



The Regulation and  
Quality Improvement  
Authority

## PRIMARY INSPECTION

<b>Name of Agency:</b>	<b>Camphill Community - Clanabogan</b>
<b>Agency ID No:</b>	<b>11040</b>
<b>Date of Inspection:</b>	<b>6 &amp; 10 June 2014</b>
<b>Inspectors' Name:</b>	<b>Audrey Murphy Joe McRandle</b>
<b>Inspection No:</b>	<b>17741</b>

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

<b>Name of agency:</b>	Camphill Community - Clanabogan
<b>Address:</b>	15 Drudgeon Road Omagh BT78 1TJ
<b>Telephone Number:</b>	028 82256100
<b>E mail Address:</b>	<a href="mailto:peggyfaulhaber@camphillclanabogan.com">peggyfaulhaber@camphillclanabogan.com</a>
<b>Registered Organisation / Registered Provider:</b>	Mr Martin Sturm
<b>Registered Manager:</b>	Miss Peggy Faulhaber
<b>Person in Charge of the agency at the time of inspection:</b>	Miss Peggy Faulhaber
<b>Number of service users:</b>	30
<b>Date and type of previous inspection:</b>	17 June 2013 9:45 am – 5:30 pm
<b>Date and time of inspection:</b>	6 June 2014, 9:40 am – 5.15 pm 10 June 2014, 9:30 am – 3:30 pm
<b>Name of inspector:</b>	Audrey Murphy (Senior Inspector) Joe McRandle (Finance Inspector)

## 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	10
Staff	12
Relatives	2
Other Professionals	0

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

Issued To	Number issued	Number returned
Staff	25	23

### 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 requirements and recommendations stated during the inspection of June 2013 was assessed.

The agency has been assessed as fully compliant with the minimum standards in relation to the previous recommendations.

The agency has also been assessed as having partially met one of the requirements from the previous inspection and this requirement has been restated.

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

Camphill Community Clanabogan is based at 15 Drudgeon Road, Omagh and commenced operations in 1984. It offers a supported living type domiciliary care service for up to 30 individuals with a learning disability and associated physical, emotional and mental health difficulties including challenging behaviour and physical disabilities.

At the time of the inspection there were 30 service users, the majority of whom were from the Western Health and Social Care Trust area. The remaining service users have come to live in Clanabogan from throughout Northern Ireland, the Republic of Ireland, Scotland and England.

Service users live in five houses within the Camphill community and are supported by members of agency staff, most of who also live within the Camphill community. All five houses are occupied by both service users and Camphill community families including their children. There are additional ancillary staff who work at Camphill Clanabogan and undertake a range of duties including administrative and cleaning tasks.

Many service users have lived at Clanabogan since it became operational in 1984 with the most recent service user taking up their tenancy within the four months prior to the inspection.

Camphill Community Clanabogan offers volunteering opportunities to individuals from overseas to join the community. At the time of the inspection there were a number of volunteers providing domiciliary care to service users.

The Community operates holistically and offers social, educational and cultural opportunities as well as housing and personal care support. All of the service users have the opportunity to participate in work within the Camphill community, Clanabogan, and some access external day services and the local college. There are opportunities for work within the community's farm, farming garden, bakery, wood workshop and weavery.

## Summary of Inspection

The inspection was undertaken on 6 June 2014, 9:40 am – 5:15 pm by Audrey Murphy, Senior Inspector and Joe McRandle, Finance Inspector. A further inspection visit was undertaken on 10 June 2014 by Joe McRandle.

During the inspection of 6 June 2014, a range of financial, care and other records were examined and the inspectors met with service users, agency staff and management and the representatives of two service users. An inspector was invited by service users to share with them a meal in their home and the inspector was very grateful for this opportunity.

Agency staff who contributed to the inspection provided very positive feedback in relation to the quality of the lives of service users and the range of opportunities that they can avail of while living at Camphill Clanabogan. Staff confirmed they received training in all of the mandatory areas and in addition to this had received training in dementia as this had been identified as a training need. Staff highlighted the benefits to service users that the life sharing experience brings and reported that service users receive seamless and consistent care and support from all staff.

The service users who participated in the inspection commented positively on their experience of living at Camphill Clanabogan and several reported they had been living there for many years. Two service users' relatives also provided very positive feedback in relation to the service provided by Camphill Clanabogan and one reported that they could visit their relative anytime and always found the staff to be friendly and helpful.

## **Additional matters examined**

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

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

The agency's reporting template includes references to an assessment of training, supervision and appraisal, human rights considerations and restrictive interventions.

There was evidence of action plans being developed during the monitoring visit and actions from previous monitoring visits being monitored and progressed.

### **Charging Survey**

In advance of the inspection visit, the registered manager forwarded to RQIA a completed survey outlining the charging arrangements in place for service users of the agency. The survey was discussed during the inspection and outlined further within the report.

The agency has requested formal capacity assessments from the host Trust in relation to the financial capacity of service users. Formal assessments have also been requested from other agencies who commission the domiciliary care services from the agency.

Twenty nine of the current service users have corporate appointee arrangements where Camphill Community Clanabogan (CCC) is the corporate appointee. The agency retains copies of agreements from service users' representatives in relation to the appointee arrangements. The registered person is no longer the appointee and corporate appointeeship is now in place. The inspectors were advised that the agency is in the process of obtaining BF56 and BF57 from the Social Security Agency.

