



The Regulation and
Quality Improvement
Authority

PRIMARY INSPECTION

Name of Agency: Ward House Supported Living Scheme
Agency ID No: 11042
Date of Inspection: 18 November 2014
Inspector's Name: Jim Mc Bride
Inspection No: INO20772

The Regulation And Quality Improvement Authority
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General Information

Name of agency:	Ward House
Address:	16 Cronston Court Bangor BT19 7YU
Telephone Number:	02891271497
E mail Address:	Heather.Cruise@setrust.hscni.net
Registered Organisation / Registered Provider:	SEHSCT Mr Hugh Henry McCaughey
Registered Manager:	Ms Heather Leanne Cruise
Person in Charge of the agency at the time of inspection:	Ms Heather Leanne Cruise
Number of service users:	51
Date and type of previous inspection:	Primary Announced Inspection 24 February 2014 09:00-15:30
Date and time of inspection:	Primary Announced Inspection 18 November 2014 09:00-14:00
Name of inspector:	Jim McBride

Introduction

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

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

Purpose of the inspection

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

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

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

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

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

Methods/process

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

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

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

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

- Evaluation and feedback

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

Consultation process

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

Service users	5
Staff	4
Relatives	1
Other Professionals	1

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service, four questionnaires were returned. The staff on duty during the inspection completed another five questionnaires. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	15	10

Inspection focus

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

The following four quality themes were assessed at this inspection:

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

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

The agency's progress towards compliance with the two requirements and one recommendation made following the inspection of 24 February 2014 was assessed.

The agency has fully met one requirement stated previously and is not compliant with the other. This requirement has been restated.

The agency has fully met the minimum standards with regard to the one recommendation stated previously.

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

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

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

Profile of service

The South Eastern Health and Social Care Trust Adult Supported Living services for adults with learning disabilities comprises of different houses in the Bangor area. The agency's registered office is located at Ward House, 16 Cronston Court, Bangor. Under the direction of the Manager, Ms Heather Cruise a staff group of 40 provides a range of support services to 51 service users in a supported living type domiciliary care agency. The staff provide support to service users to enable them to live full and valued lives, as independently as possible. Service users are actively encouraged to be part of the community in which they live and are supported to maintain their interests and leisure pursuits. The current service users' tenancies are held with a range of private, housing associations and the HSC Trust.

Ten service users reside at Ward House, with the remaining forty one service users living at addresses at various other addresses within the locality.

Summary of inspection

The announced inspection was undertaken at the agency's registered office on the 18 November 2014. The inspector met with the registered manager.

During the inspection a range of policies and procedures and other documentation was examined including:-

Tenancy Agreements

Care plans

Risk assessments

Service agreements

The inspector had the opportunity to meet five service users in their own home. Service users who participated in the inspection provided very positive feedback in relation to the quality of care and support they receive from agency staff. Service users advised the inspector that they experience encouragement and support to maintain and develop their independence. One service user stated: "This is my home and staff help me with all my needs and activities"

The inspector spoke to four staff. Staff stated that they had received training in human rights and that all service users have a care and support plan that meets their needs and has been prepared with HSC Trust involvement.

The inspector had the opportunity to talk with one relative as well as a staff member from the HSC Trust. Their comments have been added to this report.

Records examined show evidence of a consistency with a person centred approach and reflected that the service is person centred and individual. Each service user has an allocated Named Support Worker who contributes to their Care Plan and ensures that any information or assistance required is made available to them. This was acknowledged within individual care plans examined by the inspector as well as during discussion with the manager staff, service users and relative interviewed

Tenant Comments:

"Staff listen to me I have no complaints"

"Staff are good"

"I love living here"

"Staff like to please me"

"The food is good and I have choices"

"Staff help me with shopping and my money"

"I have good staff here and they make me feel good"

Staff Comments:

“We provide choices daily to the tenants whilst promoting their independence”
 “Supported living is a good system of living it gives people more choice”
 “Supervision and training is good”
 “We have a good support team and have good communication with each other”
 “Service users are well supported in their home”

Relatives Comments:

“Staff are friendly and communicate well with me”
 “Staff have supported ***** well during some difficult times recently”
 “Staff are supportive and appear well trained”

HSC Trust staff member comments:

“The clients I have in the service have no complaints and do like the service”
 “I’m always involved in the reviews of clients”
 “I find the staff approachable and open to changes”
 “I have no difficulty with the service or the support the clients receive”

In advance of the inspection four questionnaires were received from staff; and during inspection six were completed and returned to the inspector. The inspector also spoke to four members of staff on duty during the inspection and has added their comments to this report.

