



The Regulation and  
Quality Improvement  
Authority

## PRIMARY INSPECTION

**Name of Agency:** Rigby Close Supported Living Service  
**Agency ID No:** 11015  
**Date of Inspection:** 8 July 2014  
**Inspector's Name:** Rhonda Simms  
**Inspection No:** IN018695

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

<b>Name of Agency:</b>	Rigby Close Supported Living Services
<b>Address:</b>	8 Rigby Close Belfast BT15 5JF
<b>Telephone Number:</b>	028 9504 3949/028 9504 3200
<b>E mail Address:</b>	<a href="mailto:andrea.lee@belfasttrust.hscni.net">andrea.lee@belfasttrust.hscni.net</a>
<b>Registered Organisation / Registered Provider:</b>	Belfast HSC Trust Mr Martin Dillon (acting)
<b>Registered Manager:</b>	Mrs Andrea Lee
<b>Person in Charge of the Agency at the Time of Inspection:</b>	Andrea Lee
<b>Number of Service Users:</b>	19
<b>Date and Type of Previous Inspection:</b>	Primary Announced Inspection 23 January 2014
<b>Date and Time of Inspection:</b>	8 July 2014 09.30 – 18.00
<b>Name of Inspector:</b>	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	3
Staff	7
Relatives	0
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	12	2

## Inspection Focus

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

The following four quality themes were assessed at this inspection:

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

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

The agency's progress towards compliance with the four requirements and three recommendations made following the inspection of 23 January 2014 was assessed.

The agency has fully met four requirements.

The agency has fully met the minimum standards with regard to one of the recommendations and partially met two of the minimum standards for two recommendations.

At a meeting at RQIA's offices on 17 October 2014, representatives of the registered person provided assurances that a title to describe staff which is more in line with a supported living ethos has been agreed and will be included in agency documentation imminently.

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

Rigby Close Supported Living Service is a domiciliary care agency operated by the Belfast HSC Trust (the HSC Trust) in association with Habinteg and Oaklee Housing Association.

The service users live in either individual or shared flats /houses, and have their own tenancy agreements with Habinteg or Oaklee Housing Association. Currently, 19 service users are supported by 29 staff. Situated in Rigby Close there are three shared houses and two shared flats housing; a total ten people. In the neighbouring vicinity there are two service users currently living in a house referred to as 'Hopefield'; four service users living in two different Fold facilities; and two service users living separately in housing in the community who all receive services in their own home. A further service user comes to the registered office at Rigby Close for support.

The aim of the project is to provide housing with care and support to individuals with a learning disability, or care and support to individuals who would otherwise be unable to live in the community.

## Summary of Inspection

The announced inspection was undertaken at the agency's registered office, 8 Rigby Close, Belfast on 8 July 2014.

During the inspection a range of policies and procedures and other documentation was examined. The inspector met with Anne Campbell, Operations Manager, the registered manager, deputy registered manager, five staff members, and three service users.

Prior to the inspection, two out of twelve staff returned completed questionnaires to RQIA. The questionnaires raised issues which were addressed with the Operations Manager and Registered Manager in the course of the inspection.

The inspector discussed staff levels and rotas with the Operations Manager, Registered Manager, Deputy Manager and support staff. The inspector was satisfied that staffing levels were adequate to meet the assessed needs of service users.

Staff who participated in the inspection process reported a clear understanding of safeguarding issues, human rights issues, policy in relation to handling service users' money and the supported living ethos. The staff reported being generally equipped with the appropriate knowledge to carry out their roles. Some staff reported a deficit in knowledge and skills to meet the needs of a service user with particular needs. There was a lack of clarity amongst some staff regarding the particular support needs of a service user. These issues were discussed with the registered manager and are commented on in the inspection report.

Some staff who participated in the inspection reported that they would prefer to have additional one to one staff supervision meetings. A recommendation has been made regarding this matter.

In the course of inspection three service users met with the inspector in their homes. Two service users showed the inspector their homes and the inspector met and observed another service user in the course of their daily activities during inspection.

The service users who met with the inspector provided positive feedback about the nature of their lives at Rigby Close and the quality of care and support they received from staff.

The inspector would like to thank the agency staff and service users for their participation, cooperation 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 '**moving towards compliance**' for theme 1.

The agency has policies and procedures relating to handling of service users' money and the provision of financial support. The written guide examined 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 information regarding their assessed needs completed by the HSC Trust. The finance agreement states the individual's income and outgoings, method of payment and what assistance they require.