The survey outlined the arrangements for WHSCT to commission services from the agency. The payments received by the agency from the Trust were described as 'baseline fees' and inspectors were advised that the Trust had authorised the agency to charge individual service users the amount of their DLA care as a contribution towards the overall care package.

### **Statement of Purpose**

The agency's statement of purpose has been revised and forwarded to RQIA in advance of the inspection. The statement continues to reflect the range and nature of services provided.

## 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 (in accordance with the DHSSPS Circular HSC (ECCPU)1/2010 "Care management, provision of services and charging guidance").

The returned questionnaire was discussed during the inspection and reflected the arrangements across a number of Trusts for reviewing the needs assessments and care plans of service users. The registered manager confirmed during the inspection that while all of the WHSCT service users had had a review of their needs undertaken by a HSC Trust professional, the records of these meetings had not been shared with the agency. It was therefore not possible to ascertain what decisions had been made during the review or whether any significant changes were made to care and support plans.

The agency's services are commissioned by three other HSC Trusts and those service users who were eligible for a review had their needs reviewed by the relevant Trust. It was concerning to note that five service users from outside of Northern Ireland had not had a review of their needs or care plans undertaken during this time period.

Inspectors would like to thank the service users and agency staff for their participation and full cooperation throughout the inspection process.



**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.	16 (2) (a)	<p>The registered person shall ensure that each employee of the agency –</p> <p>(a) Receives training and appraisal which are appropriate to the work he is to perform.</p> <p>This requirement refers to mandatory training in handling service users' money.</p>	<p>The inspector was advised that agency staff undertook training in handling service users' finances in June 2013 and in February 2014. Training has been provided following the publication of inspection themes.</p> <p>Volunteer co-workers accompany service users and assist them to make purchases; Volunteer co-workers have received the training as part of their induction.</p> <p>Agency staff who participated in the inspection advised inspectors that they had undertaken the training and welcomed the additional safeguards that the agency's revised policies and procedures provides for service users' finances.</p>	One	Fully Met

2.	15 (2)	<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> <p>(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 Board or other person with responsibility for commissioning personal social services for service users;</p> <p>This requirement refers to the agency demonstrating that the service users' financial agreements and transport agreements are implemented in agreement with the relevant HSC Trust or other body commissioning services.</p>	<p>The agency has reviewed the service users' financial agreements and transport agreements and engaged with the service users' relatives and representatives with regard to these.</p> <p>There was evidence that the revised financial agreements and transport agreements had been forwarded to service users and their relatives and to the relevant professional and that some had been returned reflecting agreement of the representative; agency staff advised that they awaited the return of all of these agreements from the service users' representatives.</p> <p>The registered person must follow up on the individual agreements not returned to the agency by the service users' representatives. A signed copy of the agreements must be retained in the service users' files.</p> <p>A copy of the correspondence to service users' representatives for the return of the agreements should also be maintained in the files.</p>	One	Partially Met
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Number of Times Stated	Inspector's Validation Of Compliance
1.	2.2	<p>It is recommended that the service user guide is revised to reflect the service users' choices with regard to the terms and conditions for receipt of the agency's services.</p> <p>In particular, service users should be made aware of their right to choose alternatives to meals provided by agency staff, the right to watch TV, to have snacks of their preference and can eat these in any area of their home and the right to choose their own bedtime.</p>	<p>The service users' handbook has been revised and includes specific references to restrictive interventions, meals and food and references to access to TV, snacks</p> <p>The meals and food section had been revised and no longer makes reference to areas of the service users' home where snacks could be consumed. The revised handbook outlines the availability of a television and contained no references to bedtime.</p>	One	Fully Met

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

**Statement 1:**

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

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

**COMPLIANCE LEVEL**

<p><b>Provider's Self-Assessment</b></p> <p>CCC is a supported living model within an intentional, life sharing community. CCC provides to each individual a Residents' Handbook which includes their Individual Service Agreement as well as the Financial Support Assessment and Management Plan which detail the specific terms and conditions in respect of any specified service to be delivered and all charges payable by the resident to CCC and the method of payment.</p> <p>It is considered that the DLA care component reflects the individual's assessed care needs and therefore is used to contribute to the overall care package. Residents' individual Financial Agreements reflect this arrangement and are signed by the responsible HSCT representative. Confirmation is being sought at the impending Annual Review with HSCT.</p> <p>There are arrangements in place that cover the apportionment of shared costs in relation to food, heat and light. These are currently being reviewed.</p> <p>As part of the life sharing model, residents generally share meals with staff, there is however always the option for residents to choose to have meals and snacks separately. Specific arrangements for the charging of food and other shared costs have been made.</p> <p>The arrangements and records to be kept in relation to supporting residents with their finances are detailed in the Residents' Handbook.</p> <p>Policies and procedures are in place in relation to supporting residents to manage their finances and property.</p> <p>It is stipulated in the Domiciliary Care Agreement that residents will be notified in writing at least 4 weeks in advance of any changes in charges.</p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p> <p>The inspector was informed by the registered manager that service users' individual agreements had been revised and circulated to their representatives and Trust representatives on 3 June 2014. The agreement includes a financial and transport agreement. The finance agreement details the amount of benefits, supported living and rent received on behalf of the service user. The amount to be paid by the service user from the above income is also detailed within the agreement. This includes: Care, heat and light, food and cultural expenses. The amount paid by the Health and Social Care Trust towards the care of the service user is also detailed within the agreement.</p> <p>The agreement states that the service user will be refunded half of the daily rate of their care/support charge when they are away from their home overnight. The full daily food rate is also refunded to the service user</p>	<p>Moving towards compliance</p>

when away overnight. It was noticed by the inspectors that the cultural expense is not refunded to the service user. The finance inspector was informed by the registered person that the amount calculated for the cultural charge includes the maintenance and upkeep of the building used to provide cultural activity.