The ten questionnaires returned indicated the following:

- Protection from abuse training was received by all ten staff
- Training was rated as good or excellent
- Tenants views and experiences are taken into account
- Monthly monitoring takes place and comments are received from service users, staff and relatives
- Staff are aware of the main principles of supported living
- Service users have in place individual service agreements
- Care-plans are prepared in conjunction with HSC Trusts

Records in place, examined by the inspector support the above statements received from staff.

It appeared clear from reading individual person centred support plans and discussion with staff that the service users and their representatives have control/input over individual care and support.

Individual comments on the principles of supported living from staff:

“To enhance and support service users to live their life to their optimum potential”
 “To provide safe and effective care and support”
 “Person centred living and support”
 “To allow the person too be as independent as possible”
 “Privacy, dignity and choice”
 “Providing choice with support and guidance”
 “To Make choices and provide support for independence”

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

- Service users meetings
- Monitoring Visits
- Reviews

The areas indicated above were verified by:

- Discussion with staff and service users
- Monthly monitoring visit records
- Staff training records

Detail of inspection process:

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

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

Service users' finances are managed by HSC Trust staff who act as appointees and agents holding and storing monies, the relevant documentation was in place. Service users do not contribute from their personal income towards their care or support.

The agency provided supporting evidence of documentation currently in place to ensure each individual service user has the following:

- Tenancy Agreement
- Service User Handbook
- Statement of purpose

Service users are provided with a domiciliary care agreement; however it was unclear how the agency contributes to the other utilities costs within sites other than Ward House. It is required that the agency reviews its procedure and show clear evidence of shared costs within the care/support agreements section of individual support plans.

The agency's response in their self-assessment regarding the coded safe for the safe storage of service users' property relates to Ward House site and does not reflect the arrangements in other community houses. The agency is required to further update their documents to reflect the arrangements for storage of service users' property.

Two requirements have been given in relation to this theme.

Theme 2 – Responding to the needs of service users

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

The agency has in place what appear comprehensive care/support plans. Reviews and risk assessments were in place and were up to date. The documentation includes a service summary outlining the service philosophy and service delivery. These care plans reflect the input of the HSC Trust and the thoughts and views of the service users and their representatives.

The current care plans focus on goals and outcomes for service users and are regularly reviewed to ensure that interventions are relevant. Care plans show clear evidence of that the way the agency appropriately responds to the assessed needs of service users.

The manager and staff explained the agency’s commitment awareness of human rights and how it is inherent in all its work with service users.

The agency has in place risk assessments using a comprehensive framework describing capacity, as well as measuring the ability of individuals to achieve greater independence and choice in daily living.

Staff stated they had received human rights training; the last recorded session was completed on the 24 May 2014.

The current statement of purpose was examined by the inspector. Following discussions with the manager during the inspection it was agreed that it needs to be updated to reflect the current and full nature and range of services.

One requirement was given 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 “Compliant” for this theme.

The manager stated that each service user has in place an individual domiciliary care agreement provided by the agency. The inspector sampled four records in place records examined by the inspector show details of the amount and type of care provided by the agency.

The agency has in place referral information provided by the HSC Trust and this information forms part of the overall assessment of need, care plan and service summary.

The manager stated that the service users and their representatives are made aware of the number of hours care and support provided to each service user. Individual care plans state the type of care and support provided.

The manager and staff interviewed by the inspector discussed what care and support was provided to individuals daily. The service appears person centred, whilst the needs and preferences of individual service users are set out in their individual care plan.

The agency’s domiciliary care agreement is consistent with the care commissioned by the HSC Trust.

Additional matters examined

Quality Monitoring:

The inspector read a number of monthly monitoring reports in place from July to October 2014. These have been completed regularly and were up to date and include action plans for service improvement.

Records examined show evidence of discussions with:

- Staff
- Service users
- Relatives
- HSC Trust staff

The monitoring reports include updated information on any action plans in place following RQIA visits, as well as follow up information following the annual quality review. The manager stated that she and the agency's monitoring officer discuss the report following each visit.

Statement of Purpose

The agency's Statement of Purpose had been revised and submitted to RQIA prior to the inspection visit. The document was updated on the 17 November 2014, however the agency are required to further update the document to include the full nature and range of service provided. Regulation 5 Schedule 1 (2)

Reviews

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

The information returned to RQIA was discussed during the inspection and it was evident that the HSC Trust are regularly involved in the needs assessment and care planning processes for service users. Agency staff and service users described Trust colleagues as approachable and responsive to changing needs.