During inspection the arrangements for receiving and handling service user's monies were examined. The agency has an office safe where service users can keep money and have access to it at all times. In addition some service users keep a locked money tin in their own home for smaller amounts. The documentation relating to the handling of monies examined by the inspector was clearly recorded. The agency has a range of audit methods including regular reconciliations of bank statements and receipts by the keyworker; monthly and quarterly audits by the registered manager.

Since the last inspection the agency has established the views of the family of a service user who contributes to a grocery budget which includes the cost of staff meals consumed in his home.

The registered manager reported that one service user pays the full costs of the sleepover room in their home. In accordance with RQIA enforcement procedures, the registered person was advised on 10 October 2014 of RQIA's intention to issue a failure to comply notice in respect of Regulation 14 (b) (c) of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

Representatives of the registered person attended a meeting at RQIA's offices on 17 October 2014 and provided RQIA with assurances that calculations have been made and appropriate reimbursements will be made to the service user within 28 days.

Two requirements have been made in relation to this theme.

- **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 agency has developed documentation which incorporates Trust needs and risk assessments. Staff who participated in the inspection confirmed that service users and if appropriate their representatives are involved in assessments and reviews.

The inspector examined daily records and other documentation which records the outcome of services provided by the agency.

The registered manager discussed how the agency had made safeguarding referrals to the Trust involving the review of the staff support required to meet the needs of some service users. The registered manager informed the inspector of safeguarding protection plans which had been put in place following agreement with service users and the Trust. These plans involved restrictive practice by the use of door alarms on the homes of service users.

The registered manager showed the inspector emails detailing discussion with the HSC Trust safeguarding professional. Evidence of discussion or agreement with service users or relatives was not evident in the care records of the service users affected. The registered manager and support staff stated that the service users had requested the intervention. There was no evidence in care plans or risk assessments of the use of restrictive practices or the consideration of human rights implications.

The registered manager and staff interviewed in the course of inspection described how the restriction of using door alarms had negatively impacted on the life of a further service user who expressed dissatisfaction with the arrangements. The inspector was satisfied that appropriate steps had been taken to reassess the needs of service users to remove the restriction by providing appropriate care and safeguards through increased staff supervision.

During inspection staff provided feedback that training is generally appropriate to their roles and responsibilities. Staff identified an area of practice where they do not feel equipped with appropriate knowledge and skill to meet all the needs of a service user. This was discussed with the registered manager who assured the inspector that the issue had been addressed by planning further training with an appropriate professional. A recommendation has been made in relation to this.

The inspector highlighted a lack of clarity in the Trust needs assessment concerning the extent of staff supervision required by a service user. This issue has caused confusion amongst staff regarding the role expected of them. The registered manager agreed to seek clarification from an appropriate professional regarding this issue.

A range of care plans reflecting involvement of service users and their representatives were examined by the inspector, including ‘best interests’ considerations where service users are not able to give consent to care practices and are subject to restrictive practices.

Records examined by the inspector showed a process of consideration of least restrictive care practices including specialist Trust professionals.

At a meeting at RQIA’s offices on 17 October 2014, representatives of the registered person provided assurances that the agency had undertaken an investigation to ensure that restrictive



practices were appropriate, agreed with the HSC Trust, and included in care plans and risk assessments with human rights considerations. Representatives of the registered person assured RQIA that appropriate guidance had been reissued to staff regarding this matter.

Four requirements and two recommendations have been made in relation to this theme.

- **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.

Each service user has written agreements signed by themselves and/or their representative detailing the amount and type of care provided by the agency. Service users were able to describe the care provided to them in terms of staff assisting them with particular tasks or being available to help them. Support staff described service users as knowing when to expect agency staff to arrive and what services will be provided to them.

The agency documentation describes how service user agreements are devised. Trust involvement was evident through review records and care plans which showed how Trust staff had responded appropriately in response to service users' changing needs, resulting in updated care plans.

Service users receive written confirmation of what services they will receive and when these will be provided.

No service user is funding any additional hours.

The managers verified information that had been submitted to RQIA on request prior to inspection that Trust annual reviews have been held for five out of nineteen service users. Records and discussion with the registered manager confirmed that HSC Trust staff respond to requests for review of service users if requested in response to changing need highlighted by agency staff.

One requirement has been made in relation to this theme.

One requirement is stated in relation to theme 2 and theme 3 (4. Regulation 15(2)(a)(b)(c) point 3).

## **Additional Matters Examined**

### **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 complaints procedure was outlined. Standards and quality of service that service users can expect are described. The name of the registered person and acting registered manager was provided, with their qualifications and those of staff.