The inspector examined three service users' files. Each file contained an individual service user agreement. One of the agreements was signed and dated by the service user, the service user's relative, a representative of the agency and the service user's care manager from the Health and Social Care Trust. The two remaining agreements were signed and dated by the service user and a representative from the agency.

The agreements confirmed that the service users were paying the care element of their disability living allowance towards their support/care. The agreement states:

*"A charge equivalent to the DLA care component is made by CCC with the agreement of the referring HSC Trusts as a contribution towards the care needs of service users. HSC Trusts are to carry out needs assessments of individual service users which may result in specific fees being agreed for each of them and a change to this arrangement."*

This arrangement may be inconsistent with guidance issued by the former HSS Executive on 3 June 1999 "Provision of Community Care Services – Treatment of Attendance Allowance" (Circular BP 2451/ 97) which states:

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

The inspector was informed that a number of individual agreements had still not been signed and returned by the service users' representatives.

A requirement is listed within the Quality Improvement Plan (QIP) to this report for the registered person to contact the service users' representatives for the return of the agreements. The registered person is also required to provide RQIA with evidence of engagement with the relevant HSC Trust in relation to these charging arrangements.

The Individual agreement references the individual's needs and risk assessment, care and support plans and the role of the individual and their representatives. The agreement also states that it will be reviewed at least annually by the agency.

The inspector was provided with documentation during the inspection which provides the rationale for the calculation of the costs charged to service users for utilities (i.e. food, energy and cultural charges). The inspector was also provided with a detailed spreadsheet of the calculations.

The agency sets out a "intentional community" ethos where the costs of the utilities are shared between co-workers and their families and service users by means of direct allocation and indirect apportionment. Food costs are charged at a daily rate to service users and a refund is made if service users are away from their home overnight.

Heat, light and power are charged on the basis of the number of co-workers, their families and service users at the agency. Each service user is subsequently charged the same rate as co-workers.

The registered person and registered manager informed the inspectors that cultural events are an integral part of the community. The costs associated with providing cultural events are the maintenance, energy and rent costs of the building used to facilitate the events. Service users are charged a daily rate for cultural events.

The individual service user agreement states that service users and their representatives will be given 28 days' notice of any changes to charges.

One service user is provided with domiciliary care from another agency which had been arranged by the Trust in response to their changing physical health needs.

<b>THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED</b>	
<p><b>Statement 2:</b></p> <p><b>Arrangements for receiving and spending service users' monies on their behalf are transparent, have been authorised and the appropriate records are maintained:</b></p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• 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;</li> <li>• 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;</li> <li>• 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;</li> <li>• 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);</li> <li>• 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;</li> <li>• A reconciliation of the money/possessions held by the agency on behalf of service users is carried out, evidenced and recorded, at least quarterly;</li> <li>• 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;</li> <li>• If a member of staff acts as an agent, a record is kept of the name of the member of staff, the date</li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>



<p>they acted in this capacity and the service user on whose behalf they act as agent;</p> <ul style="list-style-type: none"> <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>	
<p><b>Provider's Self-Assessment</b></p>	
<p>CCC has formally requested Financial Capacity Assessments to be undertaken by a HSCT professional. In the meantime assessments are being undertaken by CCC to assess individuals' needs and capabilities which form the basis of current practice &amp; inform future capacity assessments.</p> <p>A record of the amounts paid by/in respect of each resident is kept.</p> <p>A record is maintained of all benefits/income received and of all expenditure. Transactions are signed by the resident and two staff members.</p> <p>More formalised arrangements have been put in place where items or services are purchased on behalf of residents to ensure that written authorisation from the resident/representative has been sought.</p> <p>Contingency arrangements are in place to ensure that CCC can respond to the requests of residents for access to their money/property at short notice.</p> <p>Records and receipts of all transactions undertaken by staff on each resident's behalf are maintained and kept up to date.</p> <p>The procedure of at least quarterly reconciliation of the money/possessions held by CCC on behalf of residents has been implemented.</p> <p>Corporate Appointeeship by CCC is offered to residents on admission and agreed in writing with the resident/representative and the representative from the referring HSCT. These arrangements are noted in the Residents' Handbook. The required documentation is in place, evidencing approval of the appointeeship arrangement for each resident.</p> <p>At present there are no staff acting as an agent.</p> <p>Referral is made to the relevant HSCT in the event of a resident becoming incapable of managing their finances.</p>	<p>Substantially compliant</p>