Charging Survey

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

The survey was discussed during the inspection and the registered manager advised the inspector that all of the service users are helped with their finances and that HSC Trust staff act as agents holding and storing monies and also act as appointees. Records in place were satisfactory and include receipts for income and expenditure as well as records of regular reconciliations.

The registered manager confirmed that agency staff do act on behalf of some service users and are available to offer advice and support with budgeting; this was verified by the staff spoken to during the inspection. Service charges are paid by service users by direct debit. The returned survey shows that no service user is paying for additional care services that do not form part of the HSC Trust's care assessment.

The inspector would like to thank the service users and agency staff for their warm welcome 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	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. (2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency— (a) Arranges the provision of good quality services for service users.	The agency did supply the RQIA with a number of reports since the last inspection of the 24 February 2014. The records supplied were satisfactory. The inspector read a sample of monthly monitoring visits from July 2014 again these were satisfactory.	One	Fully Met
2	15 (6) (d)	The registered person shall specify the procedure to be followed where an agency acts as agent for, or receives money from, a service user. This refers to the charges made from personal income. In relation to the following costs:	This requirement relates to the community houses other than Ward House in Cronston Court. As the Agency meet all utility costs at this site. Other sites where the agency is providing care and support. This was further discussed with the manager following an inspection of the Cuan Court site on the 16 September 2014 and a quality improvement plan was issued.	Twice	Not Compliant

		<ul style="list-style-type: none"> • Utilities bills <p>The service user's individual financial agreements will have to be further developed to reflect any payments made by them for food, utilities costs and any reimbursements received. This relates to the staff use of areas in people's homes.</p>			
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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		The agency should review each individual care assessments to ensure that if restrictive practices are in place with regards finances and medication these are recorded appropriately in line with individual capacity.	The inspector read a sample of three assessments in place. The records were satisfactory. The manager confirmed that assessments were now in pace for all service users.	Once	Fully Met

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<p>Statement 1: The agency maintains complete and up to date records in respect of the terms and conditions of the provision of personal care</p> <ul style="list-style-type: none">• The agency provides to each service user a written guide, including a personalised written agreement detailing the specific terms and conditions in respect of any specified service to be delivered, including the amount and method of payment of any charges to the service user;• The individual agreement details all charges payable by the service user to the agency, the services to be delivered in respect of these charges and the method of payment;• Where service users pay for additional personal care services which do not form part of the HSC trust's care assessment, documentation exists confirming that the HSC trust are aware of any arrangements in place between the agency and the service user;• The individual agreement clarifies what arrangements are in place to apportion shared costs between the agency and the service user(s). This includes those costs associated with any accommodation used in connection with agency business, where this is conducted from the service users' home;• There are arrangements in place to quantify the costs associated with maintaining any unused areas within the service users' home which they do not have exclusive possession of;• The service user guide/ individual agreement clarifies what the arrangements are for staff meals while on duty in the service users' home;• Where the agency is involved in supporting a service user with their finances or undertaking financial transactions on the service user's behalf, the arrangements and records to be kept are specified in the service user's individual agreement;• The agency has a policy and procedure in place to detail the arrangements where support is provided by agency staff to enable the service users to manage their finances and property;• The agency notifies each service user in writing, of any increase in the charges payable by the service user at least 4 weeks in advance of the increase and the arrangements for these written notifications are included in each service user's agreement.	<p>COMPLIANCE LEVEL</p>

<p>Provider's Self-Assessment</p> <p>Each service user is provided with a service user guide which explains the service provided and explains the costs entailed by the service user. Each service user has a personalised agreement which details aspects of their utilities that they are responsible for. The service user guide states that there is no charge to any service user for the support they receive as all support is paid for by Supporting People money and the H&SCTrust.</p> <p>The service user guide states that where people are supported in their own homes in the community and where they require sleepin staff support, this room is used for this purpose only. At all other times, this room is fully accessible to the service user. The service user must share utility bills with their co-tenants. In Ward House, as this is a Trust building, there is office space however in January 2015 work will be carried out on the building, including the relocation of the office space to the rear of the building with a separate entrance. The Trust pay all of the utility bills for the service users who live in Ward House.</p> <p>The service user guide states that staff provide their own meals when they come to work with them.</p> <p>Each service user has a financial agreement that explains the process of how a person's money is managed and what records are to be kept.</p> <p>The Trust have a new draft policy for the Handling of Service Users Finances which is available to inspect.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p> <p>Service users have been issued with an agreement and this reflects the charges payable by the individual to the agency. The agreement also outlines the contributions from the NIHE's Supporting People programme for housing support provided by the agency. Service users do not make any personal contribution to the cost of their care. The individual's weekly entitlement to care and support hours are outlined within their service agreement. Some service users make payments on a weekly basis in respect of the heating and lighting in shared accommodation. These costs were itemised within the service agreements. Service users are notified four weeks in advance of any changes in charges.</p> <p>Agency staff do not share the foods purchased by the service users. The agency has developed policy guidance for staff with regard to staff meals on duty and this clearly outlines the expectation that staff will provide their own meals. Payments for utilities relate to the community houses and not the Ward House site as the HSC Trust pays all costs currently. The agency's current service users guide States: <i>"if you need staff to sleep in your house we will provide this support to you. The room that is used for the sleep-in is only used for this purpose. At all other times you will have full access to the room"</i></p>	<p>Not Compliant</p>