The description of staff as 'residential workers', was discussed with the provider at a meeting at RQIA offices on 17 October 2014. Assurances were given that an alternative job description more suited to the ethos of supported living had been agreed for use in documentation and would be implemented imminently.

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

The inspector viewed reports of monthly quality monitoring undertaken by a registered manager on behalf of the registered provider. These reports are signed off by the operations manager.

The reports noted that the visits were unannounced and included the date and time. The reports reflected the previous RQIA inspections quality monitoring plan and commented on actions taken to comply with regulations and minimum standards. Other quality monitoring methods were included in the reports.

The reports included consultation with service users, relatives, and professionals. There were some gaps in ascertaining the views of relatives, professionals, and service users which have resulted in a requirement in the quality improvement plan.

### **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.

At the time of completion of the survey, one service user had been assessed as lacking financial capacity and one service user had a Trust Corporate appointee.

Service users do not pay charges for care.

Eighteen service users receive support and guidance to manage their finances in line with agency policy and procedures. Written authorisation from the service user and/or their representative documents the details of these arrangements.

## Care Reviews

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

Out of 19 service users, five have had a review by the HSC Trust.

The Operations Manager, Anne Campbell, informed the inspector that the HSC Trust planned to appoint an individual in care management to convene and chair reviews, possibly by autumn 2014. The Operations Manager and Registered Manager informed the inspector of the efforts made to secure reviews with the Trust in relation to service users.

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.

## Staff Questionnaires

Out of 12 staff questionnaires sent to the agency, two were returned later than the date requested. During the course of inspection, seven members of staff spoke with the inspector. The questionnaires raised issues which were addressed with the Operations Manager and Registered Manager in the course of the inspection.

## Staffing Levels

The inspector discussed staff levels and staff rotas with the Operations Manager, Registered Manager, Deputy Manager and support staff. The inspector was satisfied that staffing levels were adequate to meet the needs of service users.

## 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	14 (a) (c) (e)	The registered person must ensure that the human rights of the service user subject to restrictive practice are explicitly referenced in the service user's risk assessment and care plan.	<p>The inspector was shown a care and support plan and a financial support plan which showed that that the human rights of the service user subject to restrictive practice are explicitly referenced.</p> <p>However the inspector noted that recent restrictions in relation to door alarms for three other service users were not included in care plans and did not include explicit reference to human rights considerations.</p> <p>The agency has fully met the requirement as identified for the original service user. At a meeting at RQIA offices on 17 October 2014 representatives of the registered person provided assurances that further to investigation adequate systems were now in place to address these matters.</p>	<b>Three</b>	<b>Fully met with regard to the service user noted in the requirement.</b>
2	5 (1) 2	The registered person must ensure that the statement of purpose includes specific examples of the type of service provided i.e. assistance with shopping, medication budgeting, and any restrictive practices implemented.	The statement of purpose includes a reference to a service user experiencing a restrictive practice. The statement of purpose should be reviewed to include an explanation of what restrictions could be implemented in practice and how this could impact on others.	<b>One</b>	<b>Fully met</b>

3	14 (d) and (e)	The registered person must ensure that the agency's documentation which includes an agreement with service users for staff to have a key to their home also specifies the circumstances when staff can use the key.	The inspector viewed the agreement regarding keys which specifies the arrangements for staff to have a key to the service user's home and specifies the circumstances when it can be used. This agreement was signed by the service user and/or their representative and is optional. The manager plans to include reference to key arrangements in the statement of purpose.	<b>One</b>	<b>Fully met</b>
4	15 (6) (d)	The registered person must ensure that the financial support plan for the service user who lacks capacity to manage his finances explicitly states the arrangements for the management of his personal finances. The issue of appointeeship should be clarified with the benefit office for each of the service user's DHSSPS benefits. The financial support plan should be authorised by the commissioning Trust and agreed with his next of kin.	The inspector was shown a financial support plan in relation to a service user who lacks capacity to manage their finances. This plan states the arrangements for management of finances and is signed by the service user's representative.  The inspector examined correspondence from the SSA which states the appointeeship arrangements for benefits.	<b>One</b>	<b>Fully met</b>

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1	2.2	It is recommended that the registered person ensures that the agency's documentation describes staff as domiciliary care workers or community support workers in keeping with a supported living ethos, rather than residential workers.	<p>The Statement of Purpose refers to 'residential workers' and 'community support workers'. The inspector was advised that the Belfast HSC Trust is negotiating job titles with trade unions as part of the BHSCT Review of Residential and Supported Living Services.</p> <p>In care and support plans staff are referred to as 'keyworker' or 'support staff'.</p> <p>At a meeting at RQIA on 17 October 2014, representatives of the registered person provided assurances that an alternative title had been agreed to describe staff in agency documentation.</p>	Three	Partially met