Inspection Findings:	
<p>The agency maintains a record of the amounts paid by the Health and Social Care Trusts for service users' care. The inspector examined a number of records of monies received. The amounts received by the agency were aligned to the amounts detailed in the service users' financial agreements.</p> <p>The inspector was informed that one service user pays for their own care costs in full. This practice seemed potentially inconsistent with the 2007 DHSSPS "Report on free personal care and alternative options", which states (p.6):</p> <p><i>"Clients at home, however, do not have to pay for their personal care."</i></p> <p>The inspector was informed by the agency's administrator that two service users were placed by health authorities from other parts of the UK for which the relevant care manager visits annually for a care review. The inspector was also informed that three other service users were placed by health authorities from the Republic of Ireland however no care review is undertaken for these service users and there have been no visits by care management. RQIA will be in further discussions with the agency in relation to this finding.</p> <p>The inspector also noticed that as well as receiving payment for one of the service users placed by a health authority from the Republic of Ireland, the agency invoices the service user for an additional amount for their care. When asked, the administrator told the inspector that this was in relation to a shortfall in the employer's national insurance contribution paid by the agency for providing one to one care to the service user.</p> <p>RQIA will be in further discussions with the registered person in relation to the financial arrangements for this service user.</p> <p>The agency acts as an appointee for 29 service users. Written confirmation from the Social Security Agency (SSA) was in place for seven of the service users.</p> <p>A requirement is listed within the QIP for the registered person to obtain written confirmation for the remaining 22 service users.</p> <p>The inspector was informed, by the administrator that the agency acts as a corporate appointment. The inspector noticed that the written confirmation for benefits such as Income support and Severe Disability</p>	<p>Moving towards compliance</p>

Allowance showed that a corporate appointee was in place; however the written confirmation for Service users' mobility element of their Disability Living allowance shows that the appointee is the agency's administrator.

A requirement is listed within the QIP for the registered person to contact SSA to confirm that the agency retains a corporate appointeeship for all 29 service users.

The agency maintains a record of the benefits received on behalf of service users for which the agency acts as an appointee. One record is maintained of the weekly benefits received and a further record shows the monthly amount received on behalf each service user. The monthly record shows the amounts paid from the service users' benefits towards their support/care and other expenses.

The inspector commended the administrator at the agency in relation to the level of detail recorded for each service user.

The inspector noticed that the representative from the agency signing the service users' financial agreements was also the person listed as being the service users' appointee. The inspector explained that this would be deemed as a conflict of interest as the appointee was agreeing to the costs set by the agency.

A requirement is listed for the agreements to be signed by a representative of the agency who does not act as appointee for any service user.

A number of purchases made by staff on behalf of service users were examined by the inspector, receipts from the purchases and the required signatures were found to be in place. Records for one service user showed that an amount was withdrawn from their monies for Christmas shopping however no receipts were retained from the purchases. When asked, the co-worker informed the inspector that the monies were signed out and retained by the service user. The inspector examined the records which showed the service user had signed out the monies and the record was countersigned by two members of staff.

It was noticed by the inspector that when service users' monies are returned from purchases made on their behalf by members of staff, the amount of monies returned by the staff member is recorded on the same line used to record the amount of monies withdrawn for the purchase.

The inspector informed the co-worker that best practice would dictate that a new entry is recorded when monies are returned and the record is signed by the service user and the member of staff returning the

monies or two members of staff if the service user lacks capacity or refuses to sign the record.

A requirement is listed within the QIP in relation to this finding.

Payments to a podiatrist and therapist were examined by the inspector. Records showed that at least two members of staff signed the record to confirm the payment to both providers. The inspector noticed that the receipts provided by the podiatrist and therapist were found to be inadequate.

A requirement is listed within the QIP for the podiatrist and therapist to provide adequate receipts when receiving payment for the service provided (e.g. on headed paper or from a receipt book).

Records showed that monies held on behalf of service users were reconciled quarterly and signed by two members of staff. The inspector commended the administrator on the records maintained of the reconciliations.

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

**Statement 3:**

**Where a safe place is provided within the agency premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained:**

- 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;

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.

**COMPLIANCE LEVEL**

<p><b>Provider's Self-Assessment</b></p>	
<p>Controls are in place for access to the safe(s) for safeguarding of residents' cash and valuables which restrict access to named senior staff and provide for the handover and checking of cash when staff supervision changes.</p> <p>Appropriate procedures have been implemented for recording, safekeeping and return of residents' money/valuables.</p> <p>Individualised arrangements are in place to safeguard residents' property based on assessed need. The Residents' Handbook outlines the arrangements for the safe storage of money/valuables and for access to their individual financial records.</p> <p>Any restrictions in the resident's access to money or valuables are agreed with the HSCT representative and the relative and are documented in the person's needs/risk assessment and care plan. This is subject to annual review.</p> <p>An appropriate procedure for the reconciliation of money/valuables held for safekeeping by CCC has been implemented and will be carried out at regular intervals, at least quarterly. From this errors or deficits will be handled in accordance with CCC's SVA procedures.</p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The agency provides a safe place for the retention of service users' monies. The inspector examined a number of service users' monies held by the agency at the time of inspection, the amount retained agreed to the balance recorded at the agency.</p> <p>Comprehensive policies and procedures for the safeguarding of service users' monies and valuables are in place at the agency. These policies can be accessed on the agency's website.</p> <p>As previously mentioned within this report a reconciliation of service users monies and valuables is undertaken quarterly.</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>The residents' individual needs in relation to transport are documented in the Risk Management Plan and the resources are stated on the individual Financial Agreement and Transport Agreement. CCC offers a fleet of vehicles and the individual can opt in or out of using the Transport Scheme.</p> <p>Charges for transport provision are based on individual usage.</p> <p>There is a written agreement in place with the resident which covers all the points stipulated.</p> <p>Written policies and procedures are in place which detail the terms and conditions of the scheme and the records to be kept.</p> <p>At present there is no one in possession of a motability vehicle.</p> <p>The mobility element of DLA is received by the individual resident who upon joining the Transport Scheme is charged on a monthly basis for mileage travelled. Appropriate records are kept in relation to this.</p> <p>Records are maintained of each journey detailing all the points stipulated.</p> <p>Staff supervision or escorting costs do not generally apply as our staff is not paid. In the unlikely event of additional paid employees having to be used, the actual rate per hour would be charged providing it had been agreed with the service user in advance.</p> <p>Records are maintained of the annual running cost of all vehicles used for the Transport Scheme.</p> <p>CCC ensures all vehicles used for providing transport to residents meet the relevant legal requirements regarding insurance and road worthiness.</p> <p>Ownership details of vehicles are clarified in the Transport Agreement.</p>	<p>Compliant</p>