However this was discussed with the manager and stated on a previous quality improvement this is not the case at the home of a service user at the Cuan terrace site. The agency must address this issue. The inspector has made a further requirement in relation to the Cuan Terrace site.	
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THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED

Statement 2:

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

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

COMPLIANCE LEVEL

<ul style="list-style-type: none"> • If the agency operates a bank account on behalf of a service user, written authorisation from the service user/their representative/The Office of Care and Protection is in place to open and operate the bank account, • Where there is evidence of a service user becoming incapable of managing their finances and property, the registered person reports the matter in writing to the local or referring Trust, without delay; <p>If a service user has been formally assessed as incapable of managing their finances and property, the amount of money or valuables held by the agency on behalf of the service user is reported in writing by the registered manager to the referring Trust at least annually, or as specified in the service user's agreement.</p>	
Provider's Self-Assessment	
<p>The Trust's referral process describes the needs and capabilities of the service user in relation to supporting a person to manage their finances.</p> <p>A record is kept of all payments made/purchases by or on behalf of service users and of all money received by a service user and the spending of this money. As in most situations in supported living, staff are lone workers so it is not possible for 2 staff to sign that they have witnessed each transaction however safe contents sheets are completed daily and signed by 2 members of staff. Wherever appropriate the service user signs with staff for transactions.</p> <p>At short notice service users can access money from their Patients Private Property accounts. If required on the same day a cheque can be cashed.</p> <p>All records and receipts of purchases made by and on behalf of service users are maintained and kept up to date. Each ledger sheet is checked against receipts by 2 members of staff and totals checked on a daily basis.</p> <p>A reconciliation of money kept /bank accounts/income occurs at least every 2 months byt the senior in charge and then by peer auditing and the manager also checks reconciliation.</p> <p>During the capacity assessment process, arrangements for managing a service users finances are discussed with that person and with their representative/ representative from the Trust. Their finance file contains a letter from Social Security stating the name of the corporate appointee and date they were acting from.</p> <p>The amount of money held for our service users is known by all relevant Trust professionals as we use Trust operated PPPaccount.</p>	<p>Substantially compliant</p>

Inspection Findings:	
<p>The inspector examined a number of finance assessments, capacity assessments and care agreements in place. The documents outline the individual responsibilities of the service users as well as staff and show clear procedures to be followed when handling service users' monies. Records in place show receipts and signatures as well as regular reconciliations in line with procedures. The staff on duty stated that they have received training on the handling of service users' monies 10/11&17/112014. Annual reviews completed by the HSC Trust show evidence of finance arrangements in place. 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 their finance agreement. It was not clear from the evidence available how the agency contributes to any shared utilities costs at community houses other than Ward House. The agency does act as appointee for individual service users as well as acting as agent holding and storing monies for others. As stated in the self –assessment records of capacity assessments and appointees are in place. These were verified by the inspector. . The inspector has made a further requirement in relation to the community houses where shared costs must be detailed.</p>	<p>Not Compliant</p>