2	1.4	<p>It is recommended that the practice of the agency contributing £80 per week towards the groceries shared with the service user subject to restrictive practice is reviewed with the service user's family. The service user/family should be given the option of having their groceries and meals separate from the groceries and meals consumed by staff. If the preference is to maintain the communal arrangement this should be documented and the amount paid towards staff food deemed fair and reasonable.</p>	<p>The registered manager advised that this issue has been discussed with the service user's family who wish to continue with the arrangement. The inspector was informed that this issue has been discussed with the Trust and it has been agreed that the arrangement should be and is considered by the HSC Trust and the provider to be fair.</p> <p>The inspector was advised that the registered manager has made a proposal to the Trust which would involve improving the clarity of the service user's financial agreement to show specifically how much is contributed to food, toiletries and transport to the shop.</p> <p>The inspector was advised that the issue of staff meals is being considered by the HSC Trust Review of Residential and Supported Living Services.</p>	<b>One</b>	<b>Fully met</b>
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3	1.1	<p>It is recommended that the registered person ensures that the service user's human rights are explicitly outlined on his support plan.</p>	<p>The inspector viewed care and support plans which explicitly referenced human rights. The care and support plan of a service user subject to restriction contained a detailed exploration of human rights issues.</p> <p>At a meeting at RQIA offices on 17 October 2014, representatives of the registered person provided assurances that a system is in place to ensure that appropriate consideration of human rights is included in care plans and risk assessments.</p>	<b>One</b>	<b>Fully met</b>
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**THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED**

**Statement 1:**

**COMPLIANCE LEVEL**

**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.

<p><b>Provider's Self-Assessment</b></p> <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>Each Service User's home looks like their own home and not a workplace for care/support staff.</p>	<p>Moving towards compliance</p>
<p><b>Inspection Findings:</b></p> <p>The inspector viewed the written guide and personalised written financial support agreements which detail terms and conditions in respect of services delivered, including amounts paid. The details of charges payable to the agency by the service user, services delivered and amount paid are noted. Service users do not pay the agency or any other agency for personal care or for any additional care services. One service user receives an additional personal care service from another agency which is purchased by the Belfast HSC Trust.</p> <p>The registered manager advised the inspector that the staff areas are separate to service users' homes and costs are met by the trust.</p> <p>The inspector was advised by the registered manager that one service user pays the full costs for utilities of a staff sleepover room in their home over which he has no control and cannot use. At a meeting at RQIA offices on 17 October 2014 representatives of the registered person provided assurances that calculations have been made and the service user will be reimbursed for inappropriate charges.</p>	<p>Moving towards compliance</p>

This service user contributes to a grocery budget for the purpose of purchasing food for themselves and for the staff who consume meals in their home. The registered manager advised that the service user is reimbursed for other staff costs, such as tea making. The financial support plan examined by the inspector does not fully state which costs are made to the grocery budget in relation to the service user. The payments made to the service user are clearly stated in financial records seen by the inspector. The registered person must ensure that the financial agreement for any service user who contributes to a grocery budget with staff clearly states what the service user pays for.

The registered manager advised the inspector that the BHSCT is currently reviewing policy regarding staff meals as part of a wider review.

The inspector viewed individual financial support plans which note the arrangements for agency staff supporting service users with their finances. This plan notes the service user's expected level of expenditure in each area e.g. food, utilities, personal items. The records of all financial transactions are kept on individual ledger sheets examined by the inspector.

The inspector viewed the BHSCT policy and procedure for supporting service users with finance and related matters. During feedback the staff were clear regarding policy and procedures regarding handling of service users' money and property and supporting service users with finances.

The service user agreement examined by the inspector stated that service users are notified of any changes to charges in writing four weeks in advance.