Inspection Findings:	
<p>At the time of the inspection the agency was in the process of revising its transport scheme. Service users were previously charged £1.51 per mile for each journey undertaken. Following a review of the costs associated with providing the scheme the agency amended the mileage rate to £0.96. The registered person informed the inspector that service users will be refunded the difference between the two rates from 1 April 2014.</p> <p>Six vehicles are used mainly for operating the scheme, a further four vehicles may be used if required. The registered person informed the inspector that the transport charges for the new scheme are based on the actual costs of running the scheme and the actual usage by service users.</p> <p>The vehicles are driven by co-workers and support staff in addition to a driver. The registered person informed the inspector that the primary purpose of the driver is to facilitate service users however a proportion of the driver's time is used for business purposes.</p> <p>The registered manager provided documentation during the inspection which explained the rationale for the costs involved in the transport scheme and the mechanism for charging service users for their journey. On examining the document the inspector noted that the direct costs associated with the scheme e.g. rental costs etc. are apportioned between the service users and the agency. 15% of these costs are attributed to service users. The costs of the driver are apportioned separately with 68% of the costs attributed to service users.</p> <p>The costs associated with the scheme and the calculations used to determine the mileage rate were clearly laid out within the document.</p> <p>Previous records of charges to service users were examined by the inspector. The record included the date and destination of the journey and the total miles of the journey which was divided evenly amongst the service users. The record was signed by the driver and countersigned by the service user and two co-workers from the agency. The record is used to charge the service user and the total charged is included in the monthly statement of account which shows the income and expenditure for each service user.</p> <p>The revised individual service agreement includes a provision for service users to opt out of the transport scheme. A transport policy and procedure was in place at the time of inspection.</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>
	<b>Substantially compliant</b>

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

<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>Residents' individual needs and risks are assessed in conjunction with the residents, their representatives and their HSCT representative(s) and reflect appropriate consideration of human rights. Care/support plans are reviewed at a minimum annually.</p> <p>Daily records and monthly summaries are kept evidencing outcomes of the service provided to the individual. Residents' care/support plans reflect a wide range of interventions used in relation to assessed needs and risks which include level of assistance required with administration of medicine, personal and intimate care; financial support plans and housing support plan as well as restrictive intervention and behaviour support plan if appropriate.</p>	Compliant

<b>Inspection Findings:</b>	
<p>The care records maintained by the agency were detailed and comprehensive and reflected the involvement of service users in their development. There was clear evidence of multi-disciplinary assessment and care planning within the care records and of agency staff undertaking continual assessments and evaluation of progress towards objectives identified by individuals.</p> <p>The care records contained explicit references to the individuals' human rights and there were evidence of consideration of the human rights of individuals who were experiencing restrictive interventions.</p> <p>All of the staff who returned a questionnaire to RQIA indicated that each service user has a care plan and assessment in place that meets their individual needs.</p>	<p>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>All staff have received mandatory training for the Domiciliary Care and Supported Living Setting, which is competency based as well as training on Human Rights and Supported Living. Staff have also participated in specific training relevant to the needs of service users such as training on Person Centred Planning, Learning Disability and Dementia, Active Support and Makaton. Supervision, appraisal and team meetings provide forums for evaluation of the effectiveness of the training.</p> <p>Policies and procedures are in place to guide staff, inform practice and ensure the needs of service users are met.</p> <p>Service users' needs are continually reviewed and the effectiveness of care practices including potential human rights implications is evaluated.</p> <p>Restrictive interventions are formally reviewed by the Multi-disciplinary team at a minimum annually. The annual QA Report audits any incidents and restrictive interventions and identifies any practice issues and formulates a service improvement plan. Staff practices are closely monitored through the agency systems e.g. homegroup, staff supervision, team meetings, house meetings. CCC is committed to reducing any</p>	Compliant