THEME 1 - SERVICE USERS' FINANCES AND PROPERTY ARE APPROPRIATELY MANAGED AND SAFEGUARDED	
<p>Statement 3: Where a safe place is provided within the agency premises for the storage of money and valuables deposited for safekeeping; clear, up to date and accurate records are maintained:</p> <ul style="list-style-type: none"> • Where the agency provides an appropriate place for the storage of money and valuables deposited for safekeeping, robust controls exist around the persons who have access to the safe place; • Where money or valuables are deposited by service users with the agency for safekeeping and returned, a record is signed and dated by the service user/their representative, and the member of staff receiving or returning the possessions; • Where a service user has assessed needs in respect of the safety and security of their property, there are individualised arrangements in place to safeguard the service user's property; • Service users are aware of the arrangements for the safe storage of these items and have access to their individual financial records; • Where service users experience restrictions in access to their money or valuables, this is reflected in the service user's HSC trust needs/risk assessment and care plan; <p>A reconciliation of the money and valuables held for safekeeping by the agency is carried out at regular intervals, but least quarterly. Errors or deficits are handled in accordance with the agency's SVA procedures.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>There is a coded safe in the house in an office area and only designated staff have the access code. Service users have the option of having a safe in their own rooms also</p> <p>There are some service users who have behavioural issues around property/clothes, staff support includes discouraging them from destruction of property and in some cases individual arrangements for storage of property exists. Service users are aware of the storage of such property and all service users/representatives have access to their financial records.</p> <p>Where service experience restriction to their possessions this is reflected in the service users support plan.</p>	Moving towards compliance

Inspection Findings:	
<p>Evidence seen in Ward House shows that service users have individual safe storage areas for their monies within the service, no restrictions are in place for access with the support of staff if required. Records in place show signatures and receipts in place as well as regular reconciliations and balances of income and expenditure for those service users who may need help. The agency's response regarding the coded safe relates to Ward House site and does not reflect the arrangements in other community houses. The agency must reflect the differences within the current their documents. Staff interviewed did discuss with the inspector the arrangements within people's homes in the community.</p>	<p>Not Compliant</p>

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

<p>Statement 4: Arrangements for providing transport to service users are transparent and agreed in writing with the service user/their representative:</p> <ul style="list-style-type: none"> • The needs and resources of the individual service user are considered in conjunction with the HSC Trust assessment; • The charges for transport provision for an individual service user are based on individual usage and are not based on a flat-rate charge; • Service users have the opportunity to opt out of the transport scheme and the arrangements for opting out are detailed within the agency's policies and procedures; • Written agreement between the service user and the agency is in place, detailing the terms and conditions of the transport scheme. The agreement includes the charges to be applied and the method and frequency of payments. The agreement is signed by the service user/ their representative/HSC trust where relevant and a representative of the service; • Written policies and procedures are in place detailing the terms and conditions of the scheme and the records to be kept; • Records are maintained of any agreements between individual service users in relation to the shared use of an individual's Motability vehicle; • Where relevant, records are maintained of the amounts of benefits received on behalf of the service user (including the mobility element of Disability Living Allowance); • Records detail the amount charged to the service user for individual use of the vehicle(s) and the remaining amount of Social Security benefits forwarded to the service user or their representative; • Records are maintained of each journey undertaken by/on behalf of the service user. The record includes: the name of the person making the journey; the miles travelled; and the amount to be charged to the service user for each journey, including any amount in respect of staff supervision charges; • Where relevant, records are maintained of the annual running costs of any vehicle(s) used for the transport scheme; • The agency ensures that the vehicle(s) used for providing transport to service users, including private (staff) vehicles, meet the relevant legal requirements regarding insurance and road worthiness. 	<p>COMPLIANCE LEVEL</p>
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Where the agency facilitates service users to have access to a vehicle leased on the Motability scheme by a service user, the agency ensures that the above legal documents are in place; <ul style="list-style-type: none"> Ownership details of any vehicles used by the agency to provide transport services are clarified. 	
Provider's Self-Assessment	
The service does not have a transport scheme in place. Individuals use their DLA mobility to pay for their own transport. The service has access to a Trust vehicle which is leased and paid for by the Trust.	Compliant
Inspection Findings:	
N/A	Compliant

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

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

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
Statement 1: The agency responds appropriately to the assessed needs of service users	COMPLIANCE LEVEL
<ul style="list-style-type: none"> • The agency maintains a clear statement of the service users’ current needs and risks. • Needs and risk assessments reflect the input of the HSC Trust and contain the views of service users and their representatives. • Agency staff record on a regular basis their outcome of the service provided to the individual • Service users’ care plans reflect a range of interventions to be used in relation to the assessed needs of service users • Service users’ care plans have been prepared in conjunction with the service user and their HSC Trust representative(s) and reflect appropriate consideration of human rights. 	
Provider’s Self-Assessment	
<p>The service maintains up to date support plans and risk assessments detailing individual needs and risks and these contain input from Trust representatives</p> <p>Support staff record on a daily basis the outcome of support provided as well as completing monthly summaries of daily note and issues</p> <p>Service users support plans reflect a range of interventions to be used in relation to the assessed needs of service users.</p> <p>Support plans have been made with individual service users and Trust representatives and include consideration of human rights.</p>	Moving towards compliance
Inspection Findings:	
<p>A range of care records were examined and service users’ needs and risks were clearly documented by agency staff and have been reviewed by the HSC Trust. The inspector examined four needs assessments and care / support plans for service users; these were noted to contain references to the service users’ human rights which had been aligned to the specific outcome for service users. The care records of four service users were examined and contained daily progress notes and key worker summaries of the individual’s progress towards aspects of their care and support plan. Agency staff had written an evaluation against each outcome and these reflected discussions with and the views of the service users. It was evident from these records and from discussions with agency staff and service users that staff make referrals to HSC Trust staff in response to changing needs. Service users were noted to have six monthly and annual reviews and the attendance of HSC Trust staff at these meetings was evident. Agency staff described excellent working relationships with the HSC Trust and advised the inspector that they could contact the Trust at any time in relation to any changing needs identified.</p>	Compliant