**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/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 the Service User and one staff. A statement reflecting a decline to sign will be recorded. For one service user where there are two staff employed to support there will be two staff signatures.  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>Moving towards compliance</p>

Inspection Findings:	
<p>The registered manager advised the inspector that the HSC Trust complete an 'All About Me' document with new service users who are referred to the agency. The inspector viewed 'All About Me' documents which included description of what support the service user needed to manage finances. This information is incorporated into a financial support plan.</p> <p>The inspector examined ledger books which record income kept in the safe for the service user. Transactions are signed by the service user and a staff member, or two staff members if the service user is unable to sign. The details of each transaction are noted and reflect the expected expenditure stated in the financial support plan. The inspector was advised that agency staff accompany service users if they need help to purchase items.</p> <p>The registered manager and staff who participated in the inspection advised the inspector that service users can access money at short notice. Service users can keep a money tin in their room which tends to hold small amounts. A staff member on each shift holds the key to the safe which service users can access. The registered manager advised that staff will accompany a service user to an ATM machine if required; or that the agency would provide a small amount of money as a loan if required.</p> <p>The inspector examined a sample of ledgers and receipts which are held in separate folders for each service user. The inspector was advised that the service user's key worker regularly reconciles bank statements and receipts. The registered manager makes monthly and quarterly audits which were recorded in records examined by the inspector.</p> <p>The agency does not act as nominated appointee or operate a bank account for any service user. The inspector was advised that the trust acts as appointee for a service user. There were no available documents regarding the date of approval of appointeeship. The inspector examined correspondence from the Trust regarding the appointeeship and details of the arrangement as stated in the service user's financial support plan.</p> <p>The registered manager advised the inspector that if any service user became incapable of managing their finances, the matter would be referred to the HSC Trust.</p>	<p>Substantially compliant</p>

<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>
<b>Provider's Self-Assessment</b>	
<p>Each Service User has their own personal tin/purse and is stored in a locked safe/cupboard in their own home. There are robust controls to monitor this and access to it.</p> <p>In the event of money or valuables being stored by the agency on agency's premises there are robust controls to monitor and limit access to it.</p> <p>All Service Users have financial agreements/plans in place to detail their own financial arrangements. Service Users/representatives are involved in this process and have access to their own records. Any restrictions are reflected in the needs/risk assessment and care/support plan.</p> <p>Reconiliations are recorded at least quarterly and any errors or deficits are handled as per policy.</p>	Moving towards compliance

Inspection Findings:	
<p>The registered manager advised the inspector that service users keep money in a locked tin in a locked safe or cupboard in their home. The key is accessed via the staff member on shift for their home. In addition service users usually keep a tin or money wallet for smaller amounts of money. The inspector viewed ledgers which detail all transactions and are signed by the service user and staff member, or two staff members if the service user cannot sign. The inspector was advised that senior staff have access to the office safe which contains service user pin numbers.</p> <p>The registered manager advised the inspector that each service user has an individual financial support plan which reflects their assessed needs. The inspector viewed financial support plans of service users who have agreed to receive amounts of money on certain days to facilitate budgeting. The ledger for the service user reflected the amounts stated in the support plan.</p> <p>The inspector discussed the process of monthly and quarterly reconciliation with the registered manager and viewed records showing this process. The registered manager advised that any deficits would be managed through the agency's safeguarding vulnerable adults' policy.</p>	<p>Substantially compliant</p>



**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"> <li>Ownership details of any vehicles used by the agency to provide transport services are clarified.</li> </ul>	
<p><b>Provider's Self-Assessment</b></p>	
<p>There is no transport scheme at Rigby Close. Service Users' will use public/private transport payable at applicable rate. On occasion staff will use their own personal vehicles to transport Service Users and claim from the HSC Trust - this cost is not passed onto the Service User.</p>	<p>Not applicable</p>
<p><b>Inspection Findings:</b></p>	
<p>The agency does not operate a transport scheme.</p>	<p>Not applicable</p>

<p><b>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Moving towards compliance</p>
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<p><b>INSPECTOR'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Moving towards compliance</p>
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<b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>	
<b>Statement 1:</b>	<b>COMPLIANCE LEVEL</b>
<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>Provider’s Self-Assessment</b>	
<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>	<p>Moving towards compliance</p>

Inspection Findings:	
<p>The registered manager advised the inspector that on referral the HSC Trust completes an 'All About Me' assessment with the service user which is incorporated into an agency care and support plan. The inspector discussed and viewed a range of care and support plans and supporting documentation such as risk assessments, which state the need the current needs and risks of the service user. The HSC Trust reviews Comprehensive Risk Assessments annually under Promoting Quality Care. The inspector viewed evidence of changes following Comprehensive Risk Assessment review which were incorporated into the agency care and support plan. Care and support plans viewed by the inspector incorporated the involvement of service users and their representatives, including family and Trust representatives. Staff who participated in the inspection reported that service users are involved in care and support plans.</p> <p>The inspector noted that human rights considerations are reflected in care and support plans in relation to each area of the service user's need. On discussion with the inspector the manager displayed an understanding of the application of human rights to the care planning process. Staff who participated in the inspection described examples of considering human rights in relation to care plans and care provision.</p> <p>The inspector noted restrictive practices regarding door alarms impacting on three service users which were arranged as part of safeguarding protection plans. These protection plans had been devised in the weeks preceding inspection, had not been included in risk assessments or care plans and did not include consideration of human rights. At a meeting at RQIA offices on 17 October 2014, representatives of the registered person provided assurances that the agency had carried out an investigation and ensured that a system is in place to include human rights considerations in care plans and risk assessments where there are restrictive practices.</p>	<p>Substantially compliant</p>

