p> <p>All Service Users/representatives are aware their support/care is not associated with their rights as a tenant.</p> <p>If they pay for an additional service by choice from an external provider they would understand the hourly rate and services they are entitled to for their money. Likewise they would understand they are entitled to terminate at any time and this would not impact on their rights as a tenant.</p>	Compliant

Inspection Findings:	
<p>The agency submitted a survey regarding the charging arrangements for service users in advance of inspection which was confirmed by the registered manager at inspection. The registered manager confirmed that no service user contributes to payments for care. The service agreements and financial agreements signed by the service user and/or their representative states that the HSC Trust pays for care. No service user is paying for care services additional to the HSC Trust commissioned services.</p>	Compliant

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p>Statement 3</p> <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. 	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>The service agreement and care plans are reviewed at least annually to confirm they reflect the care provided and updated accordingly.</p> <p>The agency contributes to the annual review.</p> <p>Reviews are convened as and when required or at least annually by the Service User's needs and preferences.</p> <p>The Service User and/or their representative are involved in this process and where applicable consent is sought during this process.</p> <p>The HSC Trust is in the process of appointing a specific person within the Care Management system. The role will be to organise, convene, chair and minute all annual reviews.</p>	Compliant

Inspection Findings:	
<p>The registered manager completed and returned to RQIA a questionnaire which sought information about the role of the HSC Trust in reviewing the needs and care plans of service users during the period 1 April 2013 – 31 March 2014 .The registered manager advised the inspector that all service users had a review involving a Trust representative; in some cases this was a member of staff from the day centre.</p> <p>The inspector examined records of reviews which the agency convenes annually and invites the HSC Trust to attend. The registered manager showed evidence of correspondence with the HSC Trust regarding the review process and documentation to record where professionals confirmed and were then unable to attend. The registered manager recognises the importance of HSC Trust involvement in convening reviews and has raised this issue through the line management structure. Where a clear need is identified, there is documented evidence viewed by the inspector that the HSC Trust professionals do become involved in assessment and review.</p> <p>The inspector viewed evidence that care plans were updated following review.</p> <p>The registered manager discussed a new appointment within the HSC Trust for a member of staff to convene and chair reviews. There was no time frame available for this at the time of inspection.</p>	Substantially 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
	Substantially compliant

Any other areas examined

Complaints

The inspector viewed records of one complaint received since the last inspection which was satisfactorily resolved.

Quality Improvement Plan

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

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan

Primary Announced Inspection

Hanna Street

22 July 2014

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

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

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

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

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

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

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Domiciliary Care Agencies Regulations (NI) 2011

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	23 (2) (5)	<p>(2) At the request of the Regulation and Quality Improvement Authority; the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency-</p> <p>(a) Arranges the provision of good quality services for service users;</p> <p>(b) Takes the views of service users and their representatives into account in deciding-</p> <p>(i) What services to offer them, and</p> <p>(ii) The manner in which such services are to be provided</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives</p> <p>The registered person must ensure</p> <ul style="list-style-type: none">• That the ongoing assessment of restrictive practice is included in the monthly monitoring reports.• That reports are of consistent quality and note if the visit was announced or unannounced.• That the reports relate clearly to the domiciliary care agency.	One	<p>This requirement relates to the format of the Unannounced Quality Monthly Monitoring Visit report. The full range of quality monitoring method are to be included in futures monthly reports. This will include</p> <ul style="list-style-type: none">- the ongoing assessment of restrictive practice-The reports will be of consistent quality and notes if the visit is unannounced or announced.-The report will relate only to the Domiciliary Care Agency. This will be implimented by 31 December 2014.	31 December 2014

2	6 (1) (b)	<p>(1)The registered person shall produce a written service user's guide which shall include-</p> <p>(b) the terms and conditions in respect of the services to be provided to service users, including details as to the amount and method of payment of fees, if appropriate.</p> <p>The registered person must ensure that RQIA is informed in writing of the terms, conditions and costs to service users relating to the new transport scheme, taking into account the assessed transport needs and preferences of service users. The agency's policies and procedures should include an explanation and specific details of the associated costs contributing to the charges to be made to service users.</p> <p>The agency should arrange to share its revised transport policy and procedures with the relevant HSC Trusts involved with the service users.</p> <p>The registered person must ensure that a transport agreement is in place between the agency and each service user and/or their representative. A copy of the agreement signed by the service user and/or their representative and the registered person must be retained in the service user's records.</p>	One	<p>This requirement relates to the service users use of a Trust vehicle. At present no contribution is paid by the service users for the running cost of the vehicle.</p> <p>Should the Belfast HSC Trust require the service users to contribute to the running costs of this vehicle</p> <ul style="list-style-type: none"> -a transport agreement will be put in place between the agency and each service user and /or their representative who wishes to have use of the vehicle. -the service user guide will be updated to include the terms and conditions in respect of the service to be provided to service users including details as to the amount and method of payment of fees. -RQIA will be notified in writing of the term and condition and cost relating to the use of the vehicle. 	31 January 2015
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Recommendations

These recommendations are based on The Domiciliary Care Agencies Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	1.1	<p>It is recommended that: The values underpinning the standards inform the philosophy of care and staff of the agency consistently demonstrate the integration of these values within their practice.</p> <p>This recommendation refers to the arrangements in place to promote the service users' independence with regard to budgeting, their receipt and management of household and utility bills.</p>	One	The BHSCT will continue to promote the values underpinning the philosophy of supported living by developing arrangements to further independence. Systems will be explored to develop arrangements to charge the service users for their share of the utility bills by the 31 January 2015.	31 January 2015
2	2.2	<p>Prospective service users are provided with information on the services provided by the agency.</p> <p>2.2 The service user's guide contains information on the following:</p> <ul style="list-style-type: none">• The name of the registered manager and the general staffing arrangements <p>It is recommended that the registered person ensures that the agency's documentation does not describe staff working in a supported living service as residential workers. Staff should be described in terms appropriate to a supported living ethos.</p> <p>The relevant documentation should be</p>	One	<p>This recommendation is in relation to the job title of Residential Workers Band 5 employed in a Domiciliary agency.</p> <p>The title will be changed to Senior Care and Support Workers Band 5 by 31 December 2014.</p> <p>All documentation will be updated with the new title and forwarded to RQIA.</p>	31 December 2014

		forwarded to RQIA.			
3	8.11	<p>The registered person monitors the quality of services in accordance with the agency's written procedures and completes a monitoring report on a monthly basis. This report summarises any views of the service users and/or their carers/representatives ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.</p> <p>This refers to ascertaining the views of professionals in monitoring reports on a monthly basis.</p>	One	The unannounced quality monitoring visit report will include the views of professionals in the monitoring reports on a monthly basis as from December 2014.	31 December 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	Barbara Mc Garrity
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	michael mcbride

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	x	Rhonda Simms	16/12/2014
Further information requested from provider			