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 2: Agency staff have the appropriate level of knowledge and skill to respond to the needs of service users</p> <ul style="list-style-type: none"> • Agency staff have received training and on-going guidance in the implementation of care practices • The effectiveness of training and guidance on the implementation of specific interventions is evaluated. • Agency staff can identify any practices which are restrictive and can describe the potential human rights implications of such practices. • The agency maintains policy and procedural guidance for staff in responding to the needs of service users • The agency evaluates the impact of care practices and reports to the relevant parties any significant changes in the service user's needs. • Agency staff are aware of their obligations in relation to raising concerns about poor practice 	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Support staff receive all mandatory training as required and this is evaluated within supervision, portfolios compiled for NISCC Registration and annual appraisal. Staff are knowledgeable about restrictive practices and the human rights considerations. The Trust have a policy on responding to the needs of service users. Staff monitor and evaluate the impact of care practices and report as necessary to relevant parties and changes in service users needs. Staff are aware of their obligations in relation to whistleblowing.</p>	Substantially compliant
Inspection Findings:	
<p>The agency's staff training records were examined and reflected uptake in training in the mandatory areas. Agency staff confirmed that they can access all of the agency's policies and procedures. Staff who participated in the inspection advised the inspector that they felt they had received adequate training and induction for their roles. Agency staff described their understanding of restrictive practice. The agency has developed a policy on restrictive practice and this reflects the DHSSPS guidance on restraint and seclusion and references the Human Rights Act. Agency staff who participated in the inspection outlined their responsibility in raising concerns about poor practice and described the manager and senior staff as very approachable.</p>	Compliant

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 3: The agency ensures that all relevant parties are advised of the range and nature of services provided by the agency</p> <ul style="list-style-type: none"> • Service users and their relatives and potential referral agents are advised of any care practices that are restrictive or impact on the service users’ control, choice and independence in their own home. • The agency’s Statement of Purpose and Service User Guide makes appropriate references to the nature and range of service provision and where appropriate, includes restrictive interventions • Service users are advised of their right to decline aspects of their care provision. Service users who lack capacity to consent to care practices have this documented within their care records. • Service users are provided with a copy of their care plan (in a format that is appropriate to their needs and level of understanding) and receive information in relation to potential sources of (external) support to discuss their needs and care plan. • The impact of restrictive practices on those service users who do not require any such restrictions. 	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>The service user guide advises potential referral agents of the possibility of practices that are restrictive and may impact on a service users independence or choice. The Service user guide and statement of purpose make reference to the nature and range of service provision including restrictive practice. Service users are advised of their right to decline aspects of their support provision, and service users who lack capacity to make decisions have this documented within their support plan. Service users have access to their care plan /and /or a copy of this if they wish and this is in an appropriate format for their their understanding/needs.</p>	Moving towards compliance
Inspection Findings:	
<p>The agency has developed a range of documentation to support the referral, assessment and care / support planning processes. The agency’s Statement of Purpose was examined and requires to be updated to include the nature and range of the current services provided. The service users have a care plan’ and an associated support plan for each outcome. This information was detailed and appeared to be person centred and had the appropriate human rights considerations included. The documents had been shared with service users and the signatures of service users were evidenced in the documents.</p>	Not Compliant