<b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>	
<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>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>	<p>Moving towards compliance</p>

<b>Inspection Findings:</b>	
<p>The registered manager discussed and showed the inspector records of training attended by staff. The inspector was advised that training may take place as part of a staff meeting and is usually taken by a trainer. Staff who participated in the inspection reported that they felt equipped with most service user needs. Some staff raised issues regarding the need for training in relation to a particular service user issue. Staff who participated in the inspection described feeling unsure as to how best to meet the needs of the service user given their particular background, compatibility issues with other service user and assessed needs. The registered manager was aware of this issue and advised the inspector that further training by an appropriate specialist is planned. A recommendation has been made in relation to this.</p> <p>Some staff who participated in the inspection expressed the wish to have increased access to one to one supervision session. A recommendation has been made in relation to this.</p> <p>Staff who participated in the inspection were able to describe restrictive practices and describe the human rights implications of such practices, including taking into account the impact of such practices on others.</p> <p>The agency maintains policy and procedural guidance for staff in responding to the needs of service users. During the inspection, staff discussed the whistleblowing policy and policy on safeguarding vulnerable adults with regard to situations where they would have concerns regarding poor practice.</p>	<p>Substantially compliant</p>

<b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>	
<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>
<p><b>Provider’s Self-Assessment</b></p> <p>Service users, relatives and potential referral agents are advised of any care practices that are restrictive or may impact on the Service Users' control, choice and independence in their own home.                      The statement of purpose and Service User guide/agreement refers to the nature and range of service provision including restrictive interventions.                      Service Users are aware of their right to decline aspects of their care provision.                      If a Service User lacks capacity to consent to care practices this is recorded accordingly.                      All Service User's are offered a copy of their care/support plan. We are aiming to have these in formats suitable for each individual by January 2015.However the care/support plan is discussed in a manner suitable to the Service User.                      If restrictions on one Service User impacts on another this is explored where and when possible with the relevant parties.</p>	Moving towards compliance

<b>Inspection Findings:</b>	
<p>The inspector examined the Statement of Purpose and Service User Guide which include the nature and range of service provision and appropriate reference to the use of restrictive practice.</p> <p>Staff who participated in the inspection reported that service users could decline aspects of care provision and discussed examples of this.</p> <p>The inspector viewed care records of a service user who is unable to give consent to care practices. There was evidence of review and discussion with the HSC Trust including specialist professional input regarding the best interests of the service user.</p> <p>The registered manager advised the inspector that service users are offered a copy of their care and support plans and that the plan is discussed with them. As outlined in the self-assessment, the registered manager discussed the development of a more accessible format which the agency is developing for implementation.</p> <p>The inspector examined safeguarding protection plans devised for service users in the weeks prior to inspection, following discussion with the Trust. The plans included the use of door alarms on the homes of a number of service users, devised as part of a safeguarding plan. The inspector noted that a further service user raised concern regarding this restriction, which had a negative impact on them. The inspector was advised by the registered manager and agency staff that the door alarm on this service user's home ceased to be used and had been replaced by additional staffing. The registered person is required to ensure that restrictive practices are included in the care plans and risk assessments of service users.</p> <p>Service users are offered a copy of their care and support plans. The agency is in the course of developing a more accessible format.</p>	<p>Substantially compliant</p>



**THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS**

**Statement 4**

**COMPLIANCE LEVEL**

**The registered person ensures that there are robust governance arrangements in place with regard to any restrictive care practices undertaken by agency staff.**

- Care practices which are restrictive are undertaken only when there are clearly identified and documented risks and needs.
- Care practices which are restrictive can be justified, are proportionate and are the least restrictive measure to secure the safety or welfare of the service user.
- Care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance.
- The agency evaluates the impact of restrictive care practices and reports to the relevant parties any significant changes in the service user’s needs.
- The agency maintains records of each occasion restraint is used and can demonstrate that this was the only way of securing the welfare of the service user (s) and was used as a last resort.
- Restraint records are completed in accordance with DHSSPS (2005) Human Rights Working Group on Restraint and Seclusion: Guidance on Restraint and Seclusion in Health and Personal Social Services.
- The agency forwards to RQIA and other relevant agencies notification of each occasion restraint is used
- The registered person monitors the implementation of care practices which are restrictive in nature and includes their on-going assessment of these practices within the monthly quality monitoring report