<p>restrictive practices. Monthly monitoring visits provide a mechanism through which restrictive practices can be identified and reduced. The person's annual PCP meeting provides an opportunity for review of restrictive intervention.</p> <p>Staff are aware of their obligation to raise concerns about poor practice and of the relevant reporting mechanisms in place.</p>	
<p><b>Inspection Findings:</b></p>	
<p>The agency's training records were examined and reflected uptake in training in the mandatory areas including safeguarding vulnerable adults and children, medication, manual handling, managing service users' money, managing challenging behaviour and restraint, infection control, fire safety, food hygiene. Additional training had been provided in support planning / risk assessment, human rights, supporting people, domiciliary care standards, professional boundaries, capacity and consent, supervision and appraisal, learning disability and dementia.</p> <p>Agency staff who returned a questionnaire all confirmed they had received adult safeguarding training and staff who participated in the inspection reported that their training needs were met and highlighted the training they had received in the area of dementia, in response to the changing needs of service users.</p> <p>Agency staff who participated in the inspection described their understanding and increasing awareness of restrictive practice and their obligations to safeguard the rights and safety of service users.</p> <p>The agency implements a number of restrictive practices with several service users and the care plans for these reflected the consideration of the principles of necessity, benefit to the person, alternative, least restrictive measures considered, the professionals involved, considerations of the balance of risk and safety, impact on other service users, relevant human rights considered, views of the service user and representative, capacity and where appropriate, the best interest decision.</p> <p>Care records pertaining to restrictive interventions had been signed by a HSC Trust representative.</p> <p>Restrictive interventions in place included restricted access to food within the service users' home, staff supervision when outdoors, restricted access to personal care equipment.</p> <p>Two service users were noted to have behaviour support plans which had been endorsed by the HSC Trust and reflected a range of interventions and strategies to support service users.</p>	<p>Compliant</p>

From discussions with agency staff and examination of the care records it was evident that some service users were experiencing increased choice and autonomy following the review of their restrictive practices. The registered manager advised the inspector that all restrictive practices remain under review and that agency staff are committed to working with the service user and their representatives to reduce any care practice that is restrictive.

Agency staff who contributed to the inspection demonstrated their awareness of the agency's whistleblowing policy and of their obligation to raise concerns about poor practice. Agency staff reported that they receive supervision regularly and that there are mentoring arrangements in place to support those staff who receive their direct supervision from the senior member of staff with whom they work directly with.

<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>Residents, their relatives and their representative from the HSCT are advised and consulted on any restrictive practice that impacts on them and their consent is sought. The Statement of Purpose and the Residents' Handbook outline service provision including restrictive intervention. Choice is being promoted for all aspects of care provision. The Personal and Intimate Care Assessment and the Individual Assessment of Managing Assisted Medication capture the individual's capacity to consent to or decline care practices and the impact of care practices on human rights is assessed. This is reviewed as and when required and at least annually. Residents are offered a copy of their care and support plans and user friendly versions have been developed e.g. large font with pictorial images. Individual residents are supported to discuss their needs and care plan and if relevant are signposted to potential sources of external support. The information on advocacy services is made available as appropriate.</p>	Compliant



Inspection Findings:	
<p>The agency's statement of purpose and service user guide have been reviewed and reflect the range and nature of services provided, including relevant references to restrictive interventions.</p> <p>The care records of several service users were examined and contained comprehensive needs assessments, care and support plans, risk assessments and person centred review records. The inspector was advised that the service users' care records have been made available to them but that service users have declined copies. The person centred review records were very detailed and reflected the involvement of the service users. The reports were colourful, pictorial and person centred.</p> <p>The impact of restrictive interventions on the needs and wishes of other service users had been fully considered by agency staff and there were adequate measures in place to ensure that other service users were not experiencing any disadvantage.</p>	Compliant

<b>THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS</b>	
<p><b>Statement 4</b></p> <p><b>The registered person ensures that there are robust governance arrangements in place with regard to any restrictive care practices undertaken by agency staff.</b></p> <ul style="list-style-type: none"> <li>• Care practices which are restrictive are undertaken only when there are clearly identified and documented risks and needs.</li> <li>• Care practices which are restrictive can be justified, are proportionate and are the least restrictive measure to secure the safety or welfare of the service user.</li> <li>• Care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance.</li> <li>• The agency evaluates the impact of restrictive care practices and reports to the relevant parties any significant changes in the service user’s needs.</li> <li>• The agency maintains records of each occasion restraint is used and can demonstrate that this was the only way of securing the welfare of the service user (s) and was used as a last resort.</li> <li>• Restraint records are completed in accordance with DHSSPS (2005) Human Rights Working Group on Restraint and Seclusion: Guidance on Restraint and Seclusion in Health and Personal Social Services.</li> <li>• The agency forwards to RQIA and other relevant agencies notification of each occasion restraint is used</li> <li>• The registered person monitors the implementation of care practices which are restrictive in nature and includes their on-going assessment of these practices within the monthly quality monitoring report</li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>