THEME 2 – RESPONDING TO THE NEEDS OF SERVICE USERS	
<p>Statement 4</p> <p>The registered person ensures that there are robust governance arrangements in place with regard to any restrictive care practices undertaken by agency staff.</p> <ul style="list-style-type: none"> • Care practices which are restrictive are undertaken only when there are clearly identified and documented risks and needs. • Care practices which are restrictive can be justified, are proportionate and are the least restrictive measure to secure the safety or welfare of the service user. • Care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance. • The agency evaluates the impact of restrictive care practices and reports to the relevant parties any significant changes in the service user’s needs. • The agency maintains records of each occasion restraint is used and can demonstrate that this was the only way of securing the welfare of the service user (s) and was used as a last resort. • Restraint records are completed in accordance with DHSSPS (2005) Human Rights Working Group on Restraint and Seclusion: Guidance on Restraint and Seclusion in Health and Personal Social Services. • The agency forwards to RQIA and other relevant agencies notification of each occasion restraint is used • The registered person monitors the implementation of care practices which are restrictive in nature and includes their on-going assessment of these practices within the monthly quality monitoring report 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment</p> <p>Restrictive care practices are only used when there are clearly identified needs and risks and these are the least restrictive possible. The service adheres to the DOLS guidance. We evaluate any restrictive practices and report to relevant others any changes in the needs of service users. The service records any restraint occurrence and notifies RQIA however there has not been a need for</p>	<p>Substantially compliant</p>

<p>restraint in the past year across the service. The monthly monitoring visits by senior management contain an evaluation of restrictive practice.</p>	
<p>Inspection Findings:</p>	
<p>The agency has developed a policy on restrictive practice and this reflects the DHSSPS guidance on restraint and seclusion and references the Human Rights Act. Agency staff who met with the inspector described their understanding of restrictive practice and identified the use of a restrictive practice in the homes of service users. 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. This was discussed with the service user and the manager. Care practices are in accordance with the DHSSPS (2010) Circular HSC/MHDP – MHU 1 /10 – revised. Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance. Agency staff who met with the inspector described their understanding of restrictive practice and identified the use of a restrictive practice in the homes of service users, i.e. smoking at night. The agency stated that they evaluate the impact of restrictive care practices and reports to the relevant parties any significant changes in the service user’s needs.</p>	<p>Compliant</p>

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

<p>INSPECTOR’S OVERALL ASSESSMENT OF THE AGENCY'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Not Complaint</p>

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p>Statement 1</p> <p>Evidence inspected confirms that service users/representatives have written information and/or had explained to them the amount and type of care provided by the agency</p> <ul style="list-style-type: none"> • Service users/representatives can describe the amount and type of care provided by the agency • Staff have an understanding of the amount and type of care provided to service users • The agency’s policy on assessment and care planning and the statement of purpose/service user guide describe how individual service user agreements are devised. • The agency’s service user agreement is consistent with the care commissioned by the HSC Trust. The agency’s care plan accurately details the amount and type of care provided by the agency in an accessible format. 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment</p> <p>Staff, service users and their representatives are aware of the amount and type of support provided to individuals. The Trust policy on assessment and care planning and the statement of purpose/service user guide describe how individual service user agreements are devised. Service user support plans detail the amount and type of support provided by the service.</p>	Substantially compliant
<p>Inspection Findings:</p> <p>A range of care records were examined and service users’ needs and risks were clearly documented by agency staff and have been reviewed by the HSC Trust. The inspector examined a range of needs assessments and care / support plans for service users; these were noted to contain references to the service users’ human rights which had been aligned to the specific outcome for service users. The care records of four service users were examined and contained daily progress notes and key worker summaries of the individual’s progress towards aspects of their care and support plan. Agency staff had written an evaluation cross referenced against each outcome and these reflected discussions with and the views of the service users. It was evident from these records and from discussions with agency staff and service users that staff do make referrals to HSC Trust staff in response to changing needs.</p>	Compliant

<p>Service users were noted to have six monthly and annual reviews and the attendance of HSC Trust staff at these meetings was evident. Agency staff described excellent working relationships with the HSC Trust and advised the inspector that they could contact the HSC Trust at any time in relation to any changing needs identified. This was verified by a staff member of the HSC Trust contacted by the inspector.</p>	
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THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p>Statement 2</p> <p>Evidence inspected confirms that service users/representatives understand the amounts and method of payment of fees for services they receive as detailed in their individual service agreement.</p> <ul style="list-style-type: none"> • Service users/representatives can demonstrate an understanding of the care they receive which is funded by the HSC Trust • Service users/representatives can demonstrate an understanding of the care which they pay for from their income. • Service users/representatives have an understanding of how many hours they are paying for from their income, what services they are entitled to and the hourly rate. • Service users/representatives have an understanding of how to terminate any additional hours they are paying for from their income • Service users/representatives have been informed that cancellation of additional hours they are paying for from their income will not impact upon their rights as a tenant. 	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>Service users and their representatives understand that the support received is totally funded by the Trust. None of our service users contribute to their support package from their income.</p>	Compliant
Inspection Findings:	
<p>Each service user has in place a tenancy agreement that states the type and amount of care to be provided and what costs are being paid by the HSC Trust for care and support. Records in place examined during inspection shows that no service user makes a contribution from their personal income towards their care. Tenancy agreements show evidence that the costs and service provided have been discussed with service users and their representatives as well as the HSC Trust. The documentation in place was signed off by the service users' representatives, HSC Trust staff and agency staff. Each service user has in place a breakdown of the hours of care and support they will receive.</p>	Compliant