<p><b>Provider's Self-Assessment</b></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 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>Moving towards compliance</p>
<p><b>Inspection Findings:</b></p>	
<p>The registered manager discussed restrictive practices in relation to a service user which were reflected in needs and risk assessments examined by the inspector. The inspector saw evidence of review with the Trust which had led to a gradual reduction in restriction for this service user, in response to their changing needs.</p> <p>The inspector examined safeguarding protection plans put in place following discussion with the Trust. These plans consisted of a sheet of paper held in the service users' files. These plans were not reflected in care plans and were not signed by the service user or their representative. The registered manager was able to show written evidence of discussion with the trust safeguarding team regarding the protection plans; however there was no record of discussion with the Trust in the service users' records.</p> <p>The registered person must ensure that the care plan is consistent with any plan prepared by the HSC Trust and includes evidence of consultation with the service user and/or their representative.</p> <p>During the course of inspection, staff informed the inspector of service user views in relation to the protection plans. Records viewed by the inspector showed discussion with staff regarding service users' agreement with the care practice, however there was no evidence of discussion with the service user.</p> <p>The aim of the safeguarding protection plans was to reduce risk to service users from another service user. The plans included restrictive practice regarding the use of door alarms on the homes of service users.</p>	<p>Substantially compliant</p>

<p>The registered manager discussed a further service user who was subject to restriction in their home as a result of the implementation of a protection plan with a service user. The agency and Trust reassessed the needs of the service user to put in place appropriate alternative arrangements.</p> <p>The registered manager discussed restrictions on another service user who informs staff of their whereabouts. This restriction was agreed prior to the service user coming to the supported living service and is included in a HSC Trust Comprehensive Risk Assessment and a service user self-management plan.</p> <p>The parameters of this restriction are not clearly specified in documentation from the HSC Trust and have led to uncertainty from staff regarding how the service user's needs should be met with regard to the safety of others. The registered person must ensure that needs specified by the commissioning HSC Trust and actions required to meet these needs are clearly stated in the care plans of service users.</p> <p>The registered manager confirmed that the agency does not use restraint.</p>	
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<p><b>PROVIDER'S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
	<p>Moving towards compliance</p>

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

<b>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</b>	
<b>Statement 1</b>	<b>COMPLIANCE LEVEL</b>
<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>Provider’s Self-Assessment</b>	
<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.</p>	<p>Moving towards compliance</p>

Inspection Findings:	
<p>Service users who spoke with the inspector described staff in positive terms as providing help whenever it was needed. In the course of feedback, staff showed an understanding of the amount and type of care provided to service users. Some staff questionnaires reported that needs and risks assessments did not always reflect HSC Trust input. The inspector viewed a range of agreements which reflected involvement from the HSC Trust.</p> <p>The Statement of Purpose describes how individual service user agreements and care and support plans are devised in collaboration with information from the referring agency. The inspector examined care and support plans which were consistent with the care commissioned by the HSC Trust. The registered manager advised that in the year 1 April 2013 - 31 March 2014, 5 out of nineteen service users had reviews of their needs and care plans by the HSC Trust. The Operations Manager and registered manager discussed their efforts to ensure Trust reviews for service users.</p> <p>The registered manager reported that service users are offered a copy of their care plan and have a discussion with staff regarding the content. Improvements in the accessibility of the format are currently being considered by the agency.</p>	<p>Substantially compliant</p>

<b>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</b>	
<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 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>	Moving towards compliance

<b>Inspection Findings:</b>	
<p>Service users who spoke with the inspector showed an understanding of staff being available to meet their needs. Care and support plans viewed by the inspector detail what services are provided and the service user agreement states when the person can expect to receive this support.</p> <p>Staff reported that service users know when staff will arrive at their home and what services they will provide.</p>	<p>Substantially compliant</p>

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



<b>Inspection Findings:</b>	
<p>The report of care reviews by the commissioning HSC Trust confirmed that five out of nineteen service users had annual reviews from 1 April 2013 – 31 March 2014. The registered manager and operations manager informed the inspector that the HSC Trust has agreed to provide a member of staff to plan and complete annual care reviews for all service users provided with supported living services.</p> <p>The inspector viewed records of reviews and care records which showed the involvement of the HSC Trust in the review of service users' changing needs. Records and discussion with the registered manager confirmed that HSC Trust staff respond to requests for review of service users if requested to do so. The inspector viewed records and care plans which had been updated following review of the service users' needs with HSC Trust professionals.</p>	<p>Substantially compliant</p>

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

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

## **Any Other Areas Examined**

### **Complaints**

The inspector viewed records of five complaints received from 1 January 2013 to 31 December 2013. All complaints were satisfactorily resolved locally.