<p><b>Provider's Self-Assessment</b></p>	
<p>CCC is committed to promoting the human rights of individual residents and has policies and procedures concerning restrictive practice in place which includes the use of physical restraint. CCC is compliant with DHSSPS guidance in relation to restrictive practices. Restrictive interventions are undertaken only when there are clearly identified and documented risks and needs. Residents who experience care practices which impact on their human rights have been given the opportunity to consent to or decline the proposed intervention; this is evidenced in the individual assessment. The assessment process in relation to care practices addresses the principles of necessity, proportionality and least restriction to secure the safety or welfare of the resident. CCC is committed to ensuring that the impact of the use of restrictive intervention is continuously monitored and minimised. Arrangements to evaluate the impact on others include discussion in team meetings, PCP meetings, staff supervision. The agency engages with the person's HSC Trust regularly to review any restrictive practices; this includes bi-annual meetings with senior representatives of the WHSC Trust. Restraint and seclusion are not part of our practice however CCC is aware of the requirements to notify RQIA and other relevant agencies of any potential incidents of restraint. Monthly monitoring visits provide a mechanism through which the implementation of restrictive practices can be reviewed and reduced.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The agency has in place a template which outlines the principles of least restriction, necessity, proportionality and the human rights of individuals have been explicitly stated within their care records.</p> <p>As outlined within the self-assessment, agency staff do not implement restrictive practices unless these have been authorised by the appropriate agencies and can be justified as necessary. There was evidence of service users' involvement in the development and review of care plans and agency staff described how they evaluate the effectiveness of any restrictive practice with the individual.</p> <p>The registered manager confirmed that agency staff do not undertake any restraint with service users.</p>	<p>Compliant</p>

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

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

<b>THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY</b>	
<p><b>Statement 1</b></p> <p><b>Evidence inspected confirms that service users/representatives have written information and/or had explained to them the amount and type of care provided by the agency</b></p> <ul style="list-style-type: none"> <li>• Service users/representatives can describe the amount and type of care provided by the agency</li> <li>• Staff have an understanding of the amount and type of care provided to service users</li> <li>• The agency’s policy on assessment and care planning and the statement of purpose/service user guide describe how individual service user agreements are devised.</li> <li>• The agency’s service user agreement is consistent with the care commissioned by the HSC Trust. The agency’s care plan accurately details the amount and type of care provided by the agency in an accessible format.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment</b></p> <p>Residents, their representatives and staff are aware of the type and amount of care provided. The policy on assessment and care planning along with the Residents' Handbook and Statement of Purpose describe how individual agreements are devised. The Domiciliary Care Agreement reflects the care commissioned by the HSCT. Care and Support Plans outline the individual care arrangements in place and detail the type of care provided.</p>	Substantially compliant

<b>Inspection Findings:</b>	
<p>The service users' agreements had been revised and distributed to each service users' HSC Trust or other representative for approval. Some agreements had been signed by HSC Trust representatives and representatives of the WHSCT had signed the financial agreements of the WHSCT service users.</p> <p>The amount of care provided by the agency is described in the agreement in the context of the agency operating within an intentional community. The registered manager advised that the care provision is 40% and 60% support; The WHSCT make a block contract of funding to meet the care needs of individuals and inspectors were advised that the Trust had authorised the agency to charge the service users the amount of their DLA as a contribution to the overall care package.</p> <p>Agency staff, service users and their representatives who participated in the inspection spoke of the high level of support and care available to each individual and attributed this to the life sharing model on which the intentional community is based.</p> <p>A range of needs assessments, care plans and risk assessments were examined and noted to be person centred and reflective of the wishes of service users. It was evident that these were reviewed regularly by agency staff and appropriate contacts made with HSC Trust and other representatives of service users.</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>
<p><b>Provider's Self-Assessment</b></p> <p>Individual Domiciliary Care and Financial Agreements are issued to the residents and their representatives. CCC supports individual residents to understand the care received and funded by their HSCT. The Financial Agreement is reviewed and reissued annually and this outlines the care which they pay for from their income. To date the HSCTs have not yet undertaken individual assessment of hours of care and support required and commissioned by the HSCT. The care package is tailored to individual need. There are no additional care hours being paid for by the individual resident. The care package is separate from the housing provision and individuals are made aware that their tenancy rights remain unaffected by potential changes to their care needs.</p>	Substantially compliant

<b>Inspection Findings:</b>	
<p>The inspectors were advised that the agency has engaged with the service users' relatives during bi-annual events and written to them outlining changes in financial policies and procedures including transport, cultural charges, heat and light charges, finance support agreements and individual service agreements. The agency has also forwarded to service users' relatives and HSC Trust representatives revised individual agreements.</p> <p>The service users' individual agreements outline their income and expenditure; service users are charged by the agency for their personal care and this is aligned to the amount of DLA care money they receive.</p> <p>The inspector was advised that host Trust (WHSCT) service users were paying their DLA care money towards meeting their care costs. Inspectors were further advised that the Trust had authorised these charges to be made to each service user.</p> <p>Financial assessment, support and management plans were in place for all service users and forwarded to the Trust for endorsement; some examples of outcomes of these assessments are that service users have varying levels of independence in relation to how their finances are managed. At the time of the inspection there were no service users who could independently manage their finances, inspectors were advised however of support plans in place which included Individualised goal setting to promote the independence of these service users.</p> <p>Due to the level of their disability, the service users who met with the inspector could not describe the amount of care they received for the funding provided by the Trust or from their own contributions.</p>	<p>Not 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>
<p><b>Provider's Self-Assessment</b></p> <p>CCC convenes the annual PCP meeting and encourages residents, their relatives and the representative of the commissioning HSCT to be involved. This incorporates a review of the individual's care and support needs/plan. Needs and risk assessments along with care/support plans are updated continually throughout the year as required reflecting changes in the individual's condition and care needs. Residents and relatives are aware that reviews can be convened as and when required dependent upon the service user's needs and preferences.</p> <p>Records reflect any changes in the care arrangements, fees paid are endorsed/signed by all parties.</p>	Compliant