THEME 3 - EACH SERVICE USER HAS A WRITTEN INDIVIDUAL SERVICE AGREEMENT PROVIDED BY THE AGENCY	
<p>Statement 3</p> <p>Evidence inspected confirms that service users’ service agreements, care plans are reviewed at least annually confirming that service users/representatives are in agreement with the care provided and the payment of any fees.</p> <ul style="list-style-type: none"> • Service users/representatives confirm that their service agreement, care plans are reviewed at least annually by the commissioning HSC Trust, and confirm that they are in agreement with the care provided and the payment of any fees. • Records and discussion with staff confirm that the agency contributes to the HSC Trust annual review. • Records and discussion with staff confirm that reviews can be convened as and when required, dependent upon the service user’s needs and preferences. • Records confirm that service users’ service agreements, care plans are updated following reviews. Authorisation from the HSC Trust and consent from the service user/representative is documented in relation to any changes to the care plan or change to the fees paid by the service user. 	COMPLIANCE LEVEL
Provider’s Self-Assessment	
<p>Support plans are reviewed at least annually by the service and representatives of the Trust. If required reviews can be convened as needed and at short notice. Support plans are updated after reviews.</p>	Substantially compliant
Inspection Findings:	
<p>At the request of RQIA, the agency provided to RQIA in advance of the inspection a summary of the review arrangements in place for service users. This information was discussed during the inspection and validated. As outlined in the self-assessment, service user’s reviews are held annually and more often if necessary with HSC Trust staff. It was evident that agency staff are in regular contact with the HSC Trust and that changing needs and risks are discussed regularly.</p>	Compliant

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

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

Any other areas examined

Complaints

The agency has had no complaints during the last year; this was verified by returns sent to RQIA and examination of records held on site.

Quality improvement plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Heather Cruise the 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:

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



Quality Improvement Plan

Announced Primary Inspection

Ward House

18 November 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 Ms Heather Cruise the registered manager both during and after the inspection visit.

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

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

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

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

Statutory Requirements

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

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 5 Schedule 1 (2)	<p>The registered person shall compile in relation to the agency a written statement (in these Regulations referred to as “the statement of purpose”) which shall consist of a statement as to the matters listed in Schedule 1.</p> <p>This requirement relates to the nature and range of the service.</p> <p>The registered person shall supply a copy of the statement of purpose to the Regulation and Improvement Authority.</p>	Once	We have further developed our Statement of Purpose to include details about the nature and range of the service. This will be supplied to the RQIA.	Two months from the inspection date. 18 January 2014
2	14 (d)	<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>(d) so as to ensure the safety and security of service users’ property, including their homes. The service user’s individual financial agreements will have to be further developed to reflect any payments made by them for food, utilities costs and any reimbursements received.</p> <p>This requirement refers to the charges made to service users for utility costs associated with agency staff use of areas of the premises to which service users have little</p>	One	<p>Service users’ financial agreements have been further developed to reflect payments made by them for food, and utilities and any reimbursements received.</p> <p>In supported living, service users have access to all parts of their homes. In houses where sleepin staff are required, staff occupy the smallest bedroom and staff sleep while the service user sleeps. The room in which the staff member sleeps is available for the service user to</p>	Two months from the inspection date. 18 January 2014

		<p>access to and do not have exclusive possession of.</p> <p>The agency must also describe reimbursements received by the service users for any overcharging experienced in relation to utilities.</p>		occupy at all other times.	
3	14 (d)	<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>So as to ensure the safety and security of the serine users' property including their homes.</p> <p>This requirement relates to: 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.</p> <p>The agency's response regarding the coded safe relates to Ward House site and does not reflect the arrangements in other community houses.</p>	Once	Only staff working in Ward House have knowledge of how to open the safe in the building.	Two months from the inspection date. 18 January 2014

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

NAME OF REGISTERED MANAGER COMPLETING QIP	Heather Cruise
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Brendan Whittle

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Jim Mc Bride	4/2/15
Further information requested from provider			