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Andrea Lee, 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**

**Announced Primary Inspection**

**Rigby Close Supported Living Service**

**8 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 Andrea Lee, Registered Manager, during the inspection visit.

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

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

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

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

**Statutory Requirements**

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

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	14(b)(c)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided:</p> <p>(b) so as to safeguard service users against abuse or neglect;</p> <p>(c) so as to promote the independence of service users</p> <p>(d) so as to ensure the safety and security of service users' property, including their homes;</p> <p>The registered person is required to review the arrangements for the apportionment of payments for utilities shared by service users and agency staff.</p> <p>The registered person is required to quantify all losses experienced by service users as a result of inappropriate practices and to outline and agree with RQIA the arrangements in place for appropriate restitution.</p>	One		14 November 2014, as agreed at meeting with RQIA on 17 October 2014

2	14(b)(c)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided:</p> <ul style="list-style-type: none"> <li>(b) so as to safeguard service users against abuse or neglect;</li> <li>(c) so as to promote the independence of service users</li> <li>(d) so as to ensure the safety and security of service users' property, including their homes;</li> </ul> <p>The registered person shall ensure that the financial agreement for any service user who contributes to a grocery budget with staff is revised to ensure it clearly states what the service user pays for. The revised financial agreement should be sent to RQIA.</p>	One		31 December 2014
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3	15 (2)(a)(b)(c)	<p>The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure that a written plan ('the service user plan') is prepared which shall:</p> <ul style="list-style-type: none"> <li>(a) Be consistent with any plan for the care of the service user prepared by any Health and Social Services Trust or Health and Social Services Boards or other person with responsibility for commissioning personal social services for service users;</li> <li>(b) Specify the service user's needs in respect of which prescribed services are to be provided;</li> <li>(c) Specify how those needs are to be met by the provision of prescribed services:             <ol style="list-style-type: none"> <li>1. This refers to any restrictive practices agreed with the HSC Trust Designated Officer but not included in the care plans or risk assessments. Restrictive practices agreed with the HSC Trust should be included in care plans and risk assessments. In addition, there should be evidence of consultation with service users and/or their representatives.</li> <li>2. This also refers to the provision of prescribed services to service users where the needs specified by the commissioning HSC Trust and actions required to meet those needs are not clear.</li> <li>3. This also refers to the requirement to ensure that the care plan is consistent with any HSC Trust plan.</li> </ol> </li> </ul> <p>(This requirement is stated in relation to Theme 2 statement 4 and Theme3 statement 1)</p>	One		1 December 2014
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4	15 (3)(c)	<p>The registered person shall:                      (c) Where appropriate, and after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, revise the care plan</p> <p>This refers to restrictive practices which were agreed with the HSC Trust but not revised in the care plan or risk assessment. There should be evidence of consultation with service users or their representatives.</p>	One		1 December 2014
5	23 (1) (5)	<p>23 (1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives</p> <p>The registered person must ensure that a system for evaluating the quality of services is maintained and includes consultation with service users and their representatives.</p>	One		31 January 2015



<b>Recommendations</b>					
<b>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>					
<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	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"> <li>The name of the registered manager and the general staffing arrangements</li> </ul> <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>Following a meeting at RQIA offices on 22 October 2014 when representatives of the registered person provided assurances that a suitable title had been agreed, amended agency documentation should be forwarded to RQIA.</p>	Four		1 December 2014
2	1.4	<p>Action is taken, where necessary following receipt of feedback and comments to make improvements to the quality of the service.</p> <p>This refers to views by staff regarding the nature of supervision and the request to have additional one to one supervision sessions.</p>	One		31 January 2015

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 service users, and representatives, and professionals, in monitoring reports on a monthly basis.</p>	One		31 January 2015
4	12.4	<p>The training needs of individual staff for their roles and responsibilities are identified and arrangements are put in place to meet them.</p> <p>This refers to the staff request for additional training in an area.</p>	One		31 December 2015

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

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	

<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			
Further information requested from provider			