<b>Inspection Findings:</b>	
<p>The registered manager returned a questionnaire to RQIA in advance of the inspection outlining the arrangements for service users to have their needs and care plans reviewed by a HSC or other professional. The agency has services commissioned by four HSC Trusts in Northern Ireland and five service users' care is commissioned by agencies outside of Northern Ireland. Those service users who have their care commissioned by a HSC Trust have had a review of their needs undertaken and there was evidence of liaison between agency staff and the Trust in relation to the changing needs of service users. The records of the review meetings had not in all cases been forwarded to agency staff however and it was difficult to ascertain whether any significant changes were to be made to the care / support plan following the review. It was concerning to note that five service users from outside of Northern Ireland had not had a review of their needs undertaken.</p>	<p>Substantially compliant</p>

<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><b>Substantially compliant</b></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><b>Not compliant</b></p>

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Miss Peggy Faulhaber, as part of the inspection process.

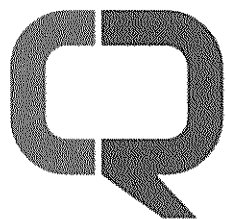
The timescales for completion commence from the date of inspection.

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:

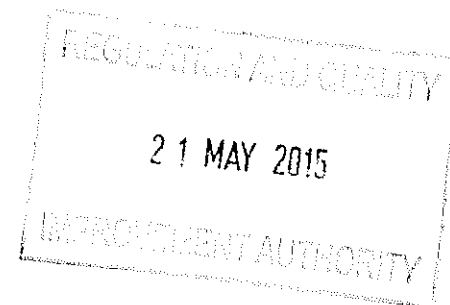
**Audrey Murphy**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



The Regulation and  
Quality Improvement  
Authority

**Quality Improvement Plan**  
**Announced Primary Inspection**  
**Camphill Community – Clanabogan**

**6 June 2014**



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

The specific actions set out in the Quality Improvement Plan were discussed with Mr Martin Strum, registered person and Miss Peggy Faulhaber, registered manager either during or after the inspection visit.

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

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

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

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

<b>Statutory Requirements</b>					
<b>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</b>					
<b>No.</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1	6 (1) (b)	<p>The registered person must follow up on the individual agreements not returned to the agency by the service users' representatives. A signed copy of the agreements must be retained in the service users' files.</p> <p>A copy of the correspondence to service users' representatives for the return of the agreements should also be maintained in the files.</p>	Once	Correspondence has been issued to services users' representatives requesting return of signed individual agreements. All agreements have been returned and a signed copy of the agreements is retained in the service users' files.	31 March 2015
2	15. (6) (d)	The registered person must obtain written confirmation from the Social Security Agency to act as an appointee for the service users identified during the inspection.	Once	Written confirmation has been obtained from the Social Security Agency for CCC to act as corporate appointee for the service users identified during the inspection.	31 March 2015
3	15. (6) (d)	The registered person must contact the Social Security Agency to confirm that a corporate appointee is in place for those service users identified during the inspection for which the administrator was listed as the appointee.	Once	It has been confirmed with the Social Security Agency that a corporate appointee is in place for those service users identified during the inspection for which the administrator was listed as the appointee.	31 March 2015
4	6 (1) (b)	The registered person must ensure that the individual service user agreements (including the finance and transport agreements) are signed by a representative from the agency who does not act as an appointee on behalf	Once	Individual service user agreements including finance and transport agreements are signed by a representative from the agency who does not act as	31 March 2015

		of the service users.		an appointee on behalf of the service users.	
5	15. (6) (d)	<p>The registered person must ensure that a new entry is recorded in the transaction books when monies are returned from purchases made on behalf of service users by staff members.</p> <p>The record must be signed by the service user and the member of staff returning the monies or two members of staff, if the service user lacks capacity or refuses to sign the record.</p>	Once	<p>A new entry is recorded in the transaction books when monies are returned from purchases made on behalf of service users by staff members. The record is signed by the service user and the member of staff returning the monies or two members of staff, if the service user lacks capacity or refuses to sign the record.</p>	From the date of inspection
6	15. (6) (d)	<p>The registered person must ensure that the podiatrist and therapist (and any other outside provider of services) provides adequate receipts when receiving payment from service users' monies (e.g. on headed paper or recognised receipt book).</p>	Once	<p>Adequate receipts are being obtained from outside providers of services i.e. podiatrist, therapist when receiving payment from service users' monies.</p>	From the date of inspection.
7	14 (d)	<p>The registered person must ensure the safety and security of service users' property, including their homes.</p> <p>This requirement refers to but is not limited to the fees paid to the agency for personal care, contrary to departmental guidance. The registered person is required to provide RQIA with evidence of engagement with the relevant HSC Trust in relation to these charging arrangements.</p>	Once	<p>CCC has actively engaged with all relevant HSC Trusts / commissioning authorities in relation to the charging arrangements for personal care.</p>	31 March 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>	Peggy Faulhaber
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Martin Sturm

<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	—	<i>Audrey Kelly</i>	<i>05/06/15</i>
Further information requested from